

Overseal Surgery

Inspection report


1 Hallcroft Avenue
Overseal
Swadlincote
Derbyshire
DE12 6JF
Tel: 01283760595
www.oversealsurgery.co.uk






Date of inspection visit: 17 Sep 2019
Date of publication: 25/11/2019

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?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Overseal Surgery on 17 September 2019 as part of our inspection programme. A comprehensive inspection was completed due to the practice changing registration to become a partnership. All key questions were inspected as part of this inspection.

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 services because:

- There were insufficient systems for safeguarding children and adults. Staff did not recognise or respond appropriately to abuse.
- The practice did not have clear systems and processes to keep patients safe.
- Safety alerts were not always acted on appropriately.
- Patients were not always receiving appropriate and safe treatment in line with national guidance.
- There was a lack of clinical oversight in the dispensary.
- The practice did not learn and make improvements when things did not go well.

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

- People's care and treatment did not reflect current evidence-based guidance, standards and practice.
- There was limited monitoring of patients care or treatment including limited clinical audit which did not show any quality improvement.
- Clinical staff could not demonstrate they had the knowledge and skills to enable them to deliver quality care.
- There was not always documented consent to care and treatment, and mental capacity or Gillick competencies were not routinely recorded.

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

- The practice did not have clear and effective processes for managing risks, issues and performance.
- Leaders could not show they had the skills to deliver high quality, sustainable care.
- There was a lack of clinical governance within the practice.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups so we rated all population groups as **inadequate**.

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

- The practice was not proactive in identifying carers within the practice.
- There was a lack of confidentiality within the reception area where patient identifiable data and medical history easily heard.

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

- Patient with urgent concerns were not dealt with in a timely manner
- The practice was not easily accessible by patients in a wheelchair
- Complaints were not always recorded appropriately

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

- Ensure that care and treatment is provided in a safe way.
- Ensure patients are protected from abuse and improper treatment.
- 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).

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

- Continue to improve the identification and support of carers within the practice.
- Improve patient confidentiality in the reception area.

I am placing this service in special measures. Services placed in special measures will be inspected again within

Overall summary

six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, 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.

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	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, and a second CQC inspector.

Background to Overseal Surgery

Overseal Surgery provides primary medical services to approximately 2,100 patients. The practice is based in a building at 1 Hallcroft Avenue, Overseal, Swadlincote, Derbyshire, DE12 6JF. The practice offers dispensing services to patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver primary care services to the local community.

At the time of the inspection the practice had one GP partner (male) and a practice nurse partner. There was also a part time pharmacist, a phlebotomist, a practice manager and a team of receptionist and dispensing staff.

The number of older patients within the practice is slightly above the national average and the number of

children and young people is below the local average. The level of deprivation within the practice population is below the national average; with the practice population falling into the eighth most deprived decile. Income deprivation affecting children and older people is below the local and national averages.

The practice is located within the area covered by Derby and Derbyshire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is open between 8am and 6.30pm.

When the practice is closed, patients are asked to contact NHS 111 for out-of-hours care or access out-of-hours hub appointments which are provided by DHU.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider did not ensure systems and processes were established.

There was a lack of clinical leadership oversight and governance.

There was a lack of focus on continuous improvement.

There was no clinical oversight of the dispensary.

There was a lack of systems to respond to all patient safety alerts.

Regulated activity

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

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered provider did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular, there was a lack of systems in place to ensure patients were safeguarding from abuse.

Safeguarding registers were not up to date and contain relevant information.

There was a lack of training for safeguarding leads.

Patients with safeguarding concerns were not always referred or protected from further harm.

Regulated activity

Diagnostic and screening procedures
Family planning services

Regulation

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

This section is primarily information for the provider

Enforcement actions

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The registered provider was failing to provide safe care and treatment to service users in a safe way.

There was not effective systems to deal with patients who present with emergency symptoms in a timely manner.

Prescribing of medications was not always in line with national and best practice guidance.

Documentation of records did not provide full and clear audit trails of treatment for patients.

Patients had not always received appropriate treatment.