

Blundell Park Surgery

Inspection report

142-144
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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 caring?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We inspected Blundell Park Surgery on 9 July 2019 and rated the practice Inadequate overall. The practice was put into special measures and enforcement action was taken.

We followed up the enforcement action with an announced focused inspection on 4 December 2019. We found that the practice had made some improvements in relation to the breaches in regulation.

We inspected again on 26 February 2020 and found that some of the improvements we saw in the follow-up inspection had not been sustained and in addition we found some other areas of concern. The practice was rated as requires improvement overall and requires improvement for the key questions safe and effective, good for caring and responsive and inadequate for well led and the practice remained in special measures.

We carried out an announced comprehensive inspection at Blundell Park Surgery on 18 November 2020. We found some areas of improvement and previous breaches of regulation had been addressed but we also found additional areas of concern.

We carried out an announced inspection on the 8 and 9 September 2021 at Blundell Park Surgery. Overall, the practice is rated as Requires Improvement and the key questions are rated as follows:

Safe - Requires Improvement

Effective – Requires Improvement

Caring – Requires Improvement

Responsive - Good

Well-led – Requires Improvement

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

Why we carried out this inspection

This was a comprehensive inspection to follow up on:

- Breaches of regulations and recommendations identified in the previous inspection
- Ratings carried forward from the previous inspection

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.

Overall summary

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider on 8 September 2021.
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit on the 9 September 2021.

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 and requires improvement for population groups, people with long term conditions, families, children and young people and working age people and good for all other population groups.

We found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm where they were prescribed high risk drugs or had long term conditions that required regular monitoring.
- Patients had not always received effective care and treatment that met their needs where their long term condition required monitoring and review.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. However, patient experience data did not support this in all areas.
- 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.
- The way the practice was led and managed had improved since the last inspection although clinical oversight had not adequately improved.

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

- Establish and operate effectively, systems or processes to ensure compliance with the requirements of the fundamental standards

Whilst we found no breaches of regulations, the provider **should**:

- Improve handwashing facilities in the ground floor staff toilet.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good 
People with long-term conditions	Requires Improvement 
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	Good 
People experiencing poor mental health (including people with dementia)	Good 

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 Blundell Park Surgery

Blundell Park Surgery is situated on Grimsby Road, Cleethorpes. They have a Personal Medical Services (PMS) contract. There are 2,295 patients on the practice list and the majority of patients are of white British background.

The practice has one female GP. There is one practice nurse and a health care assistant. There is a practice manager and a team of receptionists and administration staff. Two male locum GPs are employed to provide cover for the GP.

When the practice is closed, patients are directed to the Out of Hours provider and NHS 111. Information for patients requiring urgent medical attention out of hours is available in the waiting area and on the practice website.

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.

According to the latest available data, the ethnic make-up of the practice area is, 97.3% White, 1.3% Asian, 0.2% Black, 0.8% Mixed, and 0.3% Other.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone or video consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment.

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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards.</p> <p>How the regulation was not being met:</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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Health and safety recommendations and best practice guidance had not always been fully implemented in relation to fire safety checks and management of risks relating to Legionella because emergency lighting and hot water checks had not been completed.• Systems to ensure effective care and treatment in relation to monitoring and review of patients with long term condition's and prescribed medicines had not been effectively implemented.• Patient records relating to medicine reviews and DNACPR decisions were inconsistently completed or lacked detail.• There was a lack of monitoring to ensure cancer screening and uptake of childhood immunisations were improved in line with local and national averages and/or targets.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.