

Crabbs Cross Surgery

Inspection report

1 Kenilworth Close
Crabbs Cross
Redditch
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www.crabbsscrosssurgery.nhs.uk

Date of inspection visit: 31 Aug 2022
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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?

Good



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive/focused inspection at **Crabbs Cross Surgery** on 31 August 2022. Overall, the practice is rated as Requires Improvement.

Safe - Good

Effective – Requires Improvement

Well-led – Requires Improvement

Following our previous inspection on 7 February 2017, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Crabbs Cross Surgery www.cqc.org.uk

Why we carried out this inspection

This inspection included a comprehensive review of information and a site visit where we inspected safe, effective, responsive and well-led care. Additionally, we reviewed access to the practice via telephone and a patient’s ability to book in with named GP’s.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. Therefore, as part of this inspection we completed clinical searches on the practice’s patient records system and discussed the findings with the provider. This was with consent from the provider and in line with all data protection and information governance requirements.

The inspection also included:

- Requesting and reviewing evidence and information from the service
- A site visit
- Conducting staff interviews
- Reviewing patient records to identify issues and clarify actions taken by the provider

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 found that:

- There were clear responsibilities, roles and systems of accountability to support good governance and management. However, oversight of some systems was not effective.

Overall summary

- The practice had completed some quality improvement activities but did not routinely review the effectiveness of changes made as a response. There was limited monitoring of the outcomes of care and treatment.
- The practice consistently worked with other organisations to deliver effective care and treatment. Patients could be referred to a single point of access for concerns surrounding mental health; they were then signposted to other services.
- The practice was not routinely able to evidence that staff had received training in some areas. However, discussions with staff provided assurance that they had the required skills, knowledge and experience to carry out their roles.
- The practice did not always have effective systems for monitoring the storage of medicines. In particular, we found that some medication stored in vaccination fridges were out of date.
- The practice did not always have effective systems for the appropriate and safe use of medicines as some medication was found to be out of date in the medication fridges, in addition staff did not always have the appropriate authorisations to administer medicines, (including patient group Directions
- The practice had completed quality improvement activities but did not routinely review the effectiveness of changes made as a response. There was limited monitoring of the outcomes of care and treatment.

We found Regulation 17 HSCA (RA) Regulations 2014 Good governance breach of regulations.

The provider **must**:

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

Whilst we found breaches of regulations, the provider **should**:

- Take steps to improve the clarity of policies and procedures for staff regarding identified leads in areas such as freedom to speak up guardians.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team included a GP specialist advisor and a CQC Inspector. The inspection team carried out a site visit at the practice on 31 August 2022, in addition to attending the site visit, the GP specialist advisor completed clinical searches and record reviews remotely without visiting the location on 26 and 30 August 2022.

Background to Crabbs Cross Surgery

Crabbs Cross Surgery is located in Redditch at:

1 Kenilworth Close

Crabbs Cross

Redditch

B97 5JX

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures

The practice is situated within the Herefordshire and Worcestershire integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 5,650 registered patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Nightingales which contains a total of five GP surgeries.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth decile (six 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 94.4% White, 2.8% Asian, 1.7% Mixed, 0.9% Black and 0.3% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of two Partners and one Salaried GP, one clinical pharmacist and one nurse. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the main location to provide managerial oversight.

The practice is open between 8:00 am to 6:30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Crabbs Cross Surgery, where late evening and weekend appointments are available. Out of hours services are provided on Monday between 6:30 pm to 8:00 pm and Saturday from 8:30 am to 10:00 am. Additionally patients are able to access additional care through the local primary care network."

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 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> <ul style="list-style-type: none">• The registered person did not do all that was reasonable practicable to ensure effective systems for the appropriate monitoring and safe use of medicines were in place.• The registered person did not operate a system for monitoring non-medical prescriber to enable them to identify where safety were being compromised and to respond appropriately without delay.• The registered person had processes in place that operated ineffectively in that they failed to enable the registered person to review findings from audits of the service provided to ensure systems and processes remained fit for purpose.• The registered person did not operate a system to gain assurance that staff had the skills, knowledge and experience to carry out their roles. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>