

The Osmaston Surgery

Inspection report

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Derby
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Date of inspection visit: 5 June 2023
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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	
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 unannounced comprehensive inspection at The Osmaston Surgery on 5 June 2023. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - inadequate

Caring - requires improvement

Responsive - inadequate

Well-led - inadequate

Following our previous inspection on 24 May 2018, 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 The Osmaston Surgery on our website at www.cqc.org.uk

Why we carried out this inspection.

We carried out this inspection to follow up concerns reported to us.

How we carried out the inspection.

- An unannounced site visit.
- Conducting staff interviews.
- 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.

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:

- The practice did not ensure care and treatment was provided in a safe way to patients.
- The practice had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- The service was not provided in a way to care and respond to patients' needs.

Overall summary

We found 2 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.

In addition, the provide should:

- Review access to appointments and continue to develop sustainable improvements to improve patient experience.
- Improve the uptake of childhood immunisations and cancer screening.

As a result of the inspection team's findings from the inspection, as to non-compliance, but more seriously, the risk to service users' life, health and wellbeing, the Commission decided to issue an urgent notice of decision to impose conditions on the provider's registration. The notice was served on the provider on 13 June 2023 and took immediate effect.

I am placing this service in special measures. Services placed in special measures will be inspected again within 6 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 6 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 6 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 Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit on 5 June 2023, accompanied by a GP specialist advisor and a second CQC inspector. The inspection team also included a second GP specialist advisor who spoke with GPs using video conferencing facilities, and completed clinical searches and records reviews on the same day without visiting the location.

Background to The Osmaston Surgery

The Osmaston Surgery Centre is located in Derby at:

212 Osmaston Road

Derby

DE23 8JX

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, the treatment of disease, disorder or injury; and surgical procedures. It is not registered to provide maternity and midwifery services which is a requirement of CQC registration for GP practices. No registered manager for the CQC was in post at the time of our inspection, we were informed that 1 of the GP partners was applying to become the registered manager.

The practice offers services from 1 location situated close to Derby city centre. The majority of services are provided from the main building, but the practice also uses an annexe attached to an independent pharmacy at the back of their surgery. This houses some administrative staff and also some consultation rooms.

The Osmaston Surgery is situated within the NHS Derby & Derbyshire Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of approximately 15,350. This is part of a contract held with NHS England. An ICB is a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.

The practice is part of the Derby City North Primary Care Network (PCN) which is a network of 5 local GP practices working collaboratively to deliver improved levels of care for patients, by connecting the primary healthcare team across the area with community and other service providers in their area.

The practice is led by a partnership of 2 GPs. It employs a part-time salaried GP, 4 practice nurses and a phlebotomist. Due to the recent departure of 5 GP partners, the practice was using 5 regular locum GPs and 2 other locum GPs, alongside a team of contracted paramedics and an advanced clinical practitioner to see patients. A GP registrar was also based at the practice.

There was no practice manager in post at the time of our inspection, but there is a clinical services manager and an assistant clinical services manager and a team of reception and administrative staff. The practice also employ 2 cleaning staff who clean non-clinical areas in the practice (a contracted cleaning company clean the clinical rooms).

The practice has access to staff working across their Primary Care Network (PCN) including some additional pharmacy support.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

The practice population age chart indicates a below average number of patients aged 65-79 years old of age, and higher than average number of patients between 25-44 years of age, in comparison to local and national figures.

According to the latest available data, the estimated ethnic make-up of the practice area is 67.1% white, 22.6% Asian, 4.6% Black, and 5.8% mixed and other ethnicities.

The practice is open from 8am until 6.30pm Monday to Friday. Patients can also access appointments until 8pm weekdays and on a Saturday morning through the PCN's extended access scheme. When the practice is closed, out of hours cover for emergencies is provided via the 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• Evidence of safe recruitment was not provided on the day of inspection.• There had been a failure to identify risk and mitigate this with appropriate actions. For example, in relation to health and safety, and fire.• Security arrangements for prescriptions, patient information and emergency medicines were insufficient.• Staffing levels were not sufficient to meet patients' needs.• Processes for medicines management needed strengthening, for example, updates to Patient Group Directions (PGDs); vaccine fridge monitoring arrangements; emergency medicines not stocked required a risk assessment.• Infection control procedures required appropriate monitoring of cleaning arrangements.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• Practice policies and procedures required updates to accurately reflect how things worked on site.• There were no clear mechanisms to canvass patient feedback, or to review information such as the results of the National GP Patient Survey to drive improvements.• Staff involvement was limited to inform developments. Staff did not feel their views were considered.• Clinical meetings and multi-disciplinary meetings were not taking place. There was no clear team approach to holistically review patients at the end of their life, or those with a safeguarding concern.

This section is primarily information for the provider

Requirement notices

- Cervical screening rates were below the national target, and the uptake of childhood immunisations was below the minimum target. There were no clear plans in place to address this.
- Documentation was incomplete where patients had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decision in place.
- Whilst we saw examples of clinical audit activity, there was limited evidence that these were being followed up to drive improvements in patient outcomes.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Safeguarding systems required strengthening as they did not provide assurances that vulnerable patients were reviewed regularly to keep them safe.• We found systems and processes were ineffective in the management of medicines.• The review and actioning of medicines safety alerts was not working effectively.• The oversight of test results and tasks required strengthening to ensure patients were followed up in a timely manner when necessary.• Systems were not working effectively to promote effective patient care, for example, we identified shortfalls with medicine reviews; monitoring patients with a long-term condition to ensure their medicines were effective; and the follow up of patients when a concern had been identified.• Significant events were not analysed sufficiently to identify root causes and ensure corrective actions were implemented. There was limited evidence that significant events and complaints were being shared with staff to promote learning.• There was no infection and prevention control lead and limited evidence of infection control oversight, including an ongoing programme of audit.
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> <ul style="list-style-type: none">• We found ineffective leadership in place at the time of the inspection.• Governance processes within the practice required significant strengthening. Areas of risk were not being identified and subsequently managed with effective managerial oversight.

This section is primarily information for the provider

Enforcement actions

- We found staff were not up to date with the practice's mandatory training schedule
- There was little evidence of systems and processes for learning, continuous improvement and innovation.