King Street Medical Centre

Inspection report

43 King Street
Accrington
BB5 1QE
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www.drbellosurgery.nhs.uk

Date of inspection visit: 27 July 2022
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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?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced inspection at King Street Medical Centre on 27 July 2022 Overall, the practice is rated as requires improvement.

Set out the ratings for each key question

Safe - Inadequate

Effective - Requires improvement

Caring - Good

Responsive - Good

Well-led - Requires Improvement

This was the first inspection of this GP practice under this registered provider.

Why we carried out this inspection.

This inspection was a comprehensive rating inspection where we reviewed all five key questions.

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 included:

- Conducting some staff interviews using video conferencing as well as face to face.
- 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.
- Obtaining feedback from patients and staff.

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

Overall summary

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

- Clinical monitoring checks such as blood test had not been undertaken for some patients.
- Patients records to support the prescribing of high risk medicines such as steroids did not demonstrate an assessment of the patients' health and wellbeing had been carried out.
- Medication reviews were not recorded to a consistent safe standard.
- No action in response to raised pharmaceutical temperatures for two fridges had been taken.

We rated the practice as **requires improvement** for providing effective and well-led services because:

- Systems of quality assurance were in the early stages of development and there was gaps identified staff recruitment records and training records for clinicians.
- A system to log actions undertaken in response to patient safety alerts was not in place.

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

- Staff told us they were committed to working as a team and providing a good quality service. Staff told us the GP practice was a good place to work and they were supported.
- One patient we spoke with was wholly positive about the care and treatment they and their family received.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic and continued to do so now restrictions had changed.

We found two 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.

The provider **should**:

- Move emergency medicines to maintain security whilst maintaining easy accessibility in the event of an emergency.
- Provide more secure window coverings in both consultation rooms.
- Look to increase the number of advanced clinicians at the practice and develop and succession plan.
- Explore ways of involving patients in how the service is delivered and continue to canvas patients to restart a Patient Participation Group (PPG).
- Monitor performance for childhood immunisations and continue to promote uptake of cervical screening.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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 spoke 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 King Street Medical Centre

King Street Medical Centre is located in the town of Accrington at:

43 King Street

Accrington

Lancashire

BB5 1QE

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.

The practice is part of the integrated care system (ICS) for Lancashire and South Cumbria and services are delivered under a General Medical Services (GMS) contract to a patient population of about 1906. The provider is also part of the Hyndburn Rural primary care network (PCN) with seven other local GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one out 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 76.2% White, 22.4% Asian, and 0.2% Other. Public data from 2021 shows the practices younger population aged 18 years and under, is larger at 23.5% when compared with the local ICS population of 22.1%. The over 65s patient population is lower at 15.1% compared with 18.1% within the ICS area.

The age distribution of the practice population closely mirrors the local and national averages and the male to female patient ratio is also similar to national averages. There is a lower proportion of patients with a long standing health condition (50.2%) compared with the ICS average of 56.8%.

Two male GPs are the registered partners for the practice and they hold the NHS contract for the services they provide. Dr Bello provides most of the GP consultation sessions at the surgery, with Dr Joseph providing one consultation per week. The practice is actively recruiting for a vacant practice nurse position. At the time of this inspection they did not have a nurse recruited into this post. The GP is supported at the by a practice manager, two assistant practice managers and a team of reception/administration staff.

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

Extended access is provided locally by the East Lancashire Alliance CIC GP federation, where evening appointments are available between 6.30pm and 8.30pm, and on Saturday mornings Out of hours services are provided by Out of Hours provider East Lancs Medical Services (ELMS) via the NHS 111 service.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **A system of continuous quality improvement was not yet fully established. This had led to gaps in governance arrangements for example:** • Recruitment records were incomplete. Evidence of conduct in previous employment and information about any physical or mental health conditions which are relevant to the person's capability was not available • Records to demonstrate GPs were trained in safeguarding, basic life support and health and safety topics were not available. • Records to demonstrate action undertaken in relation to patient alerts was not available. • Staff appraisals were behind schedule. • The practice management workplan did not detail the actions/task required and who was the responsible person to implement each area.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • Systems to monitor the prescribing of medicine combinations known to be of potential risk to certain groups of patients were not comprehensive. • Medication reviews were ineffective in that they did not provide information to support a review had been undertaken. • Systems to call patients in to monitor blood levels to ensure safe and effective prescribing were not always undertaken. • Patient written records did not always demonstrate an assessment of the patient's breathing to support for the prescribing of steroid medicines. • Patients with a blood glucose level suggesting a diagnosis of diabetes were not always followed up in line with best practice guidelines. • Recognition of and action to respond to potential cold chain breaches had not been undertaken. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.