Whitestone Surgery

Inspection report

82 Bulkington Lane
Whitestone
Nuneaton
CV11 4SB
Tel: 02476641911

Date of inspection visit: 12 January 2024
Date of publication: 18/03/2024

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?	Inadequate
Are services well-led?	Inadequate

Overall summary

We carried out an unannounced comprehensive inspection at Whitestone Surgery on 12 January 2024. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - inadequate

Caring - requires improvement

Responsive - inadequate

Well-led - inadequate

Following our previous inspection on 27 November 2018, the practice was rated good overall and for all key questions.

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

Why we carried out this inspection

The inspection was carried out in response to concerns reported to us and information obtained through our monitoring call.

How we carried out the inspection

This included:

- Conducting staff interviews in person.
- Completing clinical searches and reviewing patient records on the practice's computer system on the practice's patient records system and discussing findings with the provider (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.
- Requesting evidence from the provider.
- A site visit.
- Speaking with members of the practice's patient participation group.
- Speaking with stakeholders.

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 found that:

Overall summary

- The practice did not have effective systems and processes to keep patients safe and protected them from avoidable harm.
- Systems for safeguarding the practice's most vulnerable patients were not fit for purpose.
- Our clinical searches identified issues with safe management of medicines and prescribing.
- The practice had not taken appropriate action in response to medicine safety alerts reviewed to ensure patients were kept safe.
- We found deficiencies in the management of patient workflow in which there was a backlog of unprocessed and unmatched patient information.
- There was insufficient clinical equipment available with which to assess or treat patients routinely or in an emergency.
- The practice held limited emergency medicines on site and had not undertaken any risk assessments to ensure patients were not put at risk if recommended medicines were needed in an emergency.
- The practice did not have effective systems for managing infection prevention and control.
- There were gaps in recruitment information available and training records to demonstrate staff had the qualifications, skills and competencies for roles they undertook.
- Patients did not always receive effective care and treatment that met their needs.
- Our clinical searches and reviews found the care and treatment for patients with long-term conditions was not always delivered in line with standards and evidence-based guidance.
- The practice was not proactive in identifying patients at risk of developing long-term conditions in order to provide necessary treatment.
- Uptake of childhood immunisations and cervical cancer screening uptake was not meeting national standards and action plans were not in place to support improvements.
- Results from the latest GP National Patient Survey showed results that were below local and national averages for patient experience and access.
- The practice was unable to demonstrate that there were effective systems in place for identifying and managing incidents and complaints and that they were effectively used to support learning and improvement.
- The practice was not managed in a way that promoted the delivery of safe and high-quality person-centred care. The leadership team were unable to demonstrate they had implemented effective governance systems and process to manage risks and performance and deliver safe and effective care. There was little evidence of supervision and oversight of clinical staff and of quality improvement initiatives.
- However, we found the practice had a proactive and successful patient participation group that hosted a range of health and wellbeing services to support people in the locality.

We found several breaches of regulations. The provider **must**:

- 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.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements and assurances are made, we will consider the next steps and take action in line with our enforcement procedures. Special measures will give people who use the service the reassurance that the care they get should improve.

Overall summary

A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who completed clinical searches and records reviews.

Background to Whitestone Surgery

Whitestone Surgery is located in Nuneaton, Warwickshire at:

82 Bulkington Lane
Whitestone
Nuneaton
CV11 4SB

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

The practice is situated within the Coventry and Warwickshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of approximately 2,400. This is part of a contract held with NHS England.

The practice is not currently part of any Primary Care Network (PCN). A PCN is a wider network of GP practices that work together to address local priorities in patient care.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is lower than average (the practice is situated in decile 8 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 89% White and 7% Asian. The remaining 6% are of Black, Mixed, and Other ethnicities.

The age distribution of the practice population has a higher proportion of children and people aged between 35 to 44 years than local and national averages. Indicating an area with a significant population of young families.

The practice is family run service run by a husband and wife team (GP and Practice Manager). The service is registered under a sole GP provider (currently suspended from practice). At the time of inspection, the staff team consisted of a locum GP (male), a practice nurse, and a healthcare assistant. The clinical team was supported by a practice manager, and two administrative/ reception staff.

