

The Village Surgery

Inspection report

The Hub
Shiners Way, South Normanton
Alfreton
DE55 2AA
Tel: 01773811469

Date of inspection visit: 10 and 13 December 2021
Date of publication: 12/01/2022

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 inspection at The Village Surgery on 10 and 13 December 2021. Overall, the practice is rated as inadequate. It is rated as inadequate in safe and well-led, requires improvement in effective and responsive and good in caring.

The Village Surgery was previously inspected on 16 August 2016 and rated good overall and in all domains.

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

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- Concerns shared with the Care Quality Commission.

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.

This included:

- Conducting staff interviews using video conferencing
- 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 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.

We have rated this practice as Inadequate overall

We rated the practice as inadequate for providing safe care and treatment. We took this action because:

- The practice did not maintain a register of vulnerable adults. Alerts had not been added to some of the records of people living in the same household as a child with a safeguarding concern.

Overall summary

- Recruitment checks were not carried out in accordance with regulations and risk assessments were not in place to mitigate potential risks.
- There was no system in place to monitor that staff vaccination was maintained in line with national guidance.
- It was unclear if the recommendations in the legionella risk assessment and facet surveys had been actioned.
- Staff told us there were not enough staff to provide appointments and that clinical staff were working excessive hours.
- There was a trend in delays of patient referrals to secondary care including referrals for potential cancer. We instructed the provider to put in place an action plan to identify any potential referrals that may have been missed.
- Test results were not always reviewed in a timely manner.
- Prescription stationery was not stored securely when the practice was closed.
- Systems to monitor the prescribing competence of all non-medical prescribers were not in place.
- Processes for the safe handling of requests for repeat medicines and the monitoring of patients prescribed high risk medicines were not effective.
- Systems to investigate the unusual prescribing of controlled drugs had not been followed.
- Opportunities to raise and investigate significant events had been missed and there was a lack of detail in the analysis of significant events.
- The provider could not always demonstrate that Medicines and Healthcare products Regulatory Agency (MHRA) alerts were incorporated into clinical practice.

However, we noted that:

- There were some systems in place to keep people safeguarded from abuse.
- Appropriate standards of cleanliness and hygiene were met.

We rated the practice as requires improvement for effective. We took this action because:

- There were potential patients with a missed diagnoses of diabetes or chronic kidney disease (CKD).
- Asthma reviews or medication reviews had not always been completed when it was appropriate to do so.
- Patients with diabetes, CKD or hypothyroidism had not always received the required monitoring.
- Some staff had not received an appraisal.

However, we noted that:

- Staff worked together and with other organisations to deliver effective care and treatment.
- Staff were proactive in helping patients to live healthier lives.

We rated the practice as good for caring. We took this action because:

- Staff treated patients with kindness, respect and compassion.
- There were systems in place to support carers.

We rated the practice as requires improvement for providing a responsive service. We took this action because:

- Opportunities to raise and investigate complaints had been missed.
- Complaints were not always handled in line with the practice's complaints policy.

However, we noted that:

- The practice organised and delivered services to meet patients' needs.

We rated the practice as inadequate in well-led. We took this action because:

Overall summary

- Staff we spoke with told us that the provider was not visible and they did not listen or act on staff concerns.
- Systems for managing poor staff performance were not effective.
- Systems were not in place to support staff wellbeing.
- Policies and procedures were not always followed.
- Effective governance structures and systems were not in place.
- Risk assessments to mitigate potential risks to patients and staff had not always been completed where required.
- Action had not been taken to assess and act on the potential risk and impact of possibly missed patient referrals to secondary care.
- Statutory notifications had not been sent to the Care Quality Commission as required under The Care Quality Commission (Registration) Regulations 2009.

However, we noted that:

- The practice had adapted its systems to ensure services continued to be delivered throughout the Covid-19 pandemic.
- The practice had carried out clinical audits to make improvements within the service.

