

Woodside Surgery

Inspection report

High Street
Saltburn By The Sea
TS13 4HW
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Requires Improvement 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Woodside Surgery between 24 September 2020 and 18 October 2020 as part of our inspection programme. This included obtaining some information from the practice virtually and included a site visit that took place on 24 September 2020.

We previously carried out an announced comprehensive inspection at Woodside Surgery in October 2019 as part of our inspection programme. The practice was rated inadequate, placed into special measures and warning notices in relation to safe care and treatment and good governance were issued. We carried out an announced unrated focused inspection at Woodside Surgery in February 2020 and found that the issues identified in the warning notices had begun to be addressed.

The full reports on the inspections carried out in October 2019 and February 2020 can be found by selecting the 'all reports' link for Woodside Surgery on our website at www.cqc.org.uk.

This announced comprehensive inspection in September 2020 looked at all of the key questions:

Is the service Safe?

Is the service Effective?

Is the service Caring?

Is the service Responsive?

Is the service Well led?

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.
- Significant events and complaints were not always used to monitor trends and did not always drive improvement.
- However, we saw evidence of new systems and processes for communication that had been developed since the previous inspection.
- The practice's quality improvement program did not reliably identify or respond to patients needs to ensure they received appropriate or proactive care in line with guidance. This was further impacted by inappropriate, incorrect or missing coding.
- The practice did not evidence that learning was shared effectively and used to make improvements. We found learning from previous events was not taken forward and similar errors were repeated leading to significant patient safety concerns.

We have again rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe, effective and well led services because:

Overall summary

- We found the practice's system for managing patient and drug safety alerts did not ensure medicines were prescribed safely. We found the practice had not properly actioned any of the four safety alerts we reviewed, which affected at least 48 patients. There was no evidence to show the practice had taken action to protect all of those patients from avoidable harm.
- The practice did not evidence a safe system to ensure patients on high risk medicines were appropriately managed in a timely way. We reviewed seven high risk medicines and found that five were not appropriately managed, affecting at least 27 patients.
- The practice did not fully evidence that patients had a structured and comprehensive medicine review. We identified reviews had been coded on the clinical system but there was no evidence in the clinical records of a structured medicine review or consultation with the patient. We reviewed patient consultation records and found discrepancies with the coding of medical records.
- We reviewed the practice's system for managing pathology results and found that there was not an effective system to ensure urgent abnormal results were always reviewed and acted on in a timely way.
- The policy and procedures for recruiting new members of staff to the practice were ineffective. This had been subject to a requirement notice from the previous inspection in October 2019.
- The practice failed to evidence patients' needs were adequately assessed. We found care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance
- We found a number of examples where clinical coding was missing from patient records or the clinical coding applied was not accurate. The poor quality coding of patient records meant that patient's needs were not always identified and therefore they were not always given appropriate care and treatment.
- Due to the failings of the practice to ensure clear and accurate record keeping we were not assured care was effective for patients across all population groups.
- The practice failed to have an effective system in place for recalling, monitoring or treating patients with a potential diagnosis of diabetes. This did not ensure these patients received proactive care and advice to make informed choices and life style changes to prevent further deterioration of their health.
- We found a lack of leadership capacity and capability to successfully manage challenges and implement and sustain improvements. The GP partners failed to provide leadership to ensure effective and cohesive team working.
- The practice could not evidence that risks, issues and performance were managed to ensure that services were safe or that the quality of those services was effectively managed. We found examples where patient care was of poor quality and the practice had failed to act.
- We found a lack of governance and assurance structures and systems which led to significant patient safety concerns identified at this inspection.

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

- Patients were not always given timely and appropriate information about their care, treatment or condition.
- The provider had not carried out its own patient survey in the last 12 months.
- The provider did not always make contact with bereaved families.
- End of life care arrangements needed to be improved overall.
- Overall access to appointments was adequate and there were plenty of appointments available during Covid19.
- The practice had successfully moved to a total triage model as a result of the pandemic.
- The percentage of respondents to the GP patient survey who responded positively to 'how easy it was to get through to someone at their GP practice on the phone' was lower than the national average.
- Complaints were not used to drive improvements at the practice.

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

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

This is in accordance with the fundamental standards of care.

This service will remain in special measures. We are currently in the process of undertaking enforcement action against this provider. Once the appeal process has been concluded we will publish a supplementary report detailing the action taken.

