

# Cornerstone Surgery

## Inspection report

Fingerpost Park HC  
Atlas Street  
St. Helens  
WA9 1LN  
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[www.cornerstonesurgery.co.uk](http://www.cornerstonesurgery.co.uk)

Date of inspection visit: 8 and 15 September 2021  
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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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Cornerstone Surgery on 8 and 15 September 2021. Overall, the practice is rated as requires improvement.

The ratings for each key question: -

Safe - Requires improvement

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires improvement

We carried out an announced inspection of Cornerstone Surgery on 13 February 2020. The practice was rated requires improvement overall and for being safe, responsive and well-led. Effective was rated as inadequate and caring was rated as good. We issued requirement notices in respect of breaches of Regulation 12 (safe care and treatment), Regulation 16 (receiving and acting on complaints) and Regulation 17 (good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Cornerstone Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive review of information which included a site visit to follow up on:

- Breaches of regulations and ‘shoulds’ identified in the previous inspection.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Conducting an interview of Patient Participation Group members using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider

# Overall summary

- A short site visit

## 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 have rated the practice Requires improvement overall and for being safe, effective and well-led. Caring and responsive is now rated as good. We found continued breaches of Regulations 12 (safe care and treatment) and 17 (good governance).

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

- Improvements were needed to the management of patient medication to ensure patient safety.
- The provider could not provide checks of emergency equipment and medication to ensure it was safe.

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

- Performance data relating to childhood immunisations and cervical screening continued to be below the minimum target rates and the number of patients excluded from reviews and medical checks for long-term conditions was above the national average.
- Improvements were needed to monitoring patients with possible long-term conditions.

We rated the practice as Requires Improvement for providing well-led services because:

- A system of audit had recently been introduced but this was not embedded.
- Better oversight of training was needed to ensure updates were completed in a timely manner.
- Records relating to the service were not always accessible or held on-site

We found that:

- At this inspection, on 8 and 15 September 2021, we found that some required improvements had been made and identified a few other areas that required improvement.
- The systems to communicate with staff had improved. There were documented staff meetings and a computer system had been introduced to assist with information sharing.
- Referrals and other correspondence were managed in a timely way.
- Improvements had been made to information provided to patients about making a complaint and to how complaints are managed.
- Training identified as being needed at the last inspection had been provided to staff.
- There had been improvements to the management of significant events.
- Performance data relating to the number of patients who had cervical screening and childhood immunisations continued to be low. Patients excluded from health monitoring and reviews continued to be high. At this inspection there was a plan as to how this was being addressed.

# Overall summary

- Improvements were also needed to monitoring patients with possible long-term conditions such as chronic kidney disease.
- The systems to audit the clinical care provided were not embedded and reviewed in order to demonstrate the effectiveness and appropriateness of the care provided.
- All records needed for the operation of the service were not available when requested. This included registration checks for GPs, checks of emergency medication and equipment and contractors checks of the fire alarm and emergency lighting.
- The system for ensuring patients had the required monitoring when prescribed certain medicines was not effective. Medication reviews were not being fully documented. Historical safety alerts had not been monitored to ensure safe prescribing.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

We found breaches of regulations. The provider **must**:

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

Whilst we found no breaches of regulations, the provider **should**:

- Record the checks under taken to confirm the registration of clinical staff
- Provide fire marshal training to sufficient staff to enable cover for staff absences.
- Put in place a risk assessment for the security of doors at the practice.
- Put in place guidance for non-clinical staff to refer to regarding sepsis management to support their training.
- Continue to review patients prescribed hypnotic medicines to ensure appropriate prescribing.

**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	Good	
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	Good	
People experiencing poor mental health (including people with dementia)	Good	

## Our inspection team

Our inspection team was led by a CQC inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. A second CQC inspector spoke with staff using video conferencing facilities.

## Background to Cornerstone Surgery

Cornerstone Surgery is located in St Helens, Merseyside at:

Fingerpost Park HC

Atlas Street

St Helens

Merseyside

WA9 1LN

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

The practice is situated within the St Helens Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 2,508. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices (St Helens South Primary care network).

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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 98.2% White and 0.9% Asian.

The practice joined with a local GP Partnership called the Spinney Group in April 2019. The Spinney Group is operated by four GP partners who have six GP practices. One of the partners works at Cornerstone Surgery one day a week and is the registered manager for the service. Another partner has now returned to the practice after a period of absence and will be working at the practice two days a week. The practice currently has a vacancy for a salaried GP which is being covered by locum GPs. An advanced nurse practitioner works three days per week, a practice nurse two days and a GP assistant four days per week. The clinicians are supported at the practice by a practice manager and reception and administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the practice.

Patients are directed to extended hours and out of hours services when the practice is closed.

St Helens Rota provides extended hours services (evenings and weekends) and urgent medical services for patients who need to contact a clinician when their own surgery is closed. Patients are also directed to NHS 111 for 24 hour advice and the emergency services.

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 Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <ul style="list-style-type: none"><li>• Patients were not having the required monitoring of their health before repeat medications were prescribed.</li><li>• Medication reviews were not being fully documented.</li><li>• Medicines were not always administered in line with the required legal framework namely Patient Specific Directives.</li><li>• The provider did not demonstrate that emergency medication and equipment were appropriately monitored.</li></ul> <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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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:</p> <ul style="list-style-type: none"><li>• Rates for cervical cancer screening and baby immunisations were below the national averages. The provider must continue to monitor this to improve outcomes for patients.</li><li>• The personal care adjustment rates were higher than local and national averages. The provider must continue to monitor this to improve outcomes for patients.</li><li>• The systems to audit the clinical care provided were not embedded and reviewed in order to demonstrate the effectiveness and appropriateness of the care provided.</li></ul>

This section is primarily information for the provider

## Requirement notices

- All records needed for the operation of the service were not available when requested. This included registration checks for GPs, checks of emergency medication and equipment and contractors checks of the fire alarm and emergency lighting.

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