

Blundell Park Surgery

Inspection report

142-144
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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



Overall summary

We carried out an announced focused inspection of Blundell Park Surgery on 4 December 2019. This inspection was undertaken to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation set out in warning notice we issued to the provider in relation to Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 Staffing.

The practice received an overall rating of inadequate at our inspection on 4 July 2019 and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report.

The full comprehensive report from the July 2019 inspection can be found by selecting the 'all reports' link for Blundell Park Surgery on our website at www.cqc.org.uk.

Our key findings were as follows:

- The practice had not fully complied with the warning notice we issued but had taken some action needed to comply with the legal requirements.
- We reviewed systems for managing recruitment and found improvements had been made to ensure appropriate pre-employment checks were undertaken and all staff had received a disclosure and barring (DBS) check.
- Significant events and complaints were standing items on the regular practice meeting agenda to ensure areas of learning and improvement were shared with all staff. However the process for managing significant events had not been implemented.
- A system for recording and acting on safety alerts had been developed but had not been implemented.
- The practice had responded to concerns identified in relation to staff immunity status for specific infections. However, not all staff's vaccination status had been risk assessed.
- Staff advised that staffing levels were improved.
- Safeguarding policies were accessible to all staff and staff had had safeguarding training.
- We found documented evidence of fire drills and testing having taken place.
- Appropriate risk assessments had been undertaken.
- Staff had been trained to identify a deteriorating or acutely unwell patient and on actions to take.
- Blank prescriptions were kept securely however their use was not monitored in line with national guidance.
- Patient Group Directions had been signed.
- Policies and procedures essential to good governance (including training, recruitment, locum staff and occupational health) were in place in the practice.
- Training records for staff were maintained and all mandatory training had been completed.
- There was a regular schedule of appraisals or supervision sessions for all staff.

Our inspection team

Our inspection team was led by a CQC inspector who was supported by a second inspector and a GP specialist advisor.

Background to Blundell Park Surgery

Blundell Park Surgery is situated on Grimsby Road, Cleethorpes. They have a Personal Medical Services (PMS) contract. There are 2,580 patients on the practice list and the majority of patients are of white British background. The practice scored two on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has two GPs both female. There is one practice nurse and a health care assistant. There is a practice manager and a team of receptionists and administration staff.

When the practice is closed, patients are directed to the Out Of Hours provider and NHS 111. Information for patients requiring urgent medical attention out of hours is available in the waiting area and on the practice website.

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	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: The provider did not have a system to effectively receive, record, handle and respond to complaints effectively.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider was unable to evidence that recently recruited staff had references, application forms, proof of identity checks, DBS checks or risk assessments as specified by Schedule 3 of the Care Quality Commission Regulations 2009.

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 Family planning services 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>Care and treatment to patients was not provided in a safe way</p> <p>In particular</p> <ul style="list-style-type: none">• Safeguarding policies were not accessible to all staff.• We found no evidence of safeguarding training for some staff.• We found no documented evidence of fire drills or testing having taken place.• There was no documented fire risk assessment.• There was no defibrillator on site nor paediatric pulse oximeter.• Staff had not been trained to identify a deteriorating or acutely unwell patient or on actions to take.• We found no documented evidence of process for urgent clinical review of acutely ill patients.• Blank prescriptions were not kept securely and their use was not monitored in line with national guidance.• Patient Group Directions had not been signed.• There was no documented system for recording and acting on safety alerts.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p>

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

In particular:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.
- Policies and procedures essential to good governance (including training, recruitment, locum staff and occupational health) were either not in place in the practice, were not effectively reviewed or consistently followed.
- There was limited evidence of learning from complaints and significant events.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.

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

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider must ensure that sufficient numbers of skilled and experienced staff are employed at the practice to deliver safe care and treatment.

- The provider could not demonstrate that staff had completed training in areas such as safeguarding adults and children, basic life support, infection prevention and control, chaperone training and information governance.
- There was no regular schedule of appraisals or supervision sessions for all staff.