

# Bury Road Surgery

## Inspection report

Gosport War Memorial Hospital  
Bury Road  
Gosport  
Hampshire  
PO12 3PW  
Tel: 02392 580363  
www.buryroadsurgery.co.uk

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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

Good



Are services safe?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Bury Road Surgery on 13 March 2018. The overall rating for the practice was good. The practice was rated as good for providing effective, caring, responsive and well-led services. The practice was rated as requires improvement for providing safe services. The full comprehensive report for March 2018 can be found by selecting the 'all reports' link for on our website Bury Road Surgery at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 15 November 2018 to confirm that the practice had carried out actions to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 March 2018. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good. However, the practice remains rated as requires improvement for providing safe services. This is because of shortfalls with necessary training, including safeguarding adults and children training, monitoring of emergency medicines and use of Patient Group Directives (PGDs) to administer medicines.

Our key findings were as follows:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The Practice had implemented an online software training programme and had asked staff to complete necessary training. However, the practice had not implemented a plan of when training would be completed. The majority of staff had not completed necessary training.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Review how the practice is assured that all premises checks, including fire safety and security arrangements, are in place.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection was undertaken by a CQC lead inspector.

## Background to Bury Road Surgery

The provider for Bury Road Surgery is Dr Carl Wyndham Robin William Anandan. A change of legal entity occurred in July 2017 with one of the previous partners taking on the sole legal responsibility of the practice.

The practice is purpose built and based within Gosport War Memorial Hospital and has approximately 3,872 patients on its register. The practice is registered to provide the regulated activities of treatment of disease, disorder or injury; surgical procedures; family planning; maternity and midwifery services and diagnostic and screening procedures. The practice operates from one registered location:

Gosport War Memorial Hospital  
Bury Road  
Gosport  
Hampshire  
PO12 3PW

The practice population is in the fifth least deprived decile for deprivation. In a score of one to ten the lower the number the more deprived an area is. The practice

has a higher than national average proportion of patients who are aged over 65 years, and the overall population is predominantly from white British ethnicity, averaging 97%.

The practice has one principal GP, one salaried GP, an advanced nurse practitioner, three practice nurses, and a healthcare assistant. The practice also uses locum GPs to provide cover for annual leave, one of whom is a previous partner of the practice.

The administrative team comprises of one practice manager, one assistant practice manager, and a team of administrative, secretarial and reception staff members.

The practice is open on Mondays from 8.30am to 7.45pm and Tuesdays to Fridays from 8.30am to 6.30pm. Telephone lines are open from 8am. Out of hours services (OOH) are provided by the GP Extended Access based within Gosport War Memorial hospital from 6:30 pm to 8pm Monday to Friday as well as 8am to 4.30pm.

on Saturdays and Sundays. Patients can access the OOH service via the NHS 111 number which is provided by Partnering Health Limited.

# Are services safe?

**At our previous inspection on 13 March 2018, we rated the practice as requires improvement for providing safe services.**

This was because:

- Not all staff had completed training needed to undertake their role and to keep patients safe. This included safeguarding adult and children training, basic life support, infection prevention and control, the Mental Capacity Act 2005, and fire safety training.
- The practice could not demonstrate that all premises checks, electrical calibration testing dates and maintenance of equipment at the practice were in place.
- Not all emergency medicines were stored in line with policies or recommended processes. Some medicines which required refrigeration had passed their expiration dates.

**The practice continues to be rated as requires improvement for providing safe services.** The practice had made some improvements regarding electrical calibration testing dates. However, arrangements regarding staff training and premises checks had not improved when we undertook a follow up inspection on 15 November 2018. The practice had not undertaken regular checks of emergency medicines or equipment between March 2018 and October 2018 and was not able to demonstrate what arrangements were in place for nurses to administer vaccines before current Patient Group Directives (PGDs) had been signed in November 2018.

## Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse. However, there were continued shortfalls regarding safeguarding children and adults training.

- At our last inspection in March 2018, records showed that four out of 20 members of staff had received safeguarding children training, and not all staff had a record of safeguarding adult training documented.
- At this inspection, undertaken in November 2018, we found that 10 out of 19 staff members had completed safeguarding adults training and seven out of 19 staff had completed safeguarding children training to a level appropriate to their role. The training records indicated that all clinicians had undertaken appropriate

safeguarding training with the exception of a nurse practitioner and a practice nurse, for which there were no records. Three out of eight clinicians had completed Mental Capacity Act 2005 training.

- Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, on the day of inspection the practice was not able to demonstrate that a DBS check had been received for a practice nurse.
- There was a system to manage infection prevention and control. However, only five out of 19 staff had completed infection prevention and control training. The practice told us that the infection control lead, who had completed training had discussed this with staff. However, this had not been documented.
- The practice was located within Gosport War Memorial Hospital which was run by Southern Health Foundation Trust (SHFT). SHFT was responsible for ensuring facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The practice had not sought assurances that risk assessments relating to the safety and security of the premises had been carried out by SHFT.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety but these were not adequate and effective. There were shortfalls related to staff training and management of fire safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

## Are services safe?

- The practice was equipped to deal with medical emergencies. However, training records identified that necessary training had not been undertaken for all staff. At our last inspection in March 2018 we found that only four out of 20 staff members had completed Basic Life Support (BLS) training and only three staff members were documented as having received fire safety training.
- At this inspection, undertaken in November 2018, we saw that 14 out of 19 staff had undertaken BLS training, however, three of those staff members were overdue annual refresher training as required by the practice. We saw that only five out of 19 staff members had completed fire safety training. We discussed this with the practice who told us that since our last inspection they had implemented an online training programme for all staff to complete all necessary training. The practice did not have oversight of the intervals for when necessary training was due to be completed.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

### Safe and appropriate use of medicines

The practice had systems for the handling of medicines, but these were not consistently safe. There were shortfalls regarding monitoring of emergency medicines and equipment and the use of PGDs to administer medicines.

- The practice had a procedure to check emergency equipment and medicines each month. The practice's record of monthly checks indicated that emergency medicines and equipment had not been checked at all between March 2018 until October 2018.

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Staff prescribed and supplied medicines to patients and gave advice on medicines in line with current national guidance. PGDs were not consistently signed meaning that medicines could be administered without the correct legal authority.

### Track record on safety

The practice's track record on safety required improvement. The practice had not consistently acted on risks that had been previously identified from our inspection in March 2018.

- There were some risk assessments in relation to safety issues, however, procedures had not been imbedded to ensure potential risks were mitigated. For example, necessary training had not been completed by all staff. The practice did not have oversight of risk assessments relating to premises and security.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

### Please refer to the evidence tables for further information.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• PGDs were not consistently signed meaning that medicines could be administered without the correct legal authority.</li><li>• Emergency medicines and equipment had not been regularly monitored.</li><li>• The practice was not able to demonstrate that a DBS check had been received for a practice nurse.</li></ul> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that all staff were up to date with necessary training, including safeguarding children and adults, infection prevention and control, fire safety and the Mental Capacity Act 2005.</p> <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>