

Pinehill Surgery

Inspection report


Pinehill Road
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Hampshire
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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?	Inadequate 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Pinehill Surgery on 23 January 2019. The inspection was brought forward from a later planned date due to intelligence received.

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 have rated Safe, Caring and Well-led as inadequate and Effective and Responsive as Requires Improvement.

We rated the practice as **Inadequate** for providing safe, caring and well led services because:

- Leaders had been unable to sustain the previous level of quality achieved at our last inspection. There was no evidence of continuity.
- There was no ownership of quality improvement.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice had a clear vision, but it was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- The practice did not involve the public, staff and external partners to sustain high quality care.
- There was little evidence of systems and processes for learning, continuous improvement and innovation.
- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- The practice did not have systems for the appropriate and safe use of medicines.
- Feedback from patients was not always positive.

- The practice scored poorly in the 2018 GP survey and had not taken action to address the concerns raised by patients.

We rated the practice as **Requires Improvement** for providing effective and responsive because:

- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- The practice did not consistently organise and deliver services to meet patients' needs, although there were some areas of good practice.
- People were able to access care and treatment in a timely way.

We rated all population groups, apart from people whose circumstances make them vulnerable as Requires Improvement overall because:

- The practice were unable to evidence regular meetings with external parties such as community palliative care team or health visitors.
- The practice had not met the 90% World Health Organisation (WHO) target for child immunisation and had not demonstrated actions taken to address this.
- The practice had not been responsive to the needs of older patients, patients with long term conditions, people whose circumstances made them vulnerable and people experiencing poor mental health by ensuring priority appointments, keeping registers and providing appropriate training for staff.
- There was not effective monitoring of high risk medicines.

We rated the population group working people whose circumstances make them vulnerable as Inadequate overall because:

- The practice was not actively identifying and monitoring vulnerable people to keep them safe.

The areas where the provider **must** make improvements are:

- Care and treatment must be provided in a safe way for service users.
- Ensure that the premises used by the service provider are safe to use for their intended purpose.
- Ensure the proper and safe management of medicines.

Overall summary

- Assess the risk of preventing, detecting and controlling the spread of infections.
- Ensure systems and processes are established and operated effectively to ensure compliance with the requirements of the Health and Social Care Act 2008.
- Recruitment procedures must be established and operated to ensure that the information specified in schedule 3 is available in relation to each person employed.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Review systems to identify vulnerable adults so they are regularly monitored.
- Monitor prescription requests to ensure that prescriptions for high risk medicines and medicines required to maintain positive mental health are collected in a timely way.
- Provide appropriate support for patients identified as carers.
- Carry out regular patient surveys and develop action plans as a result.

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.

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

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

Background to Pinehill Surgery

Pinehill Surgery is located at Pinehill Road, Borden, GU35 0BS.

The practice provides services under a general medical services contract. The practice has approximately 3,600 registered patients. Borden has some areas of deprivation and the practice has a slightly higher than average population of older people with complex needs. The practice is part of the NHS South East Hampshire Clinical Commissioning Group (CCG).

The practice was previously inspected in September 2016 and rated as Good in all domains. Since that inspection there had been a change in partnership and a change in practice manager.

Patients had access to a same day access service and an acute visiting service provided by the CCG.

The practice is registered with the Care Quality Commission to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice's clinical team consists of two GP partners with a whole time equivalent of 1.6, one nurse practitioner, one practice nurse and one health care assistant. The administration team is led by a reception manager and consists of four receptionists.

The practice has opted out of providing an out-of-hours service.

You can access practice information online at www.pinehillsurgery.co.uk.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice had not ensured that premises used by the service provider were safe for use for their intended purpose and in a safe way. The practice had not assessed the risks to the health and safety of service users and done all that is reasonably practicable to mitigate those risks. The practice had not ensured the proper and safe use of medicines. In particular we found: Safeguarding and health and safety policies were not complete and up to date. Health and safety systems were not working effectively, actions from a health and safety risk assessment had not been completed or had not been completed appropriately. Fire safety systems were not working effectively. The practice could not demonstrate that fire drills, fire alarm checks or fire extinguisher checks were taking place. There was no clear regime for fire and fire warden training. Actions from a fire risk assessment had not been completed. Systems for the prevention of legionella infection were not working effectively. Actions identified in a legionella risk assessment had not been carried out and regular tasks to minimise legionella infection were not undertaken. There was not appropriate monitoring of high risk medicines to ensure patients prescribed those medicines were safe. Systems for the monitoring of infection control were not in place. This was in breach of Regulation 12(2)(d) & (e) 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice had not ensured that systems or processes were established and operated effectively to ensure</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

compliance with the requirements of the Health and Social Care Act 2008. In particular the practice did not assess, monitor and improve the quality and safety of the services provided, assess monitor and mitigate the risks relating to the health, safety and welfare of service users, seek and act on feedback from relevant and other persons and evaluate and improve in respect of the processing of information. In particular we found: A lack of appropriate leadership including a lack of knowledge and understanding of the responsibility to meet the requirements of The Health and Social Care Act 2008. No clear strategy and set of values, supported by staff input, to deliver safe care and treatment. A lack of engagement with staff resulting in low morale and a poor culture. No system to ensure policies were regularly reviewed and updated. No system to ensure regular meeting with stakeholders and that feedback from those meetings was documented and actioned. The business continuity plan was out of date. No system to ensure regular staff training, development and appraisal. No monitoring of staffing levels to ensure they were maintained to meet patient need. No system to ensure medicine safety alerts were actioned appropriately. Information systems not monitored appropriately resulting in inaccurate information provided or unable to provide requested information. Unable to provide evidence of continuous monitoring and improvement. Identified actions not completed.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The practice had not established and operated recruitment procedures effectively to ensure that the information contained in Schedule 3 was available in relation to each person employed. In particular we found: Two employees had significant gaps in their recorded employment history and the practice had not sought explanation for those gaps.