# Regency Surgery

## Inspection report

4 Old Steine
Brighton
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www.regencysurgery.nhs.uk

Date of inspection visit: 6 December to 8 December 2022
Date of publication: 20/03/2023

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? | Inspected but not rated |
| Are services effective? | Inspected but not rated |
| Are services well-led? | Inspected but not rated |

# Overall summary

We carried out an announced inspection at Regency Surgery from 6 to 8 December 2022 to assess compliance against two warning notices. Regency Surgery is currently rated inadequate overall. This inspection was not rated and therefore the previous ratings remain unchanged.

We carried out an announced comprehensive inspection of Regency Surgery from 21 June to 29 June 2022. This was part of a random selection of services rated Good or Outstanding, to test the reliability of our new monitoring approach. At this inspection the practice was rated inadequate and placed in special measures. On 15 July 2022 we issued two warning notices against Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

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**

This focused inspection was carried out to confirm whether the provider was compliant with the warning notices issued in July 2022. This report only covers our findings in relation to the warning notices.

**How we carried out the inspection**

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

Our inspection included:

- Conducting staff interviews.
- 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, which was reviewed remotely.
- 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.

**At this inspection we found that improvements had been made and the provider was compliant with the two warning notices.**

We found that:

- The provider had made improvements since our last inspection. There were developing systems to assess, monitor and manage risks to patients, staff and visitors.

- There were some systems and processes that were still in progress or needed to be embedded. This included; safeguarding governance arrangements, recruitment processes, staff immunisation records, and safety alerts. We also found the learning from significant events and complaints had not always been shared effectively with all staff.

# Overall summary

- The systems to ensure the appropriate and safe use of medicines had significantly improved, including those for high risk medicines and for patients with long term conditions.
- Staff had the information they needed to deliver safe care and treatment.
- The responsibilities, roles and systems of accountability to support good governance and management were being established.
- There was compassionate, inclusive and effective leadership at all levels.
- The provider was fully engaged and committed to completing and embedding improvement actions. They were committed to providing high quality and compassionate care to their patients.

Although the provider was compliant with the two warning notices, we found breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Additionally, the provider **should**:

- Complete all remedial actions as identified by the fire risk assessment.
- Strengthen monitoring checks of emergency equipment to include the defibrillator kept at the neighbouring practice.

**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 with a second CQC inspector, who undertook a site visit and spoke with staff in person. 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; family planning; and treatment of disease, disorder or injury and surgical procedures.

The practice delivers General Medical Services (GMS) to a patient population of approximately 5,378. 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**How the regulation was not being met:**<br>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:<br>• The provider was unable to demonstrate that the practice learned from significant events and complaints, for the purposes of continually evaluating and improving services.<br>• The provider was unable to demonstrate that they had effective systems for recording and monitoring concerns and actions relating to children and adults at risk.<br>• The provider was unable to demonstrate that they had clear systems, practices and processes to ensure recruitment checks were carried out in accordance with regulations. Including; satisfactory evidence of conduct in previous employment, a full employment history, and a satisfactory written explanation of any gaps in employment for all staff.<br>• The provider was unable to demonstrate that staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance, if relevant to role.<br>• The provider was unable to demonstrate that the practice acted on and learned from external safety events, including patient and medicine safety alerts. |

This section is primarily information for the provider

# Requirement notices

- 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.