

Sandy Lane Surgery

Inspection report

Sandy Lane
Rugeley
WS15 2LB
Tel: 01889572057
www.sandylanesurgery.org.uk

Date of inspection visit: 04 May 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?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Sandy Lane Surgery on 4 May 2022. Overall, the practice is rated as Requires improvement. We rated the key questions:

Safe - Requires improvement

Effective – Requires improvement

Caring – Good

Responsive – Requires improvement

Well-led – Requires improvement

Why we carried out this inspection

This comprehensive inspection was carried out following changes to registration and intelligence we hold about the quality of the service.

The full reports for previous inspections carried out under the former registered provider can be found by selecting the ‘all reports’ link for Sandy Lane Surgery on our website at www.cqc.org.uk

How we carried out the inspection/review

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
- Reviewing staff feedback forms
- 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

Our findings

- 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 rated the practice as requires improvement for providing safe care and treatment because:

Overall summary

- Not all staff had completed safeguarding training or to the required level in accordance with their role.
- Not all staff had completed training in safe working practices.
- Recruitment checks were not carried out in accordance with regulations.
- The systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others were not effective.
- Not all patients prescribed high risk medicines had received the required blood test monitoring in line with best practice guidance and number of patients were overdue a medicine review.
- There were missed opportunities to raise and analyse significant events.
- The system to review and act on patient safety alerts was not always effective.
- Evidence that staff vaccination and immunity for potential health care acquired infections was not recorded or risk assessed for all staff.

We rated the practice as requires improvement for providing an effective service because:

- There were patients with a potential missed diagnosis of diabetes.
- Patients with conditions including hypothyroidism had not always received the required monitoring.
- Further oversight was required for staff working in advanced roles.
- Not all staff had completed essential training.
- Medication reviews lacked structure, had not always been completed within the recommended timescale and failed to identify some patients who were overdue their monitoring.

We rated the practice as good for providing a caring service because:

- Staff treated patients with kindness, respect and compassion.
- The practice averages were in line or above local and national averages for providing caring services in the National GP patient survey.

We rated the practice as requires improvement for providing a responsive service because:

- The National GP Patient Survey 2021 results for the practice were lower than local and national averages in two of the four indicators in respect of providing responsive services.
- Some staff considered there were not enough staff employed to maintain a manageable workload or meet patient demand.
- Complaints identified the practice had not always been responsive to the needs of all patients and not always handled in line with the complaints policy.

We rated the practice as requires improvement for providing a well-led service because:

- Governance structures, processes and systems were being developed but not fully embedded into practice or effective.
- The provider had not gained assurances that all health and safety checks for the premise had been completed by the landlord to mitigate risks to patients and staff.
- Policies to support the governance and safe running of the practice were not always followed.
- Most staff felt supported in their work, reported a good work ethic and found line managers approachable but not always the GP partners.
- Statutory notifications had not been sent in a timely manner to the Care Quality Commission as required under The Care Quality Commission (Registration) Regulations 2009.
- The practice did not always have effective systems to identify, manage and mitigate risk.
- Not all staff had completed training in safe working practices to ensure their safety and well-being.

Overall summary

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**:

- Improve the clinical record alert systems of people living in the same household of patients on the child protection register.
- Review the actions identified in the fire risk assessment to ensure these are all dated and signed once completed.
- Continue to improve the uptake of cervical cancer screening.
- Run searches on historic patient safety alerts to ensure continued compliance.
- Improve medicine reviews so they are structured and clearly identify any outstanding monitoring requirements.
- Develop a quality improvement programme with a formalised improvement plan.
- Continue to explore ways of improving patient experience with getting through to the practice by phone.
- Inform patients of their right to take their complaint to the Parliamentary and Health Service Ombudsman if they were unsatisfied with the practice's response, as detailed in the practice's complaints policy.

Shortly following the inspection, the provider sent us information detailing the immediate action they had taken in addressing a number of the identified shortfalls relating to medicines management, patient reviews, health and safety and staff training.

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

Our inspection team

Our inspection team was led by a CQC lead inspector, and was supported by a second inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team also 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 Sandy Lane Surgery

Sandy Lane Surgery is located in Rugeley at:

Sandy Lane Surgery

Rugeley

Staffordshire

WS15 2LB

Horsefair Practice Group (HFPG) acquired Sandy Lane Surgery in April 2019. The practice is

located in a purpose-built health centre which has been open since January 2007. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, treatment of disease, disorder or injury, family planning, Maternity and midwifery services and surgical procedures.

The practice is situated within the Cannock Chase Clinical Commissioning Group (CCG) and delivers Alternative Provider Medical Services (APMS) to a patient population of 10,060. This is part of a contract held with NHS England. The practice is part of the Rugeley and Great Haywood Primary Care Network (PCN), a wider network of five GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth lowest decile (six 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, 98% White, 0.9% Asian, 0.8% Mixed.

The practice is a training practice for GP registrars to gain experience and higher qualifications in general practice and family medicine.

The practice staffing comprises:

- Two GP partners (male)
- Three salaried GPs (one male, two female).
- Two long-term locum GPs (one male, one female).
- One nurse practitioner, three practice nurses and one nursing associate
- Three urgent care practitioners
- Two practice pharmacists
- One phlebotomist.
- A group practice manager, supported by a management assistant and a team of administrative and reception staff
- A range of staff employed by the PCN including a first contact physio, pharmacist, mental health practitioner and social prescriber.

The practice is open between 8am and 6.30pm Monday to Friday. Out of hours services are provided by Vocare via NHS 111.

Further information about the practice is available via their website at: www.sandylanesurgery.org.uk

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• There were patients with a potential missed diagnosis of diabetes.• Not all patients prescribed high risk medicines had received the required blood test monitoring.• Not all patients had received an annual medicine review.• Not all patients with long term conditions, for example hypothyroidism, had received the required monitoring.• There was no formal monitoring process in place to check the prescribing practices of all non-clinical prescribers.• Processes to act on all Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not fully incorporated into clinical practice. <p>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:</p> <ul style="list-style-type: none">• Not all health and safety checks and risk assessments had been completed.• Not all staff had completed safeguarding training or to the required level in accordance with their role.• Not all staff had completed training in safe working practices.• Evidence that staff vaccination and immunity for potential health care acquired infections had not been recorded or risk assessed for all staff.

Requirement notices

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:

- Health assessments relevant to a person's ability to carry out their role.
- Evidence of conduct in previous employment
- A Disclosure and Barring check had not been obtained for all staff employed.

Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:

- Not all staff had completed all essential training.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

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:

- Risk assessments had not always been completed, in particular, absence of staff immunisations for potential health care acquired infections.
- Where risk assessments had been completed it was not always clear if the required action had been taken to mitigate risks. In particular, fire and legionella.
- The provider had not gained assurances that all health and safety checks for the premise had been completed by the landlord.

Requirement notices

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:

- Systems to ensure the compliance to policies.
- Systems to verify and demonstrate the safe recruitment of staff employed within the practice.
- Systems to ensure statutory notifications are provided in a timely manner to the Care Quality Commission.
- Opportunities to raise and analyse significant events had been missed.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.