

Anlaby Surgery

Inspection report

Haltemprice Leisure Centre, Springfield Way
Anlaby
Hull
HU10 6QJ
Tel: 01482658918
www.anlabysurgery.co.uk

Date of inspection visit: 22 July 2022
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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 well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Anlaby Surgery on 19th – 22nd July 2022. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective – Requires Improvement

Caring – Not Rated

Responsive – Not Rated

Well-led – Requires Improvement

Following our previous inspection on 28th June 2016, 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 Anlaby Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection as part of our direct monitoring intelligence system Band 1 sampling exercise. This exercise is looking at a percentage of band 1 locations in each sector with published statements on our website as part of our quality assurance process to monitor the effectiveness of our new monitoring approach. We need assurance that Good or Outstanding rated locations are still good or outstanding and that we were right to publish the public statement.

How we carried out the inspection/review

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:

Overall summary

- 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:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- 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.
- Recently senior leaders at the practice had changed and the new leadership team were making progress to the running of the practice.
- Staff reported that since the change of management the culture of the practice had improved.
- The practice did not have any formal safeguarding meetings only informal discussions
- The practice did not have any risk assessments for emergency drugs
- Systems for managing and reviewing patients with long term conditions were not effective. The majority of patients on direct oral anticoagulants (DOAC) medication had not had the required monitoring.
- The practice did not have a clear protocol for dealing with Medicines and Healthcare Products Regulatory Agency (MHRA) alerts
- There was no clear governance structure which meant systems were sometimes not reviewed
- The practice's governance and assurance systems were weak.

We found a breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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 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.

Background to Anlaby Surgery

Anlaby Surgery is located in Anlaby, Hull at:

Anlaby Surgery

Haltemprice Leisure Centre

Springfield Way

Anlaby

Hull

HU10 6QJ

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.

The practice is situated within the East Riding of Yorkshire Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) contract to a patient population of about 4100. This is part of a contract held with NHS England. The practice scores nine on the deprivation measurement scale; the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The practice has one GP partner (male) and one salaried GP (female). A team including two clinical practitioners, two practice nurses and two health care assistants are employed by the practice. The GPs and nurses are supported by two practice managers and admin and reception staff.

Practice opening hours are from 08.00 – 18.00 Monday to Friday. Appointments are available from 08.00 – 18.00 Monday to Friday. The practice offers appointments on a Monday evening between 18.00 – 19.30 and on weekends as part of the Improving Access Scheme. The practice offers a range of appointments, telephone consultation, video consultation and face to face appointments. When the practice is closed, patients can access out of hour's services by telephoning NHS 111.

The practice is part of a wider network of GP practices known as Harthill Primary Care Network (PCN). Harthill PCN includes five other practices.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Ensure safeguarding systems, processes and practices are implemented and communicated to staff.• Complete risk assessments for emergency medication not stocked.• Manage and audit tasks to ensure that they are actioned in the appropriate timescale and are followed up when needed.• Put in place a system to monitor, action and review safety alerts and MHRA alerts• Develop systems to effectively manage patients with long term conditions and patients on DOAC medication. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>