

Parson Drove Surgery

Inspection report

The Surgery
240 Main Road, Parson Drove
Wisbech
PE13 4LF
Tel: 01945700223
www.parsondrovesurgery.com

Date of inspection visit: 2 January 2024
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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? | Inadequate |  |
| Are services caring? | Requires Improvement |  |
| Are services responsive to people's needs? | Requires Improvement |  |
| Are services well-led? | Inadequate |  |

Overall summary

We carried out an announced comprehensive inspection at Parson Drove Surgery on 2 January 2024.

Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring – Requires Improvement

Responsive – Requires Improvement

Well-led - Inadequate

Following our previous inspection in 2016, the practice was rated as good overall.

At this inspection, we found that those areas previously regarded as good declined significantly. Furthermore, clinical and other concerns were found. The practice is therefore now rated **inadequate** for providing **safe, effective, well-led services** and **requires improvement** for caring and responsive services.

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

Why we carried out this inspection

We carried out this inspection to follow up on patient safety concerns escalated to us.

How we carried out the inspection

This inspection was carried out in a way that enabled us to spend a minimum amount of time on site.

- Conducting staff interviews.
- Completing clinical searches on the practice's patient records system remotely (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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:

- 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.

Overall summary

We found that:

- Ineffective governance systems were in place and there were missing risk assessments and processes that are required by legislation to ensure a safe working environment.
- The provider was unable to demonstrate that they had taken action to address the poor satisfaction of patients who responded to the GP patient survey data or completed internal surveys to address the poor satisfaction expressed by patients. Furthermore, we saw that there was a decline in patient satisfaction over time in previous surveys and there was no system in place to address this.
- They were unable to demonstrate that any actions had been taken to record, address, or learn from complaints and significant events.
- The provider was unable to demonstrate that safe systems or practices were in place or working effectively regarding medicines management, safeguarding, recruitment, or management of risks to patients or staff.
- Systems and processes were not working as intended, overseen effectively, or structured in a way that enabled the provider to fulfil their responsibilities to the practice population.
- Clinical and non-clinical leadership were unable to demonstrate adequate capacity to deliver safe services which had led to significant gaps throughout the service.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure vulnerable patients are identified and properly supported.
- Embed strengthened risk management approaches to ensure the safety of patients is managed.
- Ensure patients are protected from abuse and improper treatment.
- Ensure all premises and equipment used by the service provider is fit for use.
- Maintain appropriate standards of hygiene for premises and equipment.

The provider **should**:

- Take steps to address low uptake in cervical screening.

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.

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 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.

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.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

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/a member of the CQC pharmacy team, a specialist advisor practice manager and second inspector who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Parson Drove Surgery

Parson Drove Surgery is located in Wisbech, Peterborough at:

The Surgery

240 Main Road

Parson Drove

Wisbech

Cambridgeshire

PE13 4LF

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 and surgical procedures. These are delivered from the practice.

The practice is situated within the Cambridgeshire and Peterborough Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 7500. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in Wisbech primary care network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (4 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 0.7% Asian, 97.6% White, 0.4% Black, 1% Mixed, and 0.4% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of 3 GPs who provide cover at the practice. The practice has a team of 2 nurses who provide nurse led clinics for long-term conditions. The GPs are supported at the practice by a team of reception/administration staff and a GP assistant. The practice manager works from home and the business manager is based at the main location to provide managerial oversight.

The practice is open between 8 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are provided by NHS 111

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 |
|--|---|
| Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services Diagnostic and screening procedures Family planning services | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• A lack of safe prescribing and monitoring left service users at risk of harm. <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• No fire risk assessment, fire wardens or fire drills were completed. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• Not all staff were trained to the appropriate levels for their roles. <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• No infection control risk assessments. |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had failed to establish systems to prevent abuse. In particular:</p> |

This section is primarily information for the provider

Requirement notices

- The provider could not evidence they had completed a child safeguarding referral to the appropriate services when a concern had been raised to the practice.
- Monthly safeguarding meeting minutes were not always completed.
- The practice had a vulnerable patients list but it was not clear how safeguarding flags were placed on the family members of any identified service users.
- There was also no clear process for identifying service users who could be classed as vulnerable.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered person had failed to ensure that all equipment used by the service was properly used. In particular:

- There was no premises and security policy or risk assessments for the practice.
- Fire safety systems were not effective.
- Risk assessments and protocols were not in place as service users had not been informed of CCTV signage to the premises.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- No formal policy or process in place for supervising staff who hold a prescribing qualification.
- Missing policies and procedures for example, health and safety, fire and supervision.
- Staff training was not monitored effectively.
- No significant events logs to demonstrate learning when things go wrong.

This section is primarily information for the provider

Requirement notices

- Absence of a formal list of service users referred to secondary care to be able to be followed up.
- Excess backlog of clinical tasks.
- There was no effective system to act on patient feedback for the purpose of continued improvement.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed remained of good character. In particular:

- Not all staff had a disclosure and barring service check (DBS) completed.

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular:

- Staff training was not up to date.

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Missing documentation in staff recruitment files, including immunisation status.