

Fronks Road Surgery

Inspection report

Cleveleys
77 Fronks Road
Harwich
CO12 3RS
Tel: 01255556868

Date of inspection visit: 01 August 2022
Date of publication: 18/10/2022

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 unannounced inspection at Fronks Road Surgery on 01 August 2022 Overall, the practice is rated as Inadequate.

Set out the ratings for each key question

Safe - Inadequate

Effective - Inadequate

Caring - Requires Improvement

Responsive - Requires Improvement

Well-led - Inadequate

Following our previous inspection on 31 October 2017, 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 Fronks Road Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This was a focused unannounced inspection to follow-up on areas of concern received by the Care Quality Commission. Once on site, we made the decision to carry out a comprehensive inspection due to further concerns identified.

This included the key questions:

- Are services safe?
- Are services effective?
- Are services Caring?
- Are services Responsive?
- Are services well-led?

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 by three inspectors and a GP specialist advisor 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 and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider

Overall summary

- Requesting evidence from the provider
- A site visit

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:

- There was a lack of clinical and managerial leadership, governance and oversight at the practice. This had led to the failure of safe, effective, and well-led care and treatment being delivered to all patients.
- Safeguarding systems and process did not keep people safe and safeguarded from abuse.
- Appropriate standards of cleanliness and hygiene were not met.
- We found systems and processes did not to identify and mitigate risks to staff and patients. There was a lack of evidence to demonstrate that risks were mitigated.
- Medicines management processes did not demonstrate the proper and safe management of medicines.
- The practice was unable to provide evidence of recruitment or staff induction to ensure safe processes where in place.
- Systems, policies and processes had not been monitored or reviewed, this included the monitoring of the practice service delivery, and staff competency.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. However, the service was still providing a restricted service to patients since the COVID-19 pandemic
- Complaints were not used to improve the quality of care or handled in a timely manner.
- We found the practice had failed to submit an unexpected death notification to the Care Quality Commission.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Since the inspection the practice has received support from the Integrated Care Board and begun a programme of improvement. However, these new systems and processes need to be fully implemented, embedded and monitored to ensure they are sustained and services are delivered safely and effectively.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Continue to encourage patients to attend for childhood immunisations.
- Continue to encourage patients to attend for cervical cancer screening.

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

Overall summary

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 population group, 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 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.

As a result of the findings from our inspection, with regard to non-compliance, but more seriously, the risk to patients' life, health and wellbeing, the Commission decided to issue an urgent notice of decision to impose conditions on the provider's CQC registration. For further information see the enforcement section of this report.

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 on site and using video conferencing facilities and two further inspectors who undertook a site visit. 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 Fronks Road Surgery

Fronks Road Surgery is located in Harwich at:

Cleveleys

77 Fronks Road

Harwich

Essex

CO12 3RS

The practice provides a dispensing service which we inspected and formed part of this inspection activity.

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.

The practice is situated within the NHS Suffolk and North East Essex Integrated Care Board (ICB) and delivers General Medical Services (**GMS**) to a patient population of about 4,800. This is part of a contract held with NHS England. There is a small dispensary that dispenses to approximately 47 patients.

The practice is part of a primary care network (PCN) of six GP practices.

Information published by Public Health England shows that deprivation within the practice population group is four of ten. 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 0.9% Asian, 97.6% White, 0.4% Black, and 1.1% Mixed.

The age distribution of the practice population closely mirrors the local averages and has a higher proportion of older people the national averages. There are more male patients registered at the practice compared to females.

There is a team of three GPs at the practice. The practice has a nursing team of four comprising; two advanced nurse practitioners, one practice nurse, and one trainee nurse who provide nurse led clinics for long-term conditions. The GPs are supported at the practice by a team of reception/administration staff a practice manager and a business manager to provide managerial oversight and two part-time dispensers.

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

Extended access is provided by a practice locally in the PCN group, where late evening and weekend appointments are available. Out of hours services are provided by the 111service.

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 Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>In particular:</p> <ul style="list-style-type: none">• There was a failure to identify or act on risk assessments for; safety, legionella, portable appliance (PAT) testing, infection prevention and control, fire hazards or a fire procedure.• Systems, policies and processes had not been monitored or reviewed; this included the identification of poor practice service delivery.• Complaints were not used to improve the quality of care or handled in a timely manner.• The practice had failed to submit an unexpected death notification to the Care Quality Commission.• We found no formal staff induction process.• Triage processes lacked the provision of advice to patients to seek further help and what to do if their condition deteriorated.• We found a lack of accessible information within the practice or on their website to support patients to make decisions about their care and treatment.• There was no programme of quality improvement to identify and support improvements in care and treatment. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>In particular:</p> <ul style="list-style-type: none">• There was a lack of clinical and managerial leadership at the practice, this had led to the failure of safe, effective, and well-led care and treatment being delivered to all patients.• Safeguarding systems, processes and practices were not developed, implemented or communicated to staff to keep people safe.• Systems and processes did not to identify and mitigate risks to staff and patients and there was a failure to demonstrate that all reasonably practical efforts had been made to mitigate risks.• The practice could not evidence a safe process to ensure patients on high risk medicines and those taking medicine for long term condition management were appropriately managed and in a timely way. The process lacked evidence that all patients had received a structured comprehensive medicines review.• The practice system to manage medicines and safety alerts did not ensure medicines were prescribed or managed safely. We found patients that had been affected by alerts that had not been identified or received an appropriate review, and the risks to the patients had not been discussed with them.• The practice failed to operate an effective system to identify patients with potential diagnoses of chronic conditions. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>