

Graham Road Surgery

Inspection report

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

Date of inspection visit: 18 May 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?

Requires Improvement 

Are services caring?

Requires Improvement 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out a short notice announced comprehensive at Graham Road Surgery on 18 May 2023. Overall, the practice is rated as inadequate.

The key questions are rated:

Safe - inadequate

Effective - requires improvement

Caring - requires improvement

Responsive - requires improvement

Well-led - inadequate

Following our previous inspection on 24 June 2022, the practice was rated as requires improvement overall and for all key questions.

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

Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection in line with our inspection priorities.

How we carried out the inspection.

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 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.

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

- The practice had not implemented necessary improvements to address breaches in regulation previously identified.
- The practice was unable to demonstrate that individual care records were managed appropriately; and that staff had access to relevant information to ensure safe care and treatment.
- The practice had not ensured medicines were appropriately authorised before being administered by staff.
- Positive outcomes from GP national patient surveys remained below national averages.
- Processes to identify learning from complaints were not embedded in practice.
- There were no appropriate arrangements to manage backlogs of activity.
- Oversight was not effective to ensure processes were embedded.

At this inspection we found that not enough improvements had been made to address previous breaches in regulation identified during our last inspection in June 2022. We served warning notices to the provider for breaches of Regulation 12 Safe care and treatment and Regulation 17 Good governance.

The areas where the provider **must** make improvements:

- 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.

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 vary the provider's registration 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 and a second team inspector who undertook a site visit and spoke with staff using video conferencing facilities. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and record reviews without visiting the location.

Background to Graham Road Surgery

Graham Road Surgery Medical Centre is located in Weston-super-Mare at:

22 Graham Road

Weston-Super-Mare

BS23 1YA

The provider is registered with CQC to deliver the Regulated Activities: diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is situated in the Bristol, North Somerset, and South Gloucestershire Integrated Care Board (ICB) and delivers Personal Medical Services (PMS) to a patient population of about 10,300. This is part of a contract held with NHS England.

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 (two of 10). The lower the decile, the more deprived the practice population is relative to others.

Information published by Office for Health Improvement and Disparities 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.

According to the latest available data, the ethnic make-up of the practice area is 95% White, 2% Asian, 1% Black, 1% Mixed.

There is a team of 2 GPs who provide services at the practice and other practices in the provider's wider network. They are supported by a team of advanced nurse practitioners, practice nurses and a prescribing paramedic. A team of administration staff supported the clinical team.

The practice manager shared their time with Graham Road Surgery and another practice in the wider network.

The practice is open between 8 am to 6:30 pm 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 Severnside Integrated Urgent Care Service, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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 were not being met.

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> <ul style="list-style-type: none">• Patients had not received required monitoring of their prescribed medicines in line with national guidance.• The practice had not identified actions to improve patient outcomes following our previous inspection.• Processes to review and act on Medicines and Healthcare products Regulatory Agency (MHRA) alerts were insufficient and did not ensure required actions were taken in response to maintain patient safety.• The practice did not have appropriate systems to ensure medicine reviews contained necessary information. <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> <ul style="list-style-type: none">• The practice had not identified effective processes to ensure patients at risk of harm receive a timely review of their care and treatment by an appropriate person.• They did not have effective systems to monitor patient access and ensure necessary care and treatment was accessed in a timely way and patients were seen by an appropriate clinician.• The practice's significant event process was not embedded to ensure that all incidents were appropriately documented and investigated.• There were no effective processes to identify learning from patient complaints to help ensure any failings in patients' care were identified and used to drive improvements.• There was no oversight of prescription stationary.

This section is primarily information for the provider

Enforcement actions

- The practice had not monitored the prescribing practices of non-medical prescribers.
- Safeguarding processes were not embedded in practice.
- The practice did not have effective processes to ensure patient group directions were signed and authorised in line with national guidance.
- There was not adequate oversight of systems to ensure records relating to new patients were summarised as required.

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