

Castlegate & Derwent Surgery

Inspection report

Isel Road
Cockermouth
CA13 9HT
Tel: 01900705750

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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?	Good	
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 comprehensive inspection at Castlegate & Derwent Surgery on 17 – 20 April 2023. Overall, the practice is rated as Requires improvement.

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Requires improvement

Well-led - Requires improvement

Following our previous inspection on 13 September 2019, 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 Castlegate and Derwent Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up on concerns reported to us.

How we carried out the inspection/review

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

This included:

- Conducting staff interviews 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.
- Requesting evidence from the provider.
- Staff questionnaires
- A short site visit
- Feedback from patients

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 currently offer patients NHS electronic prescribing (ePS) or repeat dispensing (eRD) services. Patients were advised that prescriptions would be ready to collect after 72 hours (excluding weekends and bank holidays). An additional step of 'logging out' prescriptions collected by external pharmacies increased the time taken to process repeat prescriptions. As part of our inspection we spoke with 9 patients, 6 of whom told us about issues with their prescriptions.
- There was no clear governance structure which meant systems were sometimes not reviewed. This included mandatory training, and we found that clinical staff training was not monitored effectively meaning some training had lapsed.
- The practice's governance and assurance systems were not always operating effectively.
- We found the practice to be in a good state of cleanliness and staff understood the importance of infection prevention and control. However we found gaps in mandatory training on infection prevention and control across clinical members of staff.
- There was not a thorough system in place to assure the competencies of non-medical prescribers
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- Recently senior leaders at the practice had changed and the new leadership team were making progress with the running of the practice. After the inspection the provider wrote to us and shared with us a list of improvement activities that had been initiated and shared with all staff.
- Staff knew how to report significant events and deal with complaints, however we could not be assured that learning was always achieved.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The provider **should**:

- The provider should revisit decisions about the implementation of ePS and explore sources of support for the implementation of eRD with a view to improving their efficiency in processing prescriptions, thereby providing and a more efficient and responsive service to patients.

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

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit with a CQC Operations Manager and a member of the CQC pharmacy team. The team 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 Castlegate & Derwent Surgery

Castlegate & Derwent Surgery is located in Cockermouth at:

Castlegate & Derwent Surgery

Isel Road

Cockermouth

CA13 9HT

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

The practice is situated within the North Cumbria Integrated Care Board (ICB) and delivers General Medical Services (GMS) contract to a patient population of about 18,000. This is part of a contract held with NHS England. The practice scores 8 on the deprivation measurement scale; the deprivation scale goes from 1 to 10, with 1 being the most deprived. People living in more deprived areas tend to have greater need for health services.

There is a team of 7 GP partners (4 female and 3 male) and 6 salaried GP's who work at the practice. The practice has a team of 4 Advanced Nurse Practitioners (F) and 6 practice nurses (F) who are supported by a team of treatment nurses, health care assistants and GP assistants. Supporting the clinical team there is an operations manager, administration lead and admin and reception staff. At the time of the inspection the practice did not have a practice manager in place and this role was being undertaken by one of the GP partners alongside the operations manager.

Practice opening hours are from 08.00 – 18.30 Monday to Friday. Appointments are available from 08.00 – 18.30 Monday to Friday. The practice offers appointments on a Tuesdays, Wednesday and alternate Fridays evening between 18.30 – 20.00 and on weekends as part of the extended access service through the primary care network (PCN). The practice offers a range of appointments including, telephone consultation, video consultation and face to face appointments. When the practice is closed, patients can access out of hour's services by telephoning NHS 111.

The practice is registered as a dispensing practice with a pharmacy located within the same building as the GP practice. We found that services to dispensing doctors patients were provided by the affiliated GPhC (General Pharmaceutical Council) registered pharmacy under an SLA (service level agreement) with the practice. This meant that for example, dispensing and staff training was overseen by a GPhC (General Pharmaceutical Council) registered pharmacist on a day-to-day- basis. Inspection reports for the GPhC Registered Pharmacy are available on their website.

The practice is part of a wider network of GP practices known as Cockermouth and Maryport PCN. Cockermouth and Maryport PCN is made up of 2 GP practices.

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 Surgical procedures Maternity and midwifery services Treatment of disease, disorder or injury	<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">• We found a lack of governance and assurance structures and systems which presented a risk to patient.• Learning from significant events and complaints was not maximised <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• There were significant gaps in staff training, for example safeguarding, infection prevention and control, information governance• There was not a thorough process in place to assure the competencies of non-medical prescribers <p>This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>