

Quincy Rise Surgery

Inspection report

30 Sandringham Way
Brierley Hill
DY5 3JR
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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	Inspected but not rated	
Are services safe?	Inspected but not rated	
Are services effective?	Inspected but not rated	
Are services caring?	Inspected but not rated	
Are services responsive to people's needs?	Inspected but not rated	
Are services well-led?	Inspected but not rated	

Overall summary

We carried out an unannounced focused inspection at Quincy Rise Surgery on 21 October 2020 in response to concerning information received. This included concerns regarding the staffing, health and safety, culture, and leadership oversight. There were also concerns regarding the safety and infection control measures in place during the COVID-19 pandemic that were not compliant with guidance.

The practice was last inspected in January 2017 and was rated Good overall. You can read the full report by selecting the 'all reports' link for Quincy Rise Surgery on our website at: www.cqc.org.uk

We were mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what type of inspection was necessary and proportionate. At this inspection we followed up on areas of concern using our focused inspection methodology.

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.

This was an unrated focused inspection.

We found that:

- The practice did not have clear systems and processes to keep patients safe.
- There were gaps in staff training and not all staff had received the appropriate level of safeguarding training, nor fire safety or infection prevention and control training.
- Disclosure and barring checks (DBS) had not been carried out for all staff and there were no risk assessments in place to mitigate risks for staff who chaperoned.
- There were gaps in systems to assess, monitor and manage risks to patient safety, including recruitment, infection prevention and control and safety checks for the premises.
- There was no oversight of infection prevention and control in the practice.
- There was no effective and formalised approach to managing staff absences.
- There was a lack of systems in place to monitor medicines and equipment in the practice. We found a number of emergency medicines were not being held by the practice and there was no risk assessment in place to demonstrate the rationale for this. There was no system in place for monitoring medical equipment to ensure they were in good working order.
- There was no evidence of staff meetings or learning from significant events, complaints or patient safety that would lead to practice improvements.
- The practice did not have an effective system in place to monitor training. Staff training was incomplete or had lapsed and therefore, we could not be assured that staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a lack of leadership oversight and the absence of comprehensive systems and processes to monitor the quality and effectiveness of the service and the care provided.
- The practice had not implemented a clear and effective process for managing risks, issues and performance.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

Following this inspection enforcement action was taken against this provider for regulation 12, safe care and treatment and regulation 17 good governance. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted , 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.

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

Older people	Inspected but not rated	
People with long-term conditions	Inspected but not rated	
Families, children and young people	Inspected but not rated	
Working age people (including those recently retired and students)	Inspected but not rated	
People whose circumstances may make them vulnerable	Inspected but not rated	
People experiencing poor mental health (including people with dementia)	Inspected but not rated	

Our inspection team

Our inspection team was led by a lead CQC inspector who worked remotely, and two CQC inspectors who completed a focused onsite visit.

Background to Quincy Rise Surgery

Quincy Rise Surgery, 30 Sandringham Way, Quincy Rise, Brierley Hill, West Midlands, DY5 3JR is a long-established practice located in the Dudley area of the West Midlands. The provider is registered with CQC to deliver the Regulated Activities; diagnostic & screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and surgical procedures. Quincy Rise Surgery is situated within the Dudley Clinical Commissioning Group (CCG) and provides services to approximately 3,235 patients under the terms of a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services to the local community).

The practice is led by a single-handed GP who employs a salaried GP, a practice nurse and three part time receptionists. At the time of our inspection, a practice manager was not employed by the practice.

The practice is open between 8am and 6.30pm Monday to Friday with extended access appointments until 8pm on Monday. Home visits are available for patients who are too ill to attend the practice for appointments.

The National General Practice Profile states that 95% of the practice population is from a white ethnic background with a further 5% of the population originating from black, Asian, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice does not provide out of hours services to their own patients. When the practice is closed patients are directed to contact West Midlands Ambulance Service via 111.

The practice website can be viewed at: www.quincyrisesurgery.co.uk

Enforcement actions

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of emergency equipment and medicines, infection control and premises.• The provider did not use a system to ensure incident investigations were comprehensive.• Learning from investigations was not always shared with all staff and so risks relating to repeated incidents were not always mitigated.• There was no evidence that staff meetings were held.• Risk assessments had not been completed for health and safety, premises and fire.• There were gaps in staff training records. The provider could not demonstrate that staff had completed training in areas such as safeguarding adults and children, infection prevention control, chaperone training and information governance. <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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Enforcement actions

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

Care and treatment must be provided in a safe way for service users

How the regulation was not being met:

- The provider could not demonstrate they operated a safe system regarding DBS checks. No updated DBS checks or risk assessments had been completed for any staff.
- The provider had not completed up to date documented health and safety/ premises and security risk assessments.
- The provider had failed to ensure that the premises used by the service are safe to use for their intended purpose and are used in a safe way.
- The provider failed to ensure that clinical staff were carrying out duties under the appropriate patient group direction (PGD).
- The provider could not demonstrate they operated a safe system to manage and monitor infection prevention and control.
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- The provider did not have an effective system in place for the monitoring and recording of the availability of emergency equipment and medicines.
- The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training relevant to their roles.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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