

Blundell Park Surgery

Inspection report

142-144
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Cleethorpes
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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 the practice 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 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at the previous inspection on 26 February 2020.

This inspection looked at the following key questions:

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well led?

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 have rated the practice requires improvement overall because the practice had made improvements since our inspection in February 2020 and addressed areas relating to previous breaches of regulation. However, some governance arrangements had not been sufficiently implemented and embedded to prevent some additional areas for improvement that we found at this inspection.

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

- The practice had assessed fire safety and Legionella risk and developed an action plan, but they had not implemented all the actions.

Overall summary

- The practice did not always have effective systems for the appropriate and safe use of medicines, including medicines optimisation in respect of vaccine storage, actioning medicine safety alerts and undertaking medicine reviews and monitoring checks.

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

- Patients' needs were assessed, but care and treatment was not always delivered in line with current standards and evidence-based guidance in relation to reviews of patients with long term conditions and a learning disability.
- Some performance data was below local and national averages in relation to care and treatment of patients with long term conditions.

We rated the practice as **Requires improvement** for providing caring services because:

- Data showed patient satisfaction had deteriorated.
- The provider had not undertaken its own patient satisfaction survey to monitor the effectiveness of their improvement actions.

We rated the practice as **Requires improvement** for providing well-led services because:

- The practice had made improvements since our inspection in February 2020 and addressed areas relating to previous breaches of regulation. However, we found additional areas of concern related to the management and oversight of the service.
- There was compassionate, inclusive and effective leadership at all levels, but leaders could not always demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice had a clear vision, but it was not always supported by a credible strategy.
- The overall governance arrangements were not always effective.
- The practice did not have clear and effective processes for managing all identified risks, issues and performance.
- The practice did not always act on appropriate and accurate information.

We rated population groups people with long term conditions, families, children and young people and working age people as **requires improvement**. This was because we were not assured that regular medication and long-term condition reviews were being undertaken for all patients who required them, and childhood immunisations and cancer screening data had not improved. Other population groups were rated as **good**.

We rated the practice as **good** for providing responsive services because:

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way. Although data had deteriorated in relation to patient satisfaction the practice had acted to improve since this data was gathered.

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

- 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).

Overall summary

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

- Continue with the refurbishment of the practice as planned and include improvement to communal areas, the blinds and an area of damp wall in the nurse's room.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service

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	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. The team included a GP specialist advisor.

Background to Blundell Park Surgery

Blundell Park Surgery is situated on Grimsby Road, Cleethorpes. They have a Personal Medical Services (PMS) contract. There are 2,378 patients on the practice list and the majority of patients are of white British background.

The practice has one female GP. There are two female practice nurses. There is a practice manager and a team of receptionists and administration staff. A male locum GP is 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.

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>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.• 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. <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">• There was a lack of monitoring to ensure prescribing, cancer screening and uptake of childhood immunisations were improved in line with local and national averages and/or targets.• There was no evidence the practice had taken action to monitor the effectiveness of their actions on patient satisfaction

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Requirement notices

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