

Drs Leung, Gregson, Mallick, Sherrell & Mrs Hazeldine

Inspection report

60 Forest Road
Bordon
GU35 0PB
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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?

Inadequate



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced focused inspection at Drs Leung, Gregson, Mallick, Sherrell & Mrs Hazeldine better known as Forest & Badgerswood Surgery between 10 – 12 July. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Responsive – Requires Improvement

Well-led – Inadequate

Following our previous inspection on 10 August 2016, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Drs Leung, Gregson, Mallick, Sherrell & Mrs Hazeldine on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out a focused inspection undertaking a site visit and remote clinical searches to review:

- Safe, Effective, Responsive and Well-led key questions
- Concerns identified during routine monitoring activity.

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.
- 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.
- Obtaining feedback from external stakeholders.
- A short site visit.
- Staff feedback surveys.

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.

Overall summary

We found that:

- The practice provided care that did not keep patients safe and placed patients at high risk of avoidable harm. In particular, high-risk medicines were not always monitored and safety alerts were not appropriately actioned.
- Patients received ineffective care and treatment that did not meet their needs. In particular, staff did not always follow evidence-based guidance when providing treatment and care for patients. Patients with long-term conditions were not always monitored in line with national guidance.
- Patients could access care and treatment in a timely way.
- Governance processes were not always in place to ensure oversight of risk management was embedded. In particular, there were a lack of arrangements to ensure non-medical prescribers had a mechanism to raise treatment findings, concerns and clinical areas outside of scope of practice, which increased the risk of incidents occurring due to the lack of support. Oversight of mandatory training was not effective to ensure all staff completed the required training. Actions had not been taken to mitigate concerns identified within fire risk assessments.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Oversight of systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should** also:

- Improve the uptake of cervical cancer screening to eligible patients.
- Ensure Summary Plan for Emergency Care and Treatment (RESPECT) forms used for end of life patients are stored appropriately within the patient medical records in line with national guidance.

I am placing this service in special measures. Services placed in special measures will be inspected again in due course. If insufficient improvements have been made when we next inspect, such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This could lead to cancelling the provider's registration or to varying the terms of their registration 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, and if there is not enough improvement, we could move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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 Health Care

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. The team 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 Drs Leung, Gregson, Mallick, Sherrell & Mrs Hazeldine

Drs Leung, Gregson, Mallick, Sherrell & Mrs Hazeldine is located in Bordon, Hampshire at:

Forest Surgery

60 Forest Road

Bordon

Hampshire

GU35 0PB

The practice has a branch surgery at:

Badgerswood Surgery

Mill Lane

Headley

Bordon

Hampshire

GU35 8LH

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. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the NHS Hampshire and Isle of Wight Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 16,500. This is part of a contract held with NHS England.

The practice is part of a wider network of 7 GP practices under the East Hants Primary Care Network (PCN), serving approximately 50,000 patients.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the third highest decile (eight of 10). The higher the decile, the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 95.2% White, 2.3% Asian, 1.3% Mixed, 0.9% Black and 0.3% Other.

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

The provider has a total of 41 staff members working across both sites. There is a team of 5 GPs who provide cover at both practices, with support from a PCN GP assistant, Physician Associate, Pharmacist and Paramedic. The practice has a team of 8 Nurses and 3 Healthcare Assistants (HCA) who provide nurse led clinics for long-term condition of use of both sites. The GPs are supported at the practice by a team of 18 reception and administration staff. The practice manager is based at the main site and assistant practice manager based at the branch site to provide managerial oversight.

Forest Surgery is open 8:30am to 6:30pm, with extended access on Monday (8:30am to 7:30pm) and Friday (7:30am to 6:30pm). Badgerswood Surgery is open 8am to 6pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is also provided locally by the PCN, where Saturday morning appointments are available. Out of hours services are provided by another provider, which patients can access via NHS111.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <ul style="list-style-type: none">Recruitment procedures were ineffective to ensure that information was available for persons employed. In particular, Disclosure Barring Service (DBS) and proof of identity (right to work) records could not be provided for all staff we requested.The provider was unable to demonstrate registration documentation to professional bodies, where such registration is required by the work the person performs and title the persons uses. In particular, up to date General Medical Council (GMC), Nurse Midwifery Council (NMC) and the Health and Care Professionals Council (HCPC) staff records.There was evidence that an external clinical person, not directly employed, performed clinical duties with no recruitment checks in line with the practice recruitment policy or service level agreement or memorandum of understanding signed by the provider or individual to outline the working arrangements. <p>This was in breach of Regulation 19(1)(2)(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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> <ul style="list-style-type: none">• The provider was unable to demonstrate that appropriate monitoring of patients prescribed high-risk medicines was being carried out consistently when prescribing.• The provider was unable to demonstrate that patients received safe care and treatment in relation to the monitoring of patients with long-term conditions, in line with national guidance.• There was evidence that the process for managing safety alerts was not being followed appropriately to ensure patients were protected from harm.• There was evidence that non-medical staff members had provided unsafe care and treatment that was out of scope of practice and not in line with national guidelines and recommendations. <p>This was in breach of Regulation 12 (1)(2) 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• Actions had not been taken against risks identified within timeframes set out in the fire safety risk assessment at both premises. There was a lack of mitigation of hazards arising for staff and service users. In particular: there was an inadequate fire alarm system, smoke seals had not been implemented around fire resistant doors and there was electrical deficiencies for an external socket utilised for electrical vehicle charging.

Enforcement actions

- Non-medical prescribing staff did not always have effective supervision to ensure their prescribing was safe and within scope of competency.
- There was ineffective systems and processes to identify service users who required monitoring for high-risk medicines and therefore were at risk of harm from unsafe care and treatment.
- There was ineffective systems and processes to identify service users who required monitoring due to their long-term health conditions and therefore were at risk of harm from unsafe care and treatment.
- There was evidence that the process for managing safety alerts had not been followed appropriately to ensure patients were protected from harm.
- The provider was unable to demonstrate audits had been carried out to ensure service user outcomes following two-week wait (2ww) cancer referrals.
- The provider was unable to demonstrate effective systems and processes to ensure good governance. In particular: the medicine management policy did not include monitoring guidance and protocol for service users prescribed Warfarin. There was no workflow policy to ensure the process for receiving service user blood results, letters and referrals was followed by staff.
- There was a lack of oversight and ineffective systems and processes to manage staff mandatory training compliance.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.