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 of care

In addition, the provider **should**:

- Update their infection prevention audit to include the action needed to address a broken pedal on one of the clinical waste bins, undated sharps bins and appropriate storage of mops.
- Store prescription stationery securely when the practice is closed.
- Carry out regular fire drills at the branch practice.

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.

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.

We found serious concerns about patient safety. We told the practice to submit an action plan by 17 December 2021 to detail how the serious concerns that put patients at risk would be addressed. An action plan was submitted.

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

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 second CQC inspector and, 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 The Village Surgery

The Village Surgery is located in Derbyshire at:

The Hub

Shiners Way

South Normanton

Derbyshire

DE55 2AA

There is a branch practice at:

Pinxton Surgery

108 Victoria Road

Pinxton

Derbyshire

NG16 6NH

The provider is a partnership registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery. We visited both practices as part of this inspection.

The practice is situated within the NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 9,504 people. This is part of a contract held with NHS England. The practice is part of the South Hardwick Primary Care Network (PCN), a wider network of eight GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England reports the deprivation ranking within the practice population group is in the fifth lowest decile (five 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 predominantly white at 97.6% of the registered patients, with estimates of 0.9% mixed, 1% Asian and 0.5% black.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of six GPs, two advanced clinical practitioners, five practice nurses, a healthcare assistant and care co-ordinator. The clinical staff are supported by a practice manager and a team of reception and administrative staff. Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, GP appointments are either telephone consultations or face to face. Out of hours services are provided by Derbyshire Health United (DHU).

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	
Maternity and midwifery services	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:
Surgical procedures	<ul style="list-style-type: none">• A system to monitor that staff vaccination was maintained in line with national guidance.• A system to monitor unusual prescribing of controlled drugs.• A system to review potentially missed referrals to secondary care.
Treatment of disease, disorder or injury	Systems or processes in place 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 patients and others who may be at risk. In particular: <ul style="list-style-type: none">• Risk assessments had not always been completed where required in the absence of Disclosure and Barring Service checks.• Where risk assessments had been completed it was not always clear if the required action had been taken to mitigate risks. In particular, legionella, fire and facets. The systems or processes in place operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: <ul style="list-style-type: none">• Systems for monitoring temporary residents registered with the practice where not adhered to.• Systems for recording significant events did not always identify learning, actions or trends. There were missed opportunities to raise and analyse significant events or share learning with staff.• The complaints policy was not always adhered to and opportunities to raise complaints and identify trends had been missed.

Enforcement actions

- Systems to ensure that persons employed received appropriate support, supervision and appraisal.
- Systems for managing poor staff performance were not effective.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

There was no proper and safe management of medicines. In particular:

- Processes for handling requests for repeat medicines failed to ensure the health and safety of patients. Repeat prescriptions for high-risk medicines had been put on repeat for 12 months and had not always been authorised by a clinician to ensure the appropriate monitoring was up to date.
- Processes to act on Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not incorporated into clinical practice.
- Patients prescribed high risk medicines had not always received the required blood test monitoring.
- There was no formal monitoring process in place to check the prescribing practices of all non-clinical prescribers.
- Test results were not always reviewed in a timely manner.

The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of patients with long-term conditions receiving care and treatment. In particular:

- There were patients with a potential missed diagnosis of diabetes or chronic kidney disease (CKD).
- Patients with CKD, stage four or five, had not always received the required monitoring in the last 18 months.
- Patients with an exacerbation of their asthma had not always had an annual asthma review or medication review in the last 12 months.
- Patients with diabetes, CKD or hypothyroidism had not always received the required monitoring

Enforcement actions

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:

- Disclosure and Barring Service (DBS) checks were not always completed and risk assessments were not in place to mitigate potential risks.
- A full employment history together with a satisfactory written explanation of any gaps in employment.
- Satisfactory conduct in previous employment.
- Health assessments relevant to a person's ability to carry out their role.
- Evidence that professional registrations were in date.

There was additional evidence that safe care and treatment was not being provided. In particular:

- A register of vulnerable adults was not maintained.
- Alerts had not been added to some of the records of people living in the same household as a child with a safeguarding concern.