

Central Surgery

Inspection report

Corporation Street
Rugby
CV21 3SP
Tel: 01788524366

Date of inspection visit: 6 December 2022
Date of publication: 17/02/2023

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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive at Central Surgery on 6 December 2022. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - requires improvement

Caring - good

Responsive - requires improvement

Well-led - inadequate

Following our previous inspection on 14 March 2019, 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 Central Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns in line with our inspection priorities. This was a comprehensive inspection and looked at the key questions inspected, are services safe, effective, caring, responsive and well-led.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using telephone and video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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
- information from the provider, patients, the public and other organisations.

We found that:

Overall summary

- Patients did not always receive effective care and treatment that met their needs. The practice did not always routinely review the effectiveness and appropriateness of the care it provided. There were some gaps in the process for monitoring patients' health in relation to the use of medicines including high risk medicines, and patient records did not contain sufficient documentation to reflect their review or consultation.
- Governance processes were not followed appropriately to manage risk. Actions had not been taken in response to health and safety and fire safety risk assessments. Staff training and pre-employment recruitment checks were not sufficient. Learning from significant events and complaints was not widely shared with all clinical staff. There was minimal quality improvement activity carried out.
- There were concerns with access to the branch site. The opening hours were not clearly publicised, and the site was not always adequately staffed for the clinics being run. Facilities at the branch site were limited for patients using a wheelchair.
- Staff feedback was generally negative. They did not always feel able to raise concerns or feel supported.
- We found good systems in place to manage safeguarding processes, significant events and complaints.
- The practice was the lead within the Primary Care Network for patients from Ukraine. They received patients from a local hotel that housed refugees and asylum seekers. A register was kept of these patients and they were all offered routine vaccinations within 14 days of registration.

We found 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.

The areas where the provider **should** make improvements are:

- Continue to encourage the uptake of cervical screening.
- Consider ways to support patients that have been identified as carers.
- Continue to take measures to improve patient satisfaction with the service.
- Display CQC ratings conspicuously and legibly at each location delivering a regulated service and on the practice website.

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 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 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 was led by a CQC lead inspector who spoke with staff using telephone and 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. There was an inspection manager and a second inspector who attended the site visit.

Background to Central Surgery

Central Surgery is located in Rugby at:

Corporation Street

Rugby

Warwickshire

CV21 3SP

The practice has a branch surgery at:

10-12 The Green

Bilton

Rugby

CV22 7LY

Both sites were visited as part of the inspection.

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Coventry and Warwickshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 20,520. This is part of a contract held with NHS England.

The practice is a member of a primary care network (PCN) that enables them to work with other practices in the area to deliver care.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 7th decile (7 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 89% White, 6% Asian, 2% Black, 2% Mixed, and 1% Other.

The age distribution of the practice population closely mirrors the local and national averages with a lower than average number of patients aged 20-34 years.

There is a team of 7 GP partners and 9 salaried GPs who provide cover at both practices. The nursing team consists of a menopause nurse, 3 general practice nurses, 3 health care assistants.

The practice is open between 8am to 6.30pm Monday to Friday. The branch site is open 8.30am to 5.30pm 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 the primary care network, where late evening and weekend appointments are available.

When the practice is closed, out of hours services can be accessed via the NHS 111 service.

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 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Staff were not trained to the appropriate level for safeguarding children and vulnerable adults.• Disclosure and Barring Service (DBS) checks had not been undertaken for all staff.• Recruitment checks had not been carried out appropriately.• Staff vaccinations and records of vaccinations, had not been maintained in line with current guidance.• Actions had not been taken in response to the health and safety and fire safety risk assessments.• Appropriate standards of cleanliness and hygiene were not always met. Staff had not all received training on infection prevention and control.• Staff were not suitably trained in emergency procedures.• Individual care records did not contain all patient information. For example, blood test results were not routinely added to patient notes. Medicine reviews did not always contain documentation of discussions that had taken place with the patient.• There was a back log of summarising of new patient notes.• Blank prescriptions were not logged or tracked at the branch site.• There was no embedded process in place to review the prescribing practice of non-medical prescribers.• There were some gaps in the process for monitoring patients' health in relation to the use of medicines including high risk medicines.• The practice did not hold all of the recommended emergency medicines at either the main or the branch site. There was no documented risk assessment in place to demonstrate whether the risks of not holding these medicines had been assessed and mitigated.

Requirement notices

- Learning from significant events was not widely shared with practice staff.
- Actions had not always been taken for safety alerts received.
- Patient records did not contain sufficient documentation to reflect their review or consultation. This included patients with long-term conditions.
- Records of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were not fully documented in the patients' records.

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
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- There was a lack of managerial oversight for many processes including recruitment, medicines management and risk assessments. There was no action plan in place to clear the backlog of summarising.
- There was no succession planning in place. There were 3 out of the 7 GP partners who had not registered with CQC.
- Staff feedback was generally negative. They did not always feel able to raise concerns or feel supported. Appraisals had not been completed for all staff.
- There was a lack of clinical oversight for staff working in the practice, in particular, non-medical prescribers.
- Quality improvement was limited to single cycle audits.
- Learning from significant events and complaints was not widely shared.

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