

The Cedars Surgery

Inspection report

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

We carried out an announced inspection at The Cedars Surgery. We conducted remote clinical searches on the practice's computer system on 9 June 2022 and conducted an onsite inspection of the practice on 10 June 2022 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services responsive? - Good

Are services well-led? – Good

Overall, the practice is rated as Requires Improvement.

The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Following our previous inspection on 19 April 2016, the practice was rated Good overall and for Safe, Effective, Responsive and Well-led. The practice was rated as Outstanding for Caring.

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

Why we carried out this inspection

This inspection was a focused comprehensive inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection focused on the following:

- Are services safe?
- Are services effective?
- Are services responsive in relation to access?
- Are services well-led?

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.

Overall summary

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:

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

We have rated this practice as **Requires Improvement overall**.

We found that:

- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- There were systems and processes for learning and continuous improvement.
- Published results showed the childhood immunisation uptake rates for the vaccines given were above the 95% World Health Organisation target.
- The provider was aware of published performance data relating to cervical cancer screening and was continuing to take action to improve uptake by relevant patients.
- The provider learned and made improvements when things went wrong.
- Appropriate standards of cleanliness and hygiene were met.
- The practice always obtained consent to care and treatment in line with legislation and guidance.
- The practice involved staff to sustain quality and sustainable care.
- There was compassionate, inclusive and effective leadership at all levels.
- Improvements were required in relation to the management and oversight of staff personnel files, for example, staff immunisations.
- There was limited monitoring of the outcomes of care and treatment.
- Staff had the skills, knowledge and experience to carry out their role.
- Due to the pandemic, protected learning time for staff was limited.
- Improvements were needed for the process of monitoring patients' health in relation to the use of some high-risk medicines.
- Systems for acting on safety alerts were not always effective.
- Patients' needs were not always assessed, and care, as well as treatment, were not always delivered in line with current legislation, standards and evidence-based guidance.
- There were processes for managing risks, issues and performance. However, these were not always effective.

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

Overall summary

- Ensure care and treatment of patients 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 implement and monitor the outcome of plans to improve performance relating to the uptake of cervical cancer screening.
- Continue to strengthen the monitoring and oversight of staff personnel files, for example, staff immunisations.
- Continue to strengthen the monitoring and oversight of staff training.
- Continue to use information to make improvements to care and treatment, by way of clinical audits.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who 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.

Background to The Cedars Surgery

The Cedars Surgery is located at 24 Marine Road, Walmer, Deal, Kent, CT14 7DN.

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

The practice is situated within the South Kent Coast Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 10,780.

The practice is part of a wider network of GP practices in East Kent: Deal and Sandwich Primary Care Network (PCN).

Information published by Public Health England shows that deprivation score within the practice population group is seven (seven of ten). The lower the score, 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 98% White, 0.9% Asian, 0.2% Black, 0.8% Mixed and 0.1% Other.

The number of patients under the age of 18 and aged 18 to 64 closely mirrors the local and national averages. The practice has a higher than average proportion number of patients over the age of 65.

The practice consists of five principal GPs (male and female), two salaried GPs (male and female), two practice nurses (female), one advanced care practitioner (female) and three healthcare practitioners (female). The practice is supported by a team of reception and administration staff. The practice also employs locum GPs directly when required.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. The practice offers extended hours every Wednesday and Thursday between 7am and 8am. The practice also offers extended hours on the first Saturday of each month between 9am and 11am.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111 and Integrated Care 24 (IC24). NHS 111 and IC24 deals with urgent care problems when GP surgeries are closed.

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> <p>Care and treatment were not always provided in a safe way for service users to ensure compliance with this part of the above Regulations.</p> <p>The service provider was not ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• We did not see evidence that one member of staff had received training in safeguarding of vulnerable adults and children appropriate to their role. <p>The service provider was not ensuring the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Prescribing of some high-risk medicines was not always in line with best practice guidance.• Safety alerts were not always actioned in line with best practice guidance.• The level of detail in which medicine reviews were recorded were not always in line with best practice guidance. <p>The service provider was not doing all that is reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• Monitoring of patients with some long term conditions did not always follow best practice guidance (potential missed diagnosis of diabetes, patients with asthma who have had two or more rescue steroids, patients with chronic kidney disease stages 4 or 5, patients receiving treatment for an underactive thyroid and patients with diabetic retinopathy).

Requirement notices

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:

Systems or processes were not established or where established were not operated effectively to ensure compliance with this part of the above Regulations.

Systems or processes did not enable the service provider to:

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities (including the quality of the experience of service users in receiving those services). In particular:

- Improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities.

Systems or processes did not enable the service provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities. In particular:

- The provider was unable to demonstrate their processes and systems were effective in the management of risks from: the management of the prescribing of some high-risk medicines, the management of safety alerts and all risks associated with some staff not being up to date with essential training.

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