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 two GP specialist advisors who undertook some inspection tasks remotely.

Background to Woodside Surgery

Woodside Surgery is located at High Street, Loftus, TS13 4HW. Loftus is a semi-rural small coastal town with a deprivation decile score of two. (On a scale of one to ten, one is the most deprived and ten is the least deprived). The practice is in a modern purpose-built health centre and is based on the ground floor. Parking is available, and the practice is close to a full range of amenities and public transport.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 6,400 patients. The practice is part of South Tees Clinical Commissioning Group (CCG) which is made up of 37 general practices.

The clinical team at the practice is led by two male General Practitioners (GPs), who are the partners and one female salaried GP and one male salaried GP. In addition to the GPs there is a nurse practitioner and three practice nurses, as well as a healthcare assistant. There is a practice manager and a team of administrators, receptionists and secretaries.

The practice is open from 8am to 6pm Monday to Friday and extended hours are available on Mondays from 6.30pm to 8pm, and Thursdays and Fridays from 7.30am to 8am. There are a range of appointments spread over the day. Appointments are available from 8.05am every day (but from 7.35am on Thursdays and Fridays) till 12pm. Afternoon surgeries run from 1.30 pm to 5.50 pm (up to 7.45 pm on Mondays). Nurses and HCA appointments run from 8.10 am to 5.40pm throughout Monday to Friday. In addition, the HCA has appointments from 7.35am on Thursdays and Fridays. The practice began operating an online consultation system during the Coronavirus pandemic and this remains in place at the time of reporting. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

In addition to the extended hours operated by the practice, the CCG has commissioned an extended hours service, which operates between 6.30pm and 9pm on weeknights and from 8am to 8pm at weekends at "hub" locations across the CCG area. Patients may book appointments with the service by contacting the practice. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website. This is accessed by patients telephoning the NHS111 service.

The patient profile for the practice indicates that 99% of the patient population are white. The locality has a higher than average deprivation level.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons.</p> <p>Specifically:</p> <p>The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:</p> <p>The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular:</p> <p>The registered person's recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed.</p> <p>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.</p> <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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. 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><u>Following the inspection, an urgent Notice of Decision to impose conditions on the provider's registration was issued under Section 31 of the Health and Social Care Act.</u></p> <p>The registered provider had systems or processes in place that operated ineffectively, in that, they failed to enable the registered provider 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> <p>The practice could not evidence that risks, issues and performance were managed to ensure that services were safe or that the quality of those services was effectively managed. We found examples where patient care was of poor quality and the practice had failed to act.</p> <p>We found a lack of governance and assurance structures and systems which led to significant patient safety concerns identified at this inspection.</p> <p>The process for recording, investigating and learning from significant events did not ensure safe care and treatment. We found the practice had not identified themes or learnt from previous events as similar errors were repeated, leading to significant patient safety concerns.</p> <p>We found a lack of leadership capacity and capability to successfully manage challenges and implement and sustain improvements. The GP partners failed to provide leadership to ensure effective and cohesive team working.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

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

Following the inspection, an urgent Notice of Decision to impose conditions on the provider's registration was issued under Section 31 of the Health and Social Care Act.

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:

The practice failed to have an effective system in place for recalling, monitoring or treating patients with long term conditions. This did not ensure these patients received proactive care and advice to make informed choices and life style changes to prevent further deterioration of their health

The practice's system for managing pathology results was not a robust system to ensure urgent abnormal results were always reviewed and acted on in a timely way.

We found the practice's system for managing patient and drug safety alerts did not ensure medicines were prescribed safely. We found the practice had not actioned any of the four alerts we reviewed, which affected up to 48 patients. There was no evidence to show the practice had taken action to protect all of those patients from avoidable harm.

The practice did not evidence a safe system to ensure patients on high risk medicines were appropriately managed in a timely way. We reviewed seven high risk medicines and found five were not appropriately managed, affecting 27 patients.

The practice did not fully evidence that patients had a structured and comprehensive medicine review. We identified reviews had been coded on the EMIS clinical system but there was no evidence in the clinical records of a structured medicine review or consultation with the patient. We reviewed patient consultation records and found discrepancies with the coding of medical records.

This section is primarily information for the provider

Enforcement actions

Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular, we identified concerns in relation the nursing team's scope of practice.

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