

Gardiner Crescent Surgery

Inspection report

21 Gardiner Crescent
Pelton Fell
Chester Le Street
DH2 2NJ
Tel: 01913873558

Date of inspection visit: 26 May 2022
Date of publication: 07/07/2022

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?	Inadequate	
Are services caring?	Requires Improvement	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced inspection at Gardiner Crescent Surgery on 24 and 26 May 2022. Overall, the practice is rated as Inadequate.

We rated the practice in each key question as:

Safe - Inadequate

Effective - Inadequate

Caring – Requires Improvement

Responsive - Inadequate

Well-led - Inadequate

Following an inspection on 23 and 24 August 2018 the provider was rated as good for providing caring and responsive services but rated as requires improvement for providing safe, effective and well-led services. Therefore, we rated the provider as requires improvement overall. At the follow up inspection on 19 August 2019, the practice was rated as good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Gardiner Crescent Surgery on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a comprehensive inspection to respond to risk and follow up on concerns that were raised with us.

The focus of this inspection was to:

- Review and respond to the concerns highlighted to the Care Quality Commission
- Review the quality of care provided in each key question
- Review the 'shoulds' identified in the previous inspection of August 2019.

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
- 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

Overall summary

- Requesting evidence from the provider
- A site visit
- Reviewing concerns that were highlighted to us.

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 this practice as Inadequate overall

We found that:

- The provider did not provide safe care and treatment for patients.
- The provider had failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care.
- Systems to assess, monitor and manage risks to patient safety were inadequate.
- The provider did not establish or operate an effective system for the identifying, receiving, recording, handling or responding to significant events or complaints.
- The provider did not ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons employed or ensure that staff received the appropriate support, training, professional development, supervision and appraisal, necessary to enable them to carry out the duties.
- The provider did not have oversight of staff training or ensure that recruitment procedures were established and operated effectively to ensure only fit and proper persons were employed.
- Outcomes from the National GP Patient survey were positive, and we observed staff speaking to patients in a kind and professional manner.

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

- Ensure 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
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure that any complaint received is investigated and necessary and proportionate action taken in response to any failures identified in accordance with the fundamental standards of care.

In addition, the provider **should:**

- Improve the arrangements in place for patients to have the choice to see a male or female GP.

Following the inspection, we wrote to the provider on 27 May 2022 and requested that urgent action was taken to review the electrical safety of the premises managed by the provider. This included the installation of CCTV, a review of the use of overloaded extension leads, a socket covered in blue tape and a patient couch. The provider responded to our concerns and we were sent documented evidence on 30 May 2022 that these specific issues had been addressed.

Overall summary

We shared our concerns regarding the management of fire safety at the practice with the fire and rescue service.

We also shared our concerns regarding this provider with key stakeholders including County Durham Clinical Commissioning Group (CCG).

Meetings were held between CQC and the CCG post inspection. The CCG provided immediate support to the practice to enable them to meet fundamental standards of care, this was accepted by the provider.

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

Our inspection team

Our inspection team was led by a CQC lead 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 CQC inspection manager also attended the site visit.

Background to Gardiner Crescent Surgery

Gardiner Crescent Surgery is located in Chester Le Street at:

21 Gardiner Crescent,

Pelton Fell,

Chester le Street,

County Durham,

DH2 2NJ.

The practice has a branch surgery at:

Craghead Medical Centre

The Middles,

Craghead,

Stanley,

DH9 6AN.

Both sites were visited as part of this inspection. The practice is also known locally as The Villages Medical Group.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures and treatment of disease, disorder or injury, family planning and surgical procedures. The practice offers these services from both the main practice and the branch surgery. Patients can access services at either surgery. The provider is also registered to provide maternity and midwifery services, but was not providing these services at the time of our inspection.

The practice is situated within the County Durham Clinical Commissioning Group (CCG) and delivers personal medical services (PMS) to a patient population of about 4,323. This is part of a contract held with NHS England.

The practice is part of a wider network of seven GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three 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 predominantly white British with 1.3% of the population from a non-white ethnic background.

The age distribution of the practice population differs from local and national averages. There are less registered patients aged 49 and under than CCG and national averages and higher number of patients aged 50 and over than CCG and national averages. There are more male patients registered at the practice compared to females.

There is a team of two male GPs, the lead GP and a salaried GP who provide cover at both practices. The practice has a team of two nurses, two healthcare assistants, a newly qualified nursing associate and an advanced nurse practitioner, all of who are female. The GPs and the business manager are supported by a team of reception and administration staff.

The practice is open between 8.30am to 6pm Monday to Friday and closed between 12.30pm and 1.30pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access appointments are available as part of primary care network and federation working on an evening, between 6.30pm and 8pm, and on a weekend between 8.30am and 12pm. Out of hours services are provided by calling 111, who would book patients into any available hub or sub hub slots for patients.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care in the carrying on of the regulated activities. The provider had a number of policies in place, but these were not being followed.• The provider failed to provide suitable leadership to the staff team or promote an open culture. A system to ensure clinical supervision and appraisal was not in place. Clinical meetings were not held.• The provider did not ensure that the management of significant events at the practice kept staff or patients safe. A functioning system to enable the recording and acting on significant events was not in place.• Leaders at the practice had failed to establish systems to manage risk, issues and performance. Quality improvement activity did not take place. The provider did not use data to drive and support decision making that would enhance care for patients.• The provider failed to establish a system to assess, prioritise or respond to the backlog of patient notes which required summarising. Therefore, the provider may not be aware of risks relating to the safety and welfare of these patients.• A system to support the appropriate navigation of patients to ensure they were seen by the right person at the right time was not in place. The staff team did not consistently use the care navigation template which was available and there was no evidence of any staff training to enable the team to identify vulnerable, deteriorating or at-risk patients.

