

Blakewater Healthcare (Known previously as Roe Lee Surgery)

Inspection report

367 Whalley New Road
Blackburn
Lancashire
BB1 9SR

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<https://www.blakewaterhealthcare.co.uk>

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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Blakewater Healthcare (also known as Roe Lee Surgery) on 20 August 2019 as part of our inspection programme.

At the last inspection in November 2018 we rated the practice as requires improvement overall. Key questions safe and well led were rated as requires improvement. The issues identified as requiring improvement included: recruitment processes, systems to improve the management of incoming correspondence, and gaps in oversight and management of the governance of the practice.

At this inspection we followed up on breaches of the Health and Social Care Act (HSCA) Regulated Activities (RA) Regulations 2014 we identified at the previous inspection on 7 November 2018. These included Regulation 19 Fit and proper persons employed and Regulation 17 Good governance.

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. Despite the provision of an action plan following the inspection in November 2018 we found limited improvements at this inspection. We visited both Roe Lee Surgery, the main location and Montague Surgery, the branch location as part of this inspection.

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

- Processes around auditing infection prevention and control were ineffective. The main treatment room at the Blakewater Healthcare premises had cuts in the examination couch, flaking paint on one wall and sticky residue from tape across cupboard doors and wall tiling.
- Evidence that learning from significant events was available in meeting minutes however the essential steps to mitigate risk of reoccurrence and maximise learning by amending protocols or policies was not in place.

- Workflow processes being piloted at the practice were subject to ad hoc quality monitoring, despite areas of improvement being identified.
- GPs confirmed they were up to date with sepsis training. However sepsis awareness training for the staff team had not been undertaken and there was limited information about sepsis available in the practice.

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

- While the practice had a clear vision, that vision was not supported by a credible strategy or a system of quality improvement.
- Governance arrangements and effective processes for managing risks and issues and performance were inadequate.
- Some improvements in recruitment processes had been made since our inspection in November 2018 but gaps were noted in the recruitment records we viewed.
- Actions to improve the service identified at the inspection in November 2018 were not effective or had not been addressed.

We rated the practice as **requires improvement** for providing effective, caring and responsive services and all the population groups because:

- Some performance data was below target levels, including immunisation achievements for one year old children and cervical screening.
- We observed that staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Feedback through the patient survey was below that of the local and England averages.
- Opportunities provided by complaints to improve service delivery were not always recognised.

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

- Ensure that care and treatment is provided in a safe way.
- Ensure specified information is available regarding each person employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

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

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

- Provide staff training and awareness in sepsis
- Enable complaints literature to be readily accessible for patients.
- Take action to improve achievements for cervical screening and immunisations of one year old children.

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and two team CQC inspectors.

Background to Blakewater Healthcare

Blakewater Healthcare, known formerly as Roe Lee Surgery (367 Whalley New Road, Blackburn, BB1 9SR,) is located in a purpose built, two storey premises on the outskirts of Blackburn. The premises has parking spaces, including designated disabled spaces and ramped access to facilitate entry to the building for people experiencing difficulties with mobility. The practice also has a branch surgery (known as Montague Surgery) situated in Barbara Castle Way Health Centre, Simmons Street, Blackburn, BB2 1AX. Patients are able to access services at either premises.

We visited both the main and branch sites as part of this inspection.

The practice delivers primary medical services to a patient population of approximately 10827 people via a general medical services (GMS) contract with NHS England. The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). It is registered with CQC to provide the regulated activities diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures and maternity and midwifery services.

The average life expectancy of the practice population is slightly below the national averages (78 years for males and 82 years for females, compared to 79 and 83 years respectively nationally).

The practice patient age distribution is broadly similar to that of the average GP practice in England.

Information also published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by three GP partners (two male and one female) and two long term locum GPs (one male, one female). The GPs are supported by two advanced nurse practitioners, two practice nurses and two health care assistants and a pharmacist. Another advanced nurse practitioner was in the process of being recruited at the time of this inspection. Clinical staff are supported by a business manager, a practice manager and a team of administrative and reception staff.

The practice is open between 8am and 6.30pm each weekday apart from Friday, when extended hours appointments are offered from 6.45am in the morning.

Patients are also able to access additional extended hours appointments, which are offered from local hub locations by the local GP federation on weekday evenings, and at weekends.

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling NHS 111

This section is primarily information for the provider

Requirement notices

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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no effective assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.</p> <p>The registered persons 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">• A planned programme of audit of the document workflow process was not in place. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>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.</p> <p>This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was no documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.• Systems of continuous quality improvement were not established.• A plan of continuous clinical audit was not established and those clinical audits undertaken had no clear action to promote or maintain improvement.• The lack of management oversight had led to gaps in governance arrangements.• There was no formal process of monitoring clinical decisions made by staff working in advanced roles in order to be assured staff were working within their competencies <p>The registered person had systems or processes in place that 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 service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Systems of monitoring infection control and prevention were ineffective.• Systems to regularly review the document workflow process were not established.• Systems to respond comprehensively to significant events did not always mitigate risk or maximise learning.• Some policies and procedures required updating including the management of refrigerated vaccines and recruitment policies to reflect safe practice.

This section is primarily information for the provider

Enforcement actions

- Clinical protocols were not available to support the role and responsibilities of the nursing team.

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