

# Caradoc Surgery

## Inspection report


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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?

Inadequate 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

This is the third inspection of Caradoc Surgery. At the inspection on 29 August 2017 we rated the practice requires improvement overall and issued a requirement notice for the breach of regulation 17, Good governance. This was due to: the lack of improvement in the patient's satisfaction of the service. We followed up on this breach of regulation with an inspection on 11 November 2018, when we rerated the practice. We rated the practice requires improvement overall and issued two requirement notices for regulation 12, safe care and treatment and regulation 17, Good governance. This was due to: poor monitoring of patients with long term conditions, those suffering from poor mental health, and the continued lack of improvement in patient satisfaction.. We carried out a further comprehensive inspection of the practice on 9 July 2019 and followed up on the breaches of regulation and rated the practice inadequate overall.

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 services because:

- Staff were unsure when asked who the safeguarding lead was at the practice.
- Patients had issues regarding ordering their repeat prescriptions and did not receive them within the practice five day given time-frame.
- Data reflected that anti-bacterial stewardship required improvement.
- The system for reporting significant events was not clear for all staff and learning was not being effectively shared.
- Frailty and falls risks had not been recorded in patients records

We rated the practice as **inadequate** for providing effective services because:

- Quality data seen showed some limited improvement however since the last inspection, however, was significantly below local and national practice averages in the majority.
- There was no evidence of clinical audit cycles, meaning, monitoring of patient outcomes and treatment was limited.
- Child immunisation and cervical screening data remained below national targets.

We rated the practice as **requires improvement** for providing caring services because:

- Patient satisfaction data published in the national GP patient survey of July 2019 had decreased significantly in the last 12 months.

We rated the practice as **Inadequate** for responsive services because:

- Patients could not access care and treatment in a timely way.
- The practice's own survey and the data from national GP patient survey published in July 2019, reflected low patient satisfaction for ease of getting through on the phone, and for the experience of making an appointment. There had been no improvement in

the data published in the previous year.

We rated the practice as **Inadequate** for well-led services because:

- The governance, identification of risks and performance monitoring was not effective, as the leaders at the practice failed to identify and act on risk, had not improved performance in relation to QOF outcomes and patient satisfaction and did not have an effective system of clinical audit or other quality improvement activity.

These areas affected all population groups, so we rated all population groups as **inadequate**.

The areas where the provider must make improvements are:

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

# Overall summary

The areas where the provider should make improvements are:

- Update staff on the lead for safeguarding at the practice and the procedures to follow in the event of a safeguarding issue. Continue to improve anti-bacterial stewardship.
- Improve staff understanding of how to recognise the signs of sepsis and the action to take and embed this over time.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take 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 a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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

## Population group ratings

<b>Older people</b>	<b>Inadequate</b>	
<b>People with long-term conditions</b>	<b>Inadequate</b>	
<b>Families, children and young people</b>	<b>Inadequate</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector and a GP specialist adviser.

## Background to Caradoc Surgery

Caradoc Surgery is part of a larger organisation known as Anglian Community Enterprise (ACE). ACE manage four GP practices in this part of Essex, one in Clacton, one in Holland-on-sea, one in Frinton, and another in Jaywick. ACE, provide community care, health and well-being,

primary care and learning disability services in Essex. ACE is a not-for-profit staff owned social enterprise that delivers services under NHS contracting regulations. They have greater access to organisational resources than other local practices. This includes access to clinical staff

leadership, information governance, risk, and health and safety management at an organisational level provided across the four practice locations.

Caradoc Surgery provides primary care services for approximately 7,500 patients in Frinton on sea and the surrounding areas. The practice has an Alternative Provider Medical Services (APMS) contract to provide Primary Care Services. The APMS contract is commissioned by and performance managed by NHS North East Essex CCG.

This location population has a higher than average level of retired older people. The life expectancy of patients within the practice area is comparable with local and national averages.

The clinical team comprises one male full-time salaried GP and two regular locum GPs. There is a nurse

practitioner, two practice nurses, a practice matron, a healthcare assistant, and a phlebotomist. The administrative team included a receptionist, and a prescribing clerk. Other administrative duties were delivered from the main hub office for the four practices in Clacton.

The surgery opening hours are: Monday to Friday 8am until 6.30pm

The surgery appointment times are: Monday to Friday 8.30am to 12 noon and 3pm to 6pm.

Evening and weekend appointment are available because the practice works with the Clacton GP Alliance group to provide their service at the Minor Illness Hub, Clacton Hospital:

Monday: 6:30pm-8pm

Tuesday: 6:30pm-8pm

Wednesday: 6:30pm-8pm

Thursday: 6:30pm-8pm

Friday: 6:30pm-8pm

Saturday: 8am-6:30pm

Sunday: 8am-6:30pm

Patients calling the practice outside practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service provided by Care UK.

The regulated activities carried by the location were:

- Diagnostic and screening procedures
- Family planning services
- Surgical procedures
- Treatment of disease, disorder or injury

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Assessments of the risks to the health and safety of patients receiving care and treatment were not being carried out in particular:</p> <ul style="list-style-type: none"><li>• The provider did not have effective assessments for elderly or frail patients to evidence their frailty and manage their risk of falls.</li></ul> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment in particular:</p> <ul style="list-style-type: none"><li>• The provider did not have an effective system to monitor and identify risks for patients.</li><li>• Patients with long-term conditions and those suffering with poor mental health, were not receiving effective care and treatment.</li><li>• National cancer screening targets were not being achieved.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable</p>

This section is primarily information for the provider

## Enforcement actions

the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process in particular:

- The provider did not have an effective system of governance and performance monitoring to deliver effective care and treatment. There was a lack of quality improvement processes, including clinical audit.
- The practice did not have an effective system to identify and act on risk in relation to outstanding patient correspondence and blood test results.
- The provider did not have an effective system to act on patient feedback and improve patient satisfaction.
- The provider did not have an effective system to identify and act on significant events.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.