Enforcement actions

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service must be suitably qualified, competent, skilled and experienced

How the regulation was not being met:

- The provider failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were employed and did not ensure there were enough suitably qualified staff to enable the review of vulnerable patients and carers.
- Leaders at the practice did not maintain oversight of staff training within the team. For example,; provider management records showed that eight staff had not completed safeguarding adults training, three clinicians did not have evidence of safeguarding children's training and several staff were not trained to the required safeguarding level, in line with the latest intercollegiate guidance.
- The provider did not follow their own mandatory training policy. Management records did not evidence training in sepsis, the Mental Capacity Act, deprivation of liberty/ liberty protection safeguards or fire warden training for any member of staff. The majority of clinicians at the practice did not have documented training in equality and diversity, conflict resolution, data security or moving and handling.
- The provider failed to provide staff with appropriate support, training, professional development, supervision and appraisal. Some staff had not had any form of appraisal or supervision. Some staff reported they had been left alone in a clinic seeing patients without clinical support on site.
- The provider did not have a formal process of clinical supervision in place to assess competencies or review prescribing data.

This was in breach of Regulation 18 (1), (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purpose of carrying on the regulated activity must have the necessary qualifications, competence, skills and experience

How the regulation was not being met:

- The provider failed to ensure that recruitment procedures were established and operated effectively and did not undertake necessary relevant checks.
- The provider failed to ensure that recruitment procedures met the requirements of the regulations. For example, obtain proof of identity or evidence of satisfactory conduct in previous employment. The provider did not retain an application form, curriculum vitae, or interview summary for all staff, a complete employment history including reasons for any gaps, or verify by obtaining documentary evidence, relevant qualifications cited in the application.
- The provider had failed to follow their own policy and had not obtained Disclosure and Barring Service (DBS) checks for members of the non-clinical team. The required checks were in place by the time we carried out our site visits, however we were not assured this process was embedded into the team.
- The provider did not provide an effective induction process to orientate permanent or locum staff, to important policies, safety and clinical information, ensure staff understood their roles and responsibilities, or provide regular training or appropriate support.

This was in breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury
Surgical procedures

Regulation

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:

Enforcement actions

- The provider did not to ensure the safe management of medicines at the practice or review and act upon all safety alerts. The provider did not conduct appropriate or structured medication reviews for patients or ensure the suitable review of some patients with long-term conditions.
- Leaders at the practice did not ensure the safe monitoring of prescription stationary once it was distributed throughout the practice.
- The provider did not review the increasing rates of anti-biotic prescribing at the practice.
- The provider failed to provide adequate support for vulnerable patients. For example, they had failed to evidence a reflective register for patients with a learning disability or support patients with chronic obstructive pulmonary disease (COPD), carers and young people with their health needs.
- The provider had failed to act in the knowledge that there were issues with clinical coding at the practice.
- The provider did not ensure that the policy was followed in relation to the management of correspondence and could not evidence the clinical oversight of test results.
- The provider had failed to assess the risk of the prevention, detection, and control of the spread of infections. For example, an appropriate policy, action plan and cleaning schedules were not in place. Additional issues were noted with sharps boxes, vaccine refrigerator records and monitoring, and oversight of the complete immunisation status of the staff team.
- The provider did not maintain an appropriate safeguarding register or make clear records in patient notes. A breach of patient confidentiality was found. The provider could not evidence compliance or oversight of safeguarding training for the team.
- The clinical oversight and recording of DNACPR decisions was not appropriate or in line with good practice guidance.
- The provider had failed to do all that was reasonably practicable to mitigate risks to the health and safety of patients. Actions were not completed following fire risk assessments and risk assessments did not address the issues such as a lack of staff training and fire wardens.

Enforcement actions

Health and safety risk assessments were limited in scope, not embedded into the practice, and did not reflect the risks identified on inspection, for the premises or security of the building.

- Leaders failed to assess or manage the risk of legionella at the practice.
- The provider did not maintain up to date records, policies or risk assessments to support the safe use of emergency medicines, oxygen and the defibrillator.
- Historical paper patient notes were not stored in line with guidance.

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

Regulated activity

Diagnostic and screening procedures

Family planning services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider must establish a system for receiving and acting on complaints

How the regulation was not being met:

- The provider did not have a functioning system in place to effectively manage the receiving, recording, handling or responding to complaints. Complaints were not discussed or reviewed at meetings or shared with the team.
- The provider failed to carry out the necessary investigations or take any action in response to complaints. The staff team were not involved in the review or discussion of complaints and patients were not responded to.

This was in breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.