The practice opening times are as follows:

Monday 8.00am to 6.30pm

Tuesday 8.00am to 6.30pm

Wednesday 8.00am to 6.30pm

Thursday 8.00am to 12.30pm (an emergency phone line is held by the practice manager when the practice is closed on a Thursday afternoon)

Friday 8.00am to 6.30pm

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access appointments are provided alternate Saturdays at the practice. Out of hours services are accessed by NHS 111 telephone line.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** 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 provider did not have effective systems for the safe and proper management of medicines. We identified patients prescribed disease-modifying antirheumatic drugs and other high-risk medicines that were put at risk because they were not receiving appropriate monitoring in line with guidance. We identified patients on oral non-steroidal anti-inflammatory medicines that were at risk because they were not also prescribed medicines to reduce the risk of gastrointestinal bleeding in line with guidance. We found the provider did not have effective systems in place for managing Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We identified patients that were placed at risk where MHRA alerts had not been acted upon. We identified patients who had not received effective medicine reviews. Codes were recorded that a medicine review had been completed without any details as to which medicines had been reviewed or any analysis of issues that might have arisen from taking the medicines that needed to be addressed. Staff were administering vaccines and medicines without the appropriate legal framework in place to do so (Patient Group Directions and Patient Specific Directions).

This section is primarily information for the provider

Enforcement actions

Recommended emergency medicines were not stocked and no risk assessments were in place to explain the rationale for not stocking these medicines or any mitigating action if they were required in a medical emergency.

There were gaps in the monitoring of the medicine fridge temperatures to ensure vaccines and other medicines were stored at the correct temperatures to maintain their effectiveness and no back up system in place.

The provider did not have effective systems for assessing and managing risks for patients with long-term conditions and at risk of developing long term conditions. We identified patients with poorly controlled diabetes and asthma that had not received appropriate follow up.

We identified patients with missed diagnosis of diabetes and patients with chronic kidney disease that had been coded incorrectly, placing patients at risk of not receiving appropriate care and treatment.

The practice did not offer NHS Healthchecks for 40 to 70 year olds in which to detect health risks and early onset of diseases so that early intervention may be taken.

The practice held insufficient clinical equipment for staff to be able to undertake patient assessments routinely or in an emergency.

Nebuliser machines for use in an emergency situation had not been checked for electrical safety.

We identified that members of staff were undertaking long term condition reviews without appropriate qualifications, competence and skills to do so safely.

Training records did not show evidence of all role specific training undertaken by staff.

There was no effective oversight or supervision of clinical staff (locums and regular staff) working at the practice.

Not all staff were receiving appraisals to discuss learning and development needs.

The provider had not put in place appropriate arrangements to ensure patients were kept safe when the practice closed during core hours.

This section is primarily information for the provider

Enforcement actions

The provider did not have effective systems for managing infection prevention and control. Regular audits were not being undertaken.

There was a large backlog of workflow that had not been processed and matched to ensure action needed had been taken and a backlog of records to be summarised.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** The provider did not have effective systems for safeguarding their most vulnerable patients. This was in breach of Regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety for the services and mitigate risks to adequately protect patients, and others in carrying on the regulated activities. There were gaps in staff recruitment checks and training records (this included locum staff) for roles performed. The provider had failed to identify risks and take appropriate action in relation to backlogs in workflow and summarising new patient records, the availability of

This section is primarily information for the provider

Enforcement actions

emergency medicines and clinical equipment, infection prevention and control, the safe storage of prescription stationery and ensuring appropriate cover when the practice was closed during core hours.

The practice failed to implement effective oversight of clinical records and care to ensure they were accurate and complete.

The provider did not have in place effective systems to support quality improvement, such as clinical audits and learning from incidents and complaints.

The provider did not have effective systems for identifying and addressing areas where performance was not as expected or in response to outliers in patient outcomes. This included low uptake of child immunisations and cervical screening, disease prevalence and prescribing.

The provider had taken no action in response to patient feedback received to improve the patient experience.

There was a lack of appropriate arrangements in place to support staff with the Freedom to Speak Up.

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