

# Rishton and Great Harwood Surgery

## Inspection report


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<https://rghsurgery.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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Rishton and Great Harwood Surgery on 20 November 2019. We had previously inspected the service in April 2019, where the overall rating for the service was requires improvement. Key questions safe, and well led and population group families, children and young people were all rated requires improvement. We issued requirement notices for regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. The full report for the inspection in April 2019 can be found by selecting the 'all reports' link for Rishton and Great Harwood Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out our most recent inspection in order to ensure the practice had implemented appropriate improvements.

We have rated this practice as **inadequate** overall.

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 rated the practice as **inadequate** for providing safe services because:

- The system to monitor patients with a child protection plan in place was ineffective. The practice took immediate action in response to the inspection findings.
- Systems of correspondence workflow were not sufficiently safe or effective.
- Some systems and processes to keep patients safe required improvement including the safe management of vaccines, the monitoring of medical equipment expiry dates and the provision of an antibiotic to respond in an emergency.
- Some systems to recognise opportunities to learn and make improvements when things went wrong were now in place. However opportunities to maximise learning were not always recognised.

We rated the practice as **inadequate** for providing well-led services because:

- There was a lack of effective management oversight. Therefore governance arrangements to monitor and review the service provided were ineffective.
- Clear and effective processes for managing risks, issues and performance required improvement.

We rated the practice as **requires improvement** for providing effective services and for population groups **Families, children and young people** and **Working age people (including those recently retired and students)**

- Some performance data was below target levels, including cervical screening.
- Children who did not attend appointments were now followed up for those who missed appointments at the practice, however the same procedures were not implemented when children had not attended secondary care appointments.

We rated the practice as **good** for providing caring and responsive services because:

- Patients we spoke with praised the GP for the care and treatment they received.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- Ensure patients are protected from abuse and improper treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Provide clinical support and oversight for the correct monitoring for patients prescribed high risk medicines.
- Take action to assure GP awareness of the clinical equipment available and its suitability for use on children.
- Obtain evidence that locum GPs have up to date training in basic life support

# Overall summary

- Continue to promote and develop the patient participation group.

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.

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 Rosie Benneyworth BM BS BMedSci MRCGP**

**Chief Inspector of Primary Medical Services and Integrated Care**

## 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>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</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 team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Rishton and Great Harwood Surgery

Rishton and Great Harwood Surgery offers services from both a main surgery in Rishton (32 High Street, Rishton, BB1 4LA) as well as a branch surgery in Great Harwood Health Centre in Great Harwood (2b Water Street, Great Harwood, BB6 5QR). Patients can access services at either premises.

The practice delivers primary medical services to a patient population of about 1035, under a general medical services (GMS) contract with NHS England. The practice caters for a higher proportion of patients experiencing a long-standing health condition, 58.7%, compared to the local average of 54% and national average of 51.2%. The average life expectancy of the practice population is higher than the local average, but lower than the national average for both males and females (78 years for males, compared to the local average of 77 years and national average of 79 years. For females, 82.5 years, compared to the local average of 81 and national average of 83 years).

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

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is registered to one GP who provides cover at both the main and branch locations. The practice provides nurse led clinics for long term condition reviews at the Great Harwood surgery for one clinical session each week.

The GP is supported at the practice by three receptionists. The practice manager and assistant practice manager based at Blackburn Road Medical Practice provide managerial oversight and visit the practice regularly through the week.

Appointments are available at alternate surgeries. For example, Rishton offers appointments Tuesday morning and Wednesday and Friday afternoon and at Great Harwood (where the practice confirmed they had a larger registered patient population) Monday, Wednesday and Friday morning, Tuesday afternoon and Thursday late morning.

Extended access is provided locally by East Lancs GP federation at designated hub sites; where later evening until 8pm and weekend appointments are available.

The practice provides, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met</b></p> <p>The registered person did not have systems and processes in place that operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. In particular:</p> <ul style="list-style-type: none"><li>• The parameters set in the patient record system were too narrow and therefore prevented patients with a child protection plan in place of duration of one year or more from being flagged up. This resulted in lack of clinical oversight of those with child protection plans in place.</li><li>• Staff lack of understanding of the correspondence workflow process and safeguarding procedures led to documents been scanned and filed with no GP clinical overview.</li><li>• Children who did not attend hospital outpatient appointments were not followed up.</li><li>• Evidence that locum GPs were trained to children's safeguarding level 3 was not available.</li></ul> <p>Regulation 13(1)&amp;(3)</p>

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk</b></p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</li><li>• The lack of effective management oversight had led to gaps in governance arrangements.</li><li>• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.</li><li>• Systems to regularly review the document workflow processes were not effective.</li><li>• Systems to respond comprehensively to significant events did not always mitigate risk or maximise learning.</li></ul>