

The Sandhurst Group Practice

Inspection report

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Sandhurst
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Date of inspection visit: 7 November 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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced focused inspection at The Sandhurst Group Practice on 7 November 2022 to determine if improvements had been made following our previous inspection in July 2022 which led to enforcement action. This inspection was to determine whether the concerns of highest risk identified at the last inspection had been acted on or were being managed and mitigated. We did not provide a rating as a result of this inspection.

We inspected The Sandhurst Group Practice in July 2022 and rated them inadequate overall. As a result of that inspection we issued one warning notice and two requirement notices which required the practice to make improvements. However, this inspection only reviewed concerns specified in the warning notice.

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

Why we carried out this inspection

We carried out this inspection to follow up a breach of Regulation 17: Good governance, under the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

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.

This included:

- Conducting staff interviews using video conferencing facilities.
- 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.
- A short 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.

We found that:

- The system to receive and act upon medicine safety alerts from the Medicines and Healthcare products Regulatory Agency had been improved and was being operated effectively.
- A system and process to ensure the competence and supervision of non-medical prescribers had been introduced and was being used to monitor prescribing practices more safely.
- The system to monitor urgent referrals for patients with possible symptoms of cancer had been reviewed and was being operated effectively.
- Patients with mental health conditions had appropriate plans for their care in place and referrals were made where necessary.

Overall summary

- There was an improved system to seek feedback from patients and staff.
- The practice had continued to progress their action plan to improve access to appointments for patients.
- Improvements had been made to the complaints system and processes existed to ensure it operated in accordance with practice policy.
- The practice had implemented a new system to review what had happened when things went wrong, identify learning and share the outcome with staff.
- Health and safety systems and processes had improved but associated action plans to mitigate all risk had not been completed by the practice's identified target date.

In addition the provider **should:**

- Continue the action plan to improve access for patients.
- Continue to seek feedback from staff and patients to improve the quality and effectiveness of services, and identify appropriate ways to improve.
- Revise the actions plans in place mitigating the health and safety risks in both buildings to guarantee prompt completion.
- Complete the action plan for safeguarding training for all staff, including locums.

Details of our findings and the evidence supporting them 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 was accompanied by another inspector during the site visit. The team included two members of the CQC pharmacy team who completed clinical searches and records reviews without visiting the location.

Background to The Sandhurst Group Practice

The Sandhurst Group practice is a two-site GP practice located in Berkshire at:

72 Yorktown Road

Sandhurst

Berkshire

GU47 9BT

The practice has a branch surgery at:

1 Cambridge Road

Owlsmoor

Sandhurst

Berkshire

GU47 0UB

The provider is registered with CQC to deliver the following Regulated Activities from both sites:

- Diagnostic and screening procedures.
- Family Planning.
- Maternity and midwifery services.
- Treatment of disease, disorder or injury.
- Surgical procedures.

The practice is situated within the Frimley Integrated Care System (ICS) and offers general medical services to approximately 18,800 patients as part of a contract held with NHS England. Services can be accessed from both the main practice and the branch surgery.

The practice is part of a wider network of GP practices called a Primary Care Network (PCN) which includes four GP practices and is called Bracknell and District PCN.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (10 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, 92% White, 5% Asian, with the remainder of the patient population identifying themselves as Black, Mixed and Other ethnicities.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of 3 GPs partners, 2 associate GP partners and 1 salaried GP who provide cover at both practices. The practice is a training practice and at the time of the inspection there was a GP registrar attached to the practice. The practice has a team of 7 nurses who provide nurse led clinics for long-term conditions. There are also 2 nursing associates, 1 healthcare assistant and 2 phlebotomists. The clinical team supported at the practice by a team of reception, administration and secretarial staff. The practice manager role was vacant at the time of the inspection but the deputy practice manager who worked across both sites to provide managerial oversight and was being supported by an external consultancy team due to the findings at our previous inspection.

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 locally by Berkshire Primary Care where late evening and weekend appointments are available. Out of hours services are provided by North Hampshire Urgent Care.