Regency Surgery

Inspection report

4 Old Steine
Brighton
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www.regencysurgery.nhs.uk

Date of inspection visit: 21 June to 29 June 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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Overall summary

We carried out an announced inspection at Regency Surgery from 21 June to 29 June 2022.

Overall, the practice is rated as Inadequate.

Safe – Inadequate

Effective – Requires improvement

Caring - not inspected (Good, carried over)

Responsive – inspected, access questions only (Good, carried over)

Well-led - Inadequate

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

Why we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good or Outstanding, to test the reliability of our new monitoring approach. This inspection was a focused inspection that included the following key questions:

- Safe
- Effective
- Well-led

During this inspection we also considered the management of access to appointments.

We carried forward ratings for caring and responsive from previous inspections, as the information we held did not indicate any change to ratings.

How we carried out the inspection

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
- 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

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- A staff questionnaire.

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 have rated this practice as Inadequate overall

We found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Risks to patients, staff and visitors were not always assessed, monitored or managed in an effective manner. This included child and adult safeguarding processes, staffing including recruitment and supervision, medicines management, health and safety, and information governance.
- There was little evidence that all incidents, concerns, or near misses were consistently recorded and that opportunities for learning and quality improvement were identified.
- The way the practice was led and managed did not promote the delivery of high-quality, person-centre care.
- Governance systems and processes were not established and operating effectively.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Staff told us they were happy with the level of support provided by their management team and each other. Staff told us they were given opportunities to develop and further their career.

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

- Ensure that care and treatment is provided in a safe way.
- 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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Additionally, the provider **should**:

- Review systems and processes to improve uptake of child immunisation and cervical screening.
- Review the frequency of basic life support training for all staff.
- Maintain records of completed and signed staff induction checklists
- Continue to review and implement systems and processes to comply with the requirements of duty of candour.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within

Overall summary

six months if they do not improve. 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 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 and included practice manager specialist advisor, who undertook a site visit and spoke with staff in person, as well as using video conferencing facilities. 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 Regency Surgery

Regency Surgery is in the city of Brighton and Hove at:

4 Old Steine

Brighton

BN1 1FZ

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 and surgical procedures.

During the course of our inspection we identified that the practice was not registered for the regulated activity; family planning. The practice told us they would cease providing services related to this regulated activity until registered. The practice took immediate action and submitted completed application forms to the CQC, which are being processed.

The practice delivers General Medical Services (GMS) to a patient population of approximately 5,189. This is part of a contract held with NHS England.

The practice is part of a wider network of local GP practices who work collaboratively to provide primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three 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 88% White, 5% Asian, 4% Mixed, 2% Black and 1% Other.

Data available to the Care Quality Commission (CQC) shows the number of patients from birth to 18 years old served by the practice is slightly below the national average. The number of working age patients is above the average for England.

There are two GP partners, two salaried GPs, one practice nurse and one healthcare assistant. The practice is supported by a practice manager and a team of reception and administration staff. A team of paramedics were also based at the practice and shared by other practices in the primary care network.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Patients requiring a GP outside of normal working hours are advised to contact the NHS 111 service where they will be given advice or directed to the most appropriate service for their medical need.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The provider could not demonstrate the prescribing competence of non-medical prescribers, including regular review of their prescribing practice supported by clinical supervision or peer review. • The provider could not demonstrate how they assured themselves of the competence of staff employed in advanced clinical practice, for example, nurses and paramedics. • The provider could not demonstrate that all staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not ensure that only persons of good character were employed. In particular: • A full employment history. • Proof of identification. • Satisfactory evidence of conduct in previous employment. • Processes were in place to ensure staff have appropriate and current registration with a professional body at the time of recruitment and ongoing. This was in breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider had not ensured that systems and processes were all established and operating effectively to prevent abuse of service users. • The provider was unable to demonstrate the appropriate therapeutic monitoring of patients prescribed medicines, including those that are high-risk, was being carried out consistently when prescribing. • The provider had not ensured patients' use of medicines was being regularly reviewed, to support the patient with their treatment, optimise the impact of their medicines, and ensure they were still safe. • The systems in place to maintain medicines management processes, including the proper and safe storage of medicines, were not implemented effectively. Including; ensuring sufficient medication is available in case of emergency, maintaining the cold chain, and monitoring medicines and medical equipment to ensure they remained safe for use. • The provider could not always demonstrate cleaning was carried out to prevent and control the spread of, infections, including those that are health care associated. • The provider had not ensured staff vaccination was always maintained in line with current UK Health Security Agency (UKHSA) guidance, as relevant to their role. • The provider was unable to evidence that the practice acted on and learned from external safety events including patient and medicine safety alerts. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk arising from the carrying on of the regulated activities. In particular:

- The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user.
- The provider had not established and embedded policies and procedures for distribution and monitoring of pre-printed blank prescription stationery.
- The provider could not demonstrate that effective systems and processes were implemented to ensure that significant events and complaints were always thoroughly recorded, acted on, analysed and appropriately stored.
- The practice did not demonstrate that processes were reliably implemented to be assured of the safety of the service being provided. Including relating to health and safety, fire safety arrangements, and sufficient risk assessments being carried out by suitably trained persons.
- The provider was unable to demonstrate that governance processes, risk management, performance, and strategic planning ensured high quality and sustainable care.
- The provider was unable to demonstrate that organisational policies were in place and always contained accurate or up to date information to ensure appropriate guidance for staff.

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