

The Village Surgery

Inspection report

The Hub
Shiners Way, South Normanton
Alfreton
DE55 2AA
Tel: 01773811469

Date of inspection visit: 4 April 2022
Date of publication: 20/05/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at The Village Surgery. We carried out our remote searches on 31 March 2022 and an onsite visit on 4 April 2022. Overall, the practice is rated as inadequate. We rated the key questions:

Safe: Inadequate

Effective: Requires improvement

Caring: Good

Responsive: Good

Well-led: Inadequate

Following our previous inspection on 13 December 2021, the practice was rated Inadequate overall and placed into special measures:

Safe: Inadequate

Effective: Requires improvement

Caring: Good

Responsive: Requires improvement

Well-led: Inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for The Village Surgery on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a comprehensive inspection to follow up on:

- The key questions safe, effective, caring, responsive and well-led
- Breaches of regulations relating to safe care and treatment and good governance.
- Shoulds identified in the previous inspection
- Ratings carried forward from the previous inspection

How we carried out the inspection.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

Overall summary

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as inadequate overall.

We rated the practice as inadequate for providing safe care and treatment because:

- There had been improvements in many of the issues we identified at our previous inspection in December 2021. In particular, the prescribing of high-risk medicines, acting on Medicines and Healthcare products Regulatory Agency (MHRA) alerts reviewed at our previous inspection, storage of prescription stationery and infection control.
- The practice was in the process of recruiting additional salaried GPs, with locum GPs in place in the interim. Additional practice nurse hours had already recruited to.

However, we found ongoing issues:

- Recruitment checks were not fully carried out in accordance with regulations and systems to monitor that staff vaccination was maintained in line with national guidance were disorganised and lacked clarity.
- It was unclear if the recommendations in the legionella and fire risk assessments and buildings surveys had been actioned.
- Test results were not always reviewed in a timely manner.
- Audits to monitor the prescribing competence of all non-medical prescribers were in place. However, non-clinical prescribers had not been provided with feedback or clinical supervision.
- Most patients on high-risk medicines were monitored appropriately. Where they had not been, we found that systems were in place to address this.
- One MHRA alert we reviewed had not been fully actioned.
- Themes and trends relating to significant events were not identified to aid improvement.

We rated the practice as requires improvement for providing an effective service because:

There had been improvements in some of the issues we identified at our previous inspection, in particular:

- Asthma and medication reviews had been completed when it was appropriate to do so. This included patients who had been prescribed two or more courses of rescue steroid treatment for their asthma.
- All staff, except salaried GPs, had received an appraisal.
- Patients with long-term conditions had been contacted for a review of their condition and medication.

Overall summary

- An additional practice nurse had been recruited, increasing the number of cervical screening appointments available to patients.

However,

- We continued to identify potential patients with a missed diagnosis of diabetes or chronic kidney disease (CKD).
- Patients with diabetes, CKD or hypothyroidism had not always received the required monitoring.
- Systems to address poor staff performance were not effective

We rated the practice as good for providing a caring service because:

- Staff treated patients with kindness, respect and compassion.
- There were systems in place to support carers

We rated the practice as good for providing a responsive service because:

- There had been improvements in the recording and investigating of complaints. However, patients were not informed of their right to take their complaint to the Parliamentary and Health Service Ombudsman if they were unsatisfied with the practice's response.
- The practice organised and delivered services to meet patients' needs. They provided weekly ward rounds to local care homes however, one representative of a care home told us they had been as late as 10pm.

We rated the practice as inadequate for providing a well-led service because:

There had been improvements in some of the issues we identified at our previous inspection, in particular:

- Some staff felt the GP partners had tried to be more visible within the practice.
- An audit had been completed by the provider to assess and act on the potential risk of missed patient referrals to secondary care.
- There was some improvement in staff morale due to recent staff recruitment.
- Policies had been updated.

However:

- Systems to ensure accuracy and compliance to the policies were not always effective.
- Governance structures and systems were being developed, however they were not fully embedded into practice.
- Risk assessments had been completed however, it was not always clear if risks identified had been mitigated.
- Staff felt that their concerns were not always acted upon for example, managing poor staff performance.

We found two breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

In addition, the provider **should**:

- Develop an organised structure to monitor that staff immunisations were in line with national guidance.
- Monitor cervical screening rates to ensure the increased number of practice nurse appointments was having an impact.
- Provide ward rounds to patients living in care homes within reasonable time frames.

Overall summary

- Inform patients of their right to take their complaint to the Parliamentary and Health Service Ombudsman if they were unsatisfied with the practice's response, as detailed in the practice's complaints policy.

This service was placed in special measures in January 2022. Insufficient improvements have been made such that there remains a rating of inadequate for The Village Surgery. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor and a member of the CQC's medicine optimisation team who spoke with staff using telephone and video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to The Village Surgery

The Village Surgery is located in Derbyshire at:

The Hub

Shiners Way

South Normanton

Derbyshire

DE55 2AA

There is a branch practice at:

Pinxton Surgery

108 Victoria Road

Pinxton

Derbyshire

NG16 6NH

We visited both of these practices as part of our inspection.

The provider is a partnership registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

The practice is situated within the NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 9,521 people. This is part of a contract held with NHS England. The practice is part of the South Hardwick Primary Care Network (PCN), a wider network of eight GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England reports the deprivation ranking within the practice population group is in the fifth lowest decile (five out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 97.6% of the registered patients, with estimates of 0.9% mixed, 1% Asian and 0.5% black.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of five GPs, two advanced clinical practitioners, a nurse practitioner, three practice nurses and a healthcare assistant. The clinical staff are supported by a practice manager, a human resources manager and a team of reception and administrative staff. Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, GP appointments are either telephone consultations or face to face.

Out of hours services are provided by Derbyshire Health United (DHU).

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes in place operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Risk assessments had not always been completed, in particular, absence of staff immunisations for potential health care acquired infections.• Where risk assessments had been completed it was not always clear if the required action had been taken to mitigate risks. In particular, legionella, fire and buildings. <p>The systems or processes in place operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• Systems for recording and acting on trends over time in significant events.• Systems to ensure that persons employed received appropriate support, clinical supervision and appraisal.• Systems for managing poor staff performance.• Systems to ensure the accuracy of policies and compliance to them.• Systems to verify and demonstrate the safe recruitment of staff employed by the primary care network and working within the practice. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

There was no proper and safe management of medicines. In particular:

- Processes to act on all Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not fully incorporated into clinical practice.
- Patients prescribed high risk medicines had not always received the required blood test monitoring.
- There was no formal clinical supervision process in place to support the prescribing practices of all non-clinical prescribers.
- Test results were not always reviewed in a timely manner.

The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of patients with long-term conditions receiving care and treatment. In particular:

- There were patients with a potential missed diagnosis of diabetes or chronic kidney disease (CKD).
- Patients with diabetes, CKD or hypothyroidism had not always received the required monitoring

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Health assessments relevant to a person's ability to carry out their role.
- Evidence that professional registrations were in date.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.