

# All Saints 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We previously carried out an announced comprehensive inspection at All Saints Surgery on 15 January and 23 January 2019 as part of our inspection programme. The practice was rated as inadequate in safe and well led and rated as requires improvement in effective, caring and responsive. This meant that the practice was rated as inadequate overall, placed in special measures and warning notices in relation to safe care and treatment and good governance were issued. The full comprehensive report on the January 2019 inspection can be found by selecting the 'all reports' link for All Saints Surgery on our website at

We completed an announced focused inspection at All Saints Surgery on 17 April 2019 to ensure that the issues identified in the warning notices had been addressed. At this inspection, we found that the provider had satisfactorily addressed the issues identified in the warning notice. Some medicine reviews remained in progress but there was a schedule for completion in place.

We carried out an announced comprehensive inspection at All Saints Surgery on 12 July 2019. This announced inspection was part of our inspection programme when a practice has been placed into special measures. Services placed in special measures are inspected within six months.

## **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 requires improvement overall which included all population groups.**

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

- There was a lack of electronic coding for patient notes made for the out of hours service regarding some patient groups.
- There was a lack of electronic coding to link family members where there was safeguarding identified.
- There were gaps in the monitoring of patients on particular medicines for raised blood pressure

management. We found that 22 patients were overdue a blood test for creatinine levels despite the best efforts of the practice to encourage attendance as seen in four records reviewed.

- There were 23 patients prescribed a medicine to reduce the risk of blood clots who required regular blood test monitoring and review. Twenty one of the 23 patients had no evidence of their blood monitoring results being downloaded/reviewed prior to repeat prescribing.
- A lack of a systematic approach to reduce the duplication of prescriptions issued.

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

- There was a lack of electronic coding used to mitigate risk in respect of safeguarding and sharing information with the out of hours service.
- There was need to improve the uptake for the national cervical screening programme and childhood immunisations for children under one year old and uptake of the cancer screening programmes.

### **We rated the practice as requires improvement for providing a caring service because:**

- The National GP survey findings demonstrated patients were less positive than the local CCG and England averages in being treated with care and concern and their confidence and trust in the healthcare professional they saw or spoke to.
- Forty-nine registered patients were electronically coded as being a carer which represented only 0.5% of the practice population.

### **We rated the practice as requires improvement for providing a responsive service because:**

- The National GP survey results demonstrated a fall from the previous year in patient satisfaction with the responsiveness of the service.
- The practice had not sought to find ways of gathering patient feedback such as an in-house survey of patient views.

### **We rated the practice as requires improvement for providing a well led service because:**

- There were gaps seen in the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

# Overall summary

## **The areas where the provider must make improvements as they are in breach of regulations are:**

- Ensure that care and treatment is provided in a safe way.
- Ensure good governance in identifying, recording and managing risks, issues and implementing mitigating actions.

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

- Improve the identification of carers including electronic coding systems to enable this group of patients to access the care and support they need.
- Develop, seek and gather patient views.

- Implement strategies to improve the uptake for cervical screening and the cancer screening programmes.
- Implement strategies to improve uptake of childhood immunisations for children under one year old.

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

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist advisor and Practice Manager specialist advisor.

## Background to All Saints Surgery

All Saints Surgery is registered with the CQC as a GP partnership provider and is located in the town of Burton on Trent. The practice provides services to approximately 9,260 patients under the terms of a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services. The practice is a member of the NHS East Staffordshire Clinical Commissioning Group (CCG). According to the practice records the ethnicity of patients registered at the practice are approximately 42% Pakistani/Bangladeshi origin and 30% white and mixed race British. Sixteen percent are Eastern European, 6.4% Arabic and the remaining identified as Chinese and other Asian groups as well as travellers.

The practice area has a higher level of deprivation being in the third most deprived decile. This may mean there is an increased demand on the services provided when compared with national averages. The practice population age distribution is broadly in line with local and national averages.

The practice provides a number of clinics for example, long-term condition management including asthma, diabetes and blood pressure management. The level of

income deprivation affecting children is 22%, which is slightly higher than the national average of 20%. The level of income deprivation affecting older people is higher, 25% when compared with the national average of 20%.

The practice is a purpose-built premise. The building is single storey and owned by the partners. The practice provides a small car park. The practice staffing comprises:

- One full-time male GP partner who provides 1.23 whole time equivalent hours (WTE).
- Three long-term locum GPs who provide a total of 2 WTE hours.
- A non-clinical partner practice manager.
- An operations manager
- Two female practice nurses.
- A female phlebotomist/healthcare assistant.
- A team of reception staff and administrators.

The practice has vacancies for two full time GPs, reception/administration staff and a nurse practitioner. The practice is open from 8am to 6pm, Monday to Friday, and from 8am to 12.30pm on Saturdays. The practice has opted out of providing an out-of-hours service. When the practice is closed the out-of-hours service provider is Staffordshire Doctors Urgent Care Limited (SDUC). Patients may also call NHS 111 or 999 for life threatening emergencies. Routine appointments can be booked in person, by telephone or on-line. Home visits are available

to patients with complex needs or who are unable to attend the surgery. Surgery consulting times with a GP are available from 8.30am to 12pm and 3.30pm to 6.30pm on weekdays and 8am to 12pm on Saturdays. The nearest Walk in Centre is based at Derby London Road Community Hospital.

Further details about the practice can be found by accessing the practice's website at; [www.allsaintssurgery.co.uk](http://www.allsaintssurgery.co.uk)

Following a national government initiative from 1st September 2018 extra appointments are offered across

the whole of East Staffordshire, including evening and weekend appointments. The requirement in the GP Forward View is for practices to provide an additional 30 minutes for every 1,000 patients per week. Each appointment will be between 10 and 15 minutes, which means there are four to six appointments available per hour. Additionally, a new online digital service is available on Sunday mornings where appointments are offered with a GP via the Q Doctor App for further details All practices across East Staffordshire are participating in this extended access.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure the proper and safe management of medicines in particular;</p> <ul style="list-style-type: none"><li>• Medicines to reduce the risk of blood clots were prescribed without sight of the patient blood monitoring test results</li><li>• Monitoring of patients on particular medicines for raised blood pressure management was not effective. We found that 22 patients were overdue a blood test for creatinine levels despite the best efforts of the practice to encourage attendance as seen in four records reviewed.</li><li>• A lack of a systematic approach to reduce the duplication of prescriptions issued.</li></ul> <p>The provider had failed to do all that is reasonably practicable to mitigate risks, in particular;</p> <ul style="list-style-type: none"><li>• There was a lack of electronic coding for patient notes made for the out of hours service regarding some patient groups.</li><li>• There was a lack of electronic coding to link family members where there was safeguarding identified.</li></ul>

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## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury  
Transport services, triage and medical advice provided remotely

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **How the regulation was not being met:**

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 medicines used to reduce the risk of a blood clot, gaps in electronic coding to link family members where there was safeguarding identified.