High Street Surgery

Inspection report

The Surgery
High Street
Lowestoft
NR32 1JE
Tel: 01502589151
www.highstreetsurgerylowestoft.nhs.net

Date of inspection visit: 23 August 2021
Date of publication: 25/10/2021

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced inspection at High Street Surgery on 23 August 2021. Overall, the practice is rated as requires improvement.

Safe - Requires Improvement

Effective - Requires Improvement

Caring – Good (Carried forward from last inspection)

Responsive - Good (Carried forward from last inspection)

Well-led - Good

Following our previous inspection on 17 April 2019, the practice was rated requires improvement overall and for the safe, effective and well-led key questions.

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

Why we carried out this inspection

This inspection was a focused inspection to follow up on:

- The safe, effective and well-led key questions
- Breaches of regulations and 'shoulds' identified at our previous inspection

The information we received and reviewed did not indicate the previous rating of good for providing caring and responsive services was affected and therefore we did not inspect these key questions and the ratings for providing caring and responsive services are carried over.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering 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 and questionnaires
- 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 short site visit

Overall summary

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 requires improvement overall and for the population groups people with long term condition, working age people (including those recently retired and people experiencing poor mental health (including people with dementia).

We found that:

- The practice did not always provide care in a way that kept patients safe and protect them from avoidable harm.
- Patients did not always receive effective care and treatment that met their needs.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The way the practice was led and managed did not always ensure the delivery of high-quality, person-centered care, however the practice had identified and were taking action to improve the quality of services provided.

We found 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.

There were areas where the provider could improve and **should**:

- Continue to improve engagement with patients eligible for the cervical cancer screening and childhood immunisation programmes to improve uptake.
- Continue to review and reduce where appropriate, prescribing rates for hypnotic, psychotropic and opioid based medicines.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit alongside a second CQC inspector. The team included two GP specialist advisors who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to High Street Surgery

High Street Surgery is located at:

The Surgery

High Street

Lowestoft

Suffolk

NR32 1JE

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.

The practice is situated within the NHS Norfolk and Waveney Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 12,700. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in the Lowestoft Primary care network (PCN). PCNs work collaboratively to address patient need in a locality though resource sharing.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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 97.1% White,1.2% Asian, 0.4% Black, and 1.1% Mixed, and 0.1% Other.

There are two GP partners, (male), one salaried GP (male) and one regular female locum GPs. The practice has four nurse practitioners (all who hold a prescribing qualification), one emergency care practitioner, three practice nurses,

two healthcare assistants, one phlebotomist, a clinical pharmacist and two pharmacy technicians. A further primary care network pharmacy technician is based at the practice. The practice manager is supported by an assistant practice manager and a practice administrator who lead a team of three medical secretaries and 13 reception and administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment.

The practice offers early appointments on Monday and Tuesday mornings. Extended access is also provided locally where late evening and weekend appointments are available. Out of hours services are accessed through the NHS111 service.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not always effective. In particular: • There was no formal process in place for the regular peer review or formal supervision of clinical staff to ensure competency and identify any training needs. • Personalised care adjustment rates were significantly higher than local and national averages in a range of indicators and barriers to accessing care and treatment had not been identified, reduced or removed. • Action plans in place for reducing backlogs and increasing performance required continued monitoring to ensure effectiveness. Systems or processes were not effective to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: • Newly registered patients did not always have a timely review of their immediate healthcare needs. • Patients with long term conditions including diabetes and chronic kidney disease were not appropriately identified to support the provision of appropriate care and treatment.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and Treatment was not always provided in a safe way for service users.

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	The provider did not ensure the proper and safe management of medicines, in particular: Patients affected by medicines and patient safety alerts were not always identified and action taken to ensure their safety.