

# Graham Road Surgery

## Inspection report

22 Graham Road  
Weston-super-mare  
BS23 1YA  
Tel: 01934628111  
www.grahamroadsurgery.nhs.uk

Date of inspection visit: 19 August 2021  
Date of publication: 05/11/2021

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?

Inadequate



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Graham Road Surgery on 19 August 2021, the practice is rated requires improvement.

Safe - requires improvement

Effective - inadequate

Caring - requires improvement

Responsive - requires improvement

Well-led - requires improvement

## **Why we carried out this inspection**

We undertook this inspection in response to intelligence to suggest there was emerging risk at this practice. As this inspection was the first inspection since Graham Road was registered with this new provider we completed a comprehensive inspection in order to provide this location with a rating.

## **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
- Requesting evidence from the provider
- 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

# Overall summary

- information from the provider, patients, the public and other organisations.

**We have rated this practice as Requires improvement for population groups. For people with long-term conditions and Families, children and young people we rated this practice as Inadequate. We rated the practice as Requires improvement for Working age people, People experiencing poor mental health, Older people and People whose circumstances make them vulnerable.**

We found that:

- The practice adjusted how it delivered services to meet the needs of patients during the Covid-19 pandemic, however patients had issues accessing care and treatment in timely way.
- The practice were carrying staff vacancies which was impacting on safe and effective care and treatment to patients. However, there was a plan in place to actively recruit to roles
- The practice had a fire procedure in place and staff were trained in fire safety, however the practice was unaware that a fire risk assessment completed by a landlord was out of date and had not completed their own risk assessment.
- The practice followed national guidance to assess patients remotely during the Covid-19 pandemic, however not all patients with long-term conditions had regular health checks done and there was a backlog of summarising patients notes.
- The practice was not effective in monitoring Quality of Framework (QOF) data and fell below national averages for number of conditions.
- Performance for national prevention schemes for example child immunisation was below 90% minimum uptake.
- Not all staff felt supported and not all of them had received regular supervision or appraisal.
- The leadership team were in the process of identifying ways to make improvements to delivery but these changes were either in the pipeline or in their infancy and so were unable to assess whether these would result in sustainable change and improvement.
- The leadership team were working with other organisations to seek improvements for their patients.

## **We found two breaches of regulations:**

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

**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>Inadequate</b> 
<b>Families, children and young people</b>	<b>Inadequate</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 CQC lead inspector and a second team inspector. 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.

## Background to Graham Road Surgery

Graham Road Surgery is located in Weston-Super-Mare, at:

22 Graham Road

Weston-super-mare

BS23 1 YA

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. Graham Road is one of two registered locations under the provider.

The practice is situated within the Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 11,000.

The practice is part of a wider network of GP practices, Pier Health Group Limited.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile in England (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 95.5% White, 2.3% Asian, 1.3% mixed and 0.7% Black.

There is a team of three GPs. The practice also used regular locum GPs at the time of the inspection. The practice has a team of three nurses who provide nurse led clinics for long-term conditions. The GPs are supported at the practice by a team of reception/administration staff. The practice also employed a paramedic practitioner and a clinical pharmacist who work across all locations registered by the provider and with other local GP practices. The practice manager shares their time between this practice and the other registered location (Horizon Health Centre).

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 need to see a patient face-to-face then the patient is offered a choice of either the main GP location.

When the practice is not open patients can access treatment via the NHS 111 service.

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 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risk to the health and safety of service users receiving care and treatment. In particular</p> <ul style="list-style-type: none"><li>• There was insufficient levels of staff to deliver services safe and effectively.</li><li>• The practice had a backlog of summarising patients notes.</li><li>• There was insufficient resource to manage the demand through the electronic system (ask my GP) and the telephony system was not able to manage demand causing patients an inability to access services when required.</li><li>• Not all patients were receiving the level of monitoring required for their health conditions and prescribed medicines in line with published guidance.</li><li>• The practice did not have an up to date fire risk assessment in place.</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 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> <p><b>How the regulation was not being met:</b></p>

## Requirement notices

The registered person had systems and processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risk relating to the health, safety and welfare of patients and others who may be at risk. In particular:

- The practice was not effective in monitoring of Quality of Framework (QoF) data and performance was below local and national averages for many indicators.
- Patient satisfaction for the practice was poor and there was limited evidence of plans to address this.
- Performance for national prevention schemes were below average.
- Not all staff had received regular supervision or appraisal.
- Systems and processes were in place but there was insufficient oversight of these systems to ensure that information was relevant and up to date in order to keep staff and patients safe. For example, acting upon the medicines reviews and the fire safety risk assessment.

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