

Risedale Surgery

Inspection report

Alfred Barrow Health Centre
Duke Street
Barrow In Furness
LA14 2LB
Tel: 01229402999

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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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced focused inspection of Risedale Surgery on 29 and 30 November 2022. Overall, the practice is rated as **Good**.

The ratings for each of the key questions are as follows:

Safe - Good

Effective - Good

Caring – Good (not inspected - rating awarded at the inspection on 21 April 2022).

Responsive – Good (not inspected - rating awarded at the inspection on 21 April 2022)

Well-led - Requires Improvement

Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection in April 2022, where the practice was rated as requires improvement overall, and for the safe, effective and well led key questions. The full reports for previous inspections can be found by selecting the 'all reports' link for Risedale Surgery on our website at www.cqc.org.uk.

At our last inspection there were breaches of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 17 HSCA (RA) Regulations 2014 Good governance. At the last inspection in April 2022 we found:

- Staff were not all trained to the correct level in safeguarding.
- Disclosure and barring checks were not in place for clinicians or appropriate risk assessments for non-clinical staff.
- The range of emergency medicines was insufficient to respond to some medical emergencies, the medicines were not kept securely and there was no risk assessment in place to mitigate against the risk from missing medicines in place.
- The cold chain for storing vaccinations was not maintained appropriately.
- Medicines safety alerts were not always responded to and patients were left uninformed.
- The practice was unable to demonstrate that clinical and non-clinical staff had completed all mandatory training in the last two years.
- Patient Group Directions were not complied with appropriately.
- The practice was not able to demonstrate a formal system of oversight or supervision for non-medical prescribers.
- The system to identify, investigate and review significant events was ineffective.
- Communication systems were ineffective.
- There was no evidence of audit or other structures quality improvement processes in place.
- There were no systems to ensure records of patients who had been identified as not to be resuscitated remained appropriate.
- There was no system to ensure that policies were in date and reflected current activities in place.

There was no freedom to speak up guardian in place.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 found that:

- The provider had taken action to address the breaches and risks identified during the last inspection.
- Staff were appropriately trained in safeguarding.
- Medicines were now managed safely.
- The practice supported people with learning disabilities living locally and worked with the care provider to provide continuity of care.
- The practice was providing ongoing care and treatment for a number of patients who had arrived into the UK as refugees.
- Supervision and appraisal had recently been introduced but were not yet fully embedded and documented.
- Incident reporting was embedded and used to improve care and share learning.
- There were short daily meetings to share information and learning.
- Governance systems were not consistent.
- Quality work to improve patient care was not documented or shared formally.
- No formal patient engagement activity was taking place.
- Not all staff were aware of speak up guardian arrangements.

We found that one regulation was breached, the provider **MUST**:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Review waste storage arrangements with building partners to ensure that waste is stored securely, and liaise with the building management team to ensure cleaning meets NHS requirements and is monitored.
- Review prescription storage arrangements to keep these secure when not in use.
- Introduce a system to ensure that all MHRA alerts are reviewed appropriately.
- Inform all patients who make complaints of their escalation routes to NHS E/I and the Parliamentary and Health Services Ombudsman when sending response letters.
- Facilitate appropriate development to support non-clinical managers.

Details 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

The inspection team comprised of two CQC inspectors and a GP specialist professional advisor who spoke with staff using video conferencing facilities.

The GP specialist professional advisor completed clinical searches and patient record reviews without visiting the location.

The inspectors undertook a site visit which included reviewing information and the practice environment and speaking with further practice staff.

How we carried out the inspection

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

This included;

- Reviewing the provider's action plan from the inspection in April 2022.
- Conducting staff interviews whilst on site and using video conferencing.
- Completing clinical searches on the practice's patient records system (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.
- Reviewing evidence from the provider.
- Reviewing feedback surveys completed by practice staff.
- A site visit by two inspectors.
- Reviewing practice performance data and intelligence.

Background to Risedale Surgery

Risedale Surgery is situated on Duke Street in Barrow-in-Furness serving a mainly urban population.

The building is a purpose-built health centre (Alfred Barrow Health Centre) which consists of two floors and all patient facilities are located on the ground floor. The practice provides level access for patients to the building with disabled facilities available and part of the reception desk has been lowered to facilitate wheelchair access. Two other GP practices and a range of community health services, including covid vaccination are provided from the health centre building.

There is limited car parking provided for patients at the surgery and the practice is close to public transport.

The practice is part of the Lancashire and South Cumbria Integrated Care Board and provides services under a General Medical Services Contract (GMS) with NHS England.

The provider is a partnership of two female GPs supported by a male salaried GP, a trainee advanced nurse practitioner, two practice nurses, a nursing associate and three healthcare assistants (HCAs). An additional nurse had been appointed and was due to join the team in January 2023.

The rest of the team consists of two practice managers and eleven additional administrative and reception staff. The practice also employs a clinical pharmacist and is able to use the services of a number of other healthcare professionals that are employed by the primary care network and integrated care board for additional support.

The practice is open from Monday to Friday from 8am to 6.30pm. Saturday morning appointments had not been taking place due to covid vaccination clinics using the clinical rooms but would be resumed once the vaccination clinics had ended.

Appointments are offered throughout that period at 15-minute intervals.

When the practice is closed, patients can access out of hours services offered locally by contacting NHS 111.

The practice provides services to 6,697 patients. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Life expectancy for females is 80.9 years and 77 years for males, which are lower England averages of 83 years and 79 years respectively.

The practice patient population is 99% white and 1% Asian.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Formal appraisal and supervision arrangements were not effectively embedded.• Clinical quality improvement activity was not documented in line with the practice clinical governance policy.• There was no formal patient engagement in place to seek and act on feedback from patients and relevant persons to support continual evaluation and improvement of the service. <p>The registered person had systems or processes in place that were operating 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 service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The provider had not carried out risk assessments for staff, patients and visitors whilst in the health centre building.• The provider did not have systems in place to monitor and review prescribing to mitigate risks to patients.• The provider did not have systems in place to check staff vaccination and immunisation during recruitment. <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

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Requirement notices

- The systems for management and oversight of staff recruitment and training records were not fully embedded.

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