

Apsley Surgery

Inspection report

Cobridge Community Health Centre
Church Terrace
Stoke On Trent
ST6 2JN
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Date of inspection visit: 18 January 2021
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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?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Apsley Surgery on 29 December 2020 with an on-site inspection on 18 January 2021 in response to a number of concerns raised with the Care Quality Commission (CQC).

This report was created as part of a pilot which considered innovative methods to fulfil CQC's regulatory obligations and respond to risk in line with national guidance issued to promote safety during the COVID-19 pandemic. The inspection was carried out in line with CQC's COVID-19 guidelines and was in part conducted remotely.

We undertook a remote clinical records review and a desk-based inspection which commenced on 29 December 2020 and completed a short on-site visit at the practice premises on 18 January 2021. As part of the desk-based inspection we spoke to staff including the Registered Manager the non-clinical partner and the Lead GP the clinical partner. We reviewed documentary evidence submitted by the practice.

The practice was previously inspected on 4 February 2020. The practice was rated requires Improvement overall and inadequate for providing Safe services. We rated each population group as good except for families, children and young people and working age people which we rated as Requires Improvement. We served a Warning Notice for breaches relating to Regulation 12 (Safe care and treatment). We found that improvements had been made in most but not all the areas identified in the Warning Notice. We also issued two Requirement Notices for breaches relating to Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons). We found that improvements had been made in most but not all the areas identified in the Requirement Notices.

Following this inspection, we have rated this practice as Inadequate overall and for the population group relating to people with long-term conditions. We served a Warning Notice for breaches relating to Regulation 17 (Good Governance).

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 improvements had been made in most but not all the areas identified in the inspection of February 2020 during this inspection.

The practice has been rated as Inadequate for providing Safe services because:

- There was no specific induction tailored to the staff roles.
- There were gaps found in the monitoring and management of medicines system.
- The practice was not consistently following the significant event process as there were gaps seen in reporting and the documentation was lacking. Opportunities to raise, investigate and learn from events had been missed.

We rated the practice as Requires Improvement for providing Effective services because:

- Cervical screening rates were below the national target.
- The practice had not met the minimum 90% target for four out of the five childhood immunisation uptake indicators.
- The Lead GP was solely responsible for the day to day monitoring of results referrals and patient clinical treatment and care for approximately 7,200 patients. The potential risk of a high workload includes the risk of error or omission and potentially on the health and wellbeing of the staff member.

We rated the practice as Good in providing Caring services because:

Overall summary

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the practice as Requires Improvement for providing Responsive services because:

- Opportunities to raise significant events and complaints had been missed.

We rated the practice as Inadequate for providing Well-Led services because:

- Whilst the practice had made improvements since our previous inspection on 4 February 2020, it had not appropriately addressed all the areas documented in the Requirement Notice served for a breach of Regulation 17: Good Governance.
- The practice culture did not effectively support high quality sustainable care.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- The practice did not have an effective system to learn and make improvements when things went wrong.

The areas where the provider must make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider should make improvements are:

- Increase the identification of patients to the practice carer register
- Explore and implement strategies to increase the uptake of childhood immunisations, breast and bowel cancer screening.
- Review the effectiveness of strategies implemented to increase the uptake of cervical screening.
- Support staff to understand the practice's vision, values and strategy.

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 population group, 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 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 Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires Improvement 
People with long-term conditions	Inadequate 
Families, children and young people	Requires Improvement 
Working age people (including those recently retired and students)	Requires Improvement 
People whose circumstances may make them vulnerable	Requires Improvement 
People experiencing poor mental health (including people with dementia)	Requires Improvement 

Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor and three secondary CQC inspectors. The inspection consisted of a mixture of remote desk-based inspection and a short onsite inspection.

Background to Apsley Surgery

Apsley Surgery is located in Stoke-on-Trent and provides services from their main practice at Cobridge Community Health Centre, Church Terrace, Stoke-on-Trent, Staffordshire, ST6 2JN. The practice also has a branch location at 62 Knypersley Road, Norton, Stoke on Trent, ST6 8HZ. Both sites have good transport links and there are pharmacies nearby.

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

Apsley Surgery is a member of the Stoke-on-Trent NHS Clinical Commissioning Group (CCG) and provides services to approximately 7,200 patients.

The practice employs one GP partner and three long-term sessional GPs, nurse practitioners and practice nurse, a diabetic nurse specialist, two pharmacists, three health care support assistants. The clinical team is supported by a practice business director, who is a non-clinical partner, a practice manager and assistant practice manager, administrative staff and receptionist staff covering a range of hours.

The practice area is one of very high deprivation when compared with the national and local CCG area. Demographically 24.9% of the practice population is under 18 years old which is higher than the national average of 20.6% and 11.9% are aged over 65 years which is lower the national average of 17.4%. The general practice profile shows that the percentage of patients with a long-standing health condition is 45.6% which is lower than the local CCG average of 55% and the national average of 51%. The National General Practice Profile describes the practice ethnicity as being 76.2% white British, 16% Asian, 2.9% black, 3.1% mixed and 1.8% other non-white ethnicities. Average life expectancy is 75 years for men and 80 years for women compared to the national average of 79 and 83 years respectively.

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 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>The provider had failed to ensure the proper and safe management of medicines; for example</p> <ul style="list-style-type: none">• The monitoring of patients with long term condition medicines.• We found evidence of some long-term patient annual reviews that were overdue. <p>This was in breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• There was no induction training specific to staff responsibilities and tailored to their role. <p>This was in breach of Regulation 12 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, particularly in relation to significant events and complaints.• Opportunities to raise, investigate and learn from events had been missed. A system for recording and reviewing significant events over time to identify trends was not in place.• The practice did not always act on appropriate and accurate information.• The practice culture did not effectively support high quality sustainable care.• The overall governance arrangements were ineffective; in particular, there were no regular minutes for clinical and non-clinical staff meetings.• The information of concern received by the CQC demonstrated that the practice's freedom to speak up systems were ineffective as staff choose to remain anonymous and unwilling to share their concerns with the practice management team for fear of retribution. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>