

# Gardiner Crescent Surgery

## Inspection report

21 Gardiner Crescent  
Pelton Fell  
Chester Le Street  
DH2 2NJ  
Tel: 01913873558

Date of inspection visit: 20 September 2022  
Date of publication: 13/01/2023

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



# Overall summary

We previously carried out an announced inspection at Gardiner Crescent Surgery on 24 and 26 May 2022. The provider was rated as inadequate and placed into special measures. We issued warning notices in respect of non-compliance with five Regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 Safe care and treatment
- Regulation 16 Receiving and acting on complaints
- Regulation 17 Good governance
- Regulation 18 Staffing
- Regulation 19 Fit and proper persons employed

We told the provider they needed to be compliant with the Regulations 12, 16, 18 and 19 by 01 August 2022; and by 31 October 2022 for Regulation 17.

The full reports for previous inspections can be found by selecting the 'all reports' link for Gardiner Crescent Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection was an announced focused (unrated) inspection, carried out on 15 and 20 September 2022.

Overall, the practice rating remains as inadequate.

## Why we carried out this inspection

The purpose of this inspection was to review actions taken by the provider in response to the warning notices for non-compliance with the following Regulations:

- Regulation 12 Safe care and treatment
- Regulation 16 Receiving and acting on complaints
- Regulation 18 Staffing
- Regulation 19 Fit and proper persons employed

## The focus of this inspection was to:

- Review the response of the provider to the concerns raised.
- Review the quality of care currently provided by the provider

## 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.

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:

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- 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 site visit.
- Reviewing concerns that were highlighted to us.
- Requesting staff to complete feedback questionnaires.

## 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.

At this inspection we found that:

- The provider did not provide safe care and treatment for patients.
- The provider had failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care.
- The staff team had undertaken mandatory training, and this was up to date.
- Systems to assess, monitor and manage risks to patient safety were inadequate.
- The provider did not establish or operate an effective system for the identifying, receiving, recording, handling or responding to significant events or complaints.
- The provider did not have a formal process of clinical supervision in place to assess competencies or review prescribing data.
- The provider did not have oversight of staff recruitment. The procedures in place did not operate effectively to ensure only fit and proper persons were employed.

We found 3 breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure that any complaint received is investigated and necessary and proportionate action taken in response to any failures identified in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Improve the arrangements in place for patients to have the choice to see a male or female GP.

**Details of our findings are set out in the evidence tables.**

A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

# Overall summary

**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 undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location. A CQC inspection manager also attended the site visit.

## Background to Gardiner Crescent Surgery

Gardiner Crescent Surgery is located in Chester Le Street at:

21 Gardiner Crescent,

Pelton Fell,

Chester le Street,

County Durham,

DH2 2NJ.

The practice has a branch surgery at:

Craghead Medical Centre

The Middles,

Craghead,

Stanley,

DH9 6AN.

Both sites were visited as part of this inspection. The practice is also known locally as The Villages Medical Group.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures and treatment of disease, disorder or injury, family planning and surgical procedures. The practice offers these services from both the main practice and the branch surgery. Patients can access services at either surgery. The provider is also registered to provide maternity and midwifery services, but was not providing these services at the time of our inspection.

The practice is situated within the County Durham Integrated Care Board (ICB) area and delivers personal medical services (PMS) to a patient population of 4,305. This is part of a contract held with NHS England.

The practice is part of a wider network of 7 GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (3 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 predominantly white British with 1.3% of the population from a non-white ethnic background.

There is a team of 2 male GPs, the lead GP and a salaried GP who provide cover at both sites. The practice has a team of 2 nurses, 2 healthcare assistants and an advanced nurse practitioner, all of who are female. At the time of our inspection the team were also supported by a locum nurse undertaking respiratory clinics. The GPs and the business manager are supported by a team of reception and administration staff.

The practice is open between 8.30am to 6pm Monday to Friday and closed between 12.30pm and 1.30pm. The practice offers a range of appointment types including those available to book on the day, telephone consultations and advance appointments.

Extended access appointments are available as part of primary care network and federation working on an evening, between 6.30pm and 8pm, and on a weekend between 8.30am and 12pm. Out of hours services are provided by calling 111, who would book patients into any available hub or sub hub slots for patients.