

# Harold Road Surgery

## Inspection report

The Surgery  
164 Harold Road  
Hastings  
TN35 5NH  
Tel: 01424720878  
[www.haroldroadsurgery.co.uk](http://www.haroldroadsurgery.co.uk)

Date of inspection visit: 15 November 2022  
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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 well-led?

Inadequate



# Overall summary

We carried out an unannounced focused inspection at Harold Road Surgery on 15 November 2022 due to concerns reported to CQC. Overall, the practice was rated inadequate as a result of this inspection.

Safe - Inadequate

Effective – Requires improvement

Caring – not inspected, rating of good carried forward from previous inspection

Responsive – not inspected, rating of good carried forward from previous inspection

Well-led - Inadequate

Following our previous inspection on 27 June 2018, 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 Harold Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us.

- We inspected the following key questions: safe and key elements of the effective and well-led key questions.

## 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 and telephone 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.
- A short site visit.

## 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 found that:

- Safeguarding systems and processes did not always ensure patients were kept safe and protected from avoidable harm.

# Overall summary

- Disclosure and Barring Service (DBS) checks of staff were not always undertaken.
- Recruitment checks were not always carried out in accordance with regulations.
- Staff vaccination was not maintained in line with current UKHSA guidance.
- Processes to monitor and manage infection prevention and control were not sufficiently robust.
- Arrangements for managing medicines did not ensure their safe storage.
- There were arrangements in place for the disposal of clinical and pharmaceutical waste. However, we were not assured that these were in line with national guidance.
- There was a lack of robust assessment, and provision of emergency medicines held by the practice.
- There was a lack of processes to ensure the safe management of confidential waste.
- Patients did not always receive appropriate monitoring before repeat prescriptions were issued. Prescription stationary was not held securely.
- Patients with long-term conditions were not always reviewed in line with current best practice guidance and not all patient reviews were undertaken in a timely manner.
- The practice sought to continually develop and enhance services to respond to the needs of their local population. Staff worked together and with other organisations to do so.
- The practice had sought to improve services in response to patient feedback.
- Risks to patients, staff and visitors were not assessed, monitored or managed effectively.
- Backlogs of uncompleted tasks were not appropriately managed or monitored.
- Significant events and reported concerns were not always captured or appropriately investigated and reviewed to ensure learning and improvement.
- Staff did not always feel listened to or supported when reporting concerns.
- Leaders did not have sufficient oversight of all required improvements to quality, safety and performance.
- Improvements were required to processes and systems throughout the practice to support good governance and management.
- At the time of our inspection the provider's registration with CQC was incorrect and there was no registered manager in place.

Since the inspection the provider has sent us assurances that they have taken some action to address concerns raised. We have not verified that these actions have had impact and become embedded.

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
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

We wrote to the provider in February 2023 within a Section 65 letter, seeking assurance that the provider had addressed the main issues that were identified by the inspection. We have made reference to their response throughout the evidence tables.

I am placing this service into 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 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.

# Overall summary

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 Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Healthcare

## 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. The team also included a second CQC inspector and a member of the CQC medicines team who spoke with staff using video conferencing facilities and undertook a site visit.

## Background to Harold Road Surgery

Harold Road Surgery is located in Hastings at:

The Surgery

164 Harold Road

Hastings

East Sussex

TN35 5NH

The surgery also provides regular twice weekly clinics for local communities in two village halls, in Pett and Fairlight.

The surgery has a dispensary on site which was also visited as part of this inspection.

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 Sussex Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 11,600. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices who work together to provide local services.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (2 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 1% Asian, 96% White, 1% Black, 1.5 % Mixed, and 0.5% Other.

The age distribution of the practice population closely mirrors the local averages. However, compared to national averages there are fewer working age people between 20 and 49 years old and more people aged 50 to 79. There are more male patients registered at the practice compared to females.

There is a team of 3 GPs who provide cover with additional locum GPs. The practice has a team of 4 nurses who provide nurse led clinics for long-term conditions and 1 healthcare assistant. The team also includes a clinical pharmacist and 2 care co coordinators. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager provide managerial oversight.

Harold Road Surgery is a training practice, so it takes supernumerary registrars who are qualified doctors completing their specialist training as GPs. At the time of our inspection there were 2 registrars attached to the practice. Harold Road Surgery is a teaching practice which means at times there may be medical students attached to the practice.

The practice is open between 8 am to 6:30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. The practice offers extended hours prebooked appointments from 7:30am on Tuesday, Wednesday and Thursday.

Extended access is provided locally where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

## 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to ensure care and treatment was provided in a safe way for service users. In particular:</p> <ul style="list-style-type: none"><li>• Patients were not always monitored in line with prescribing guidelines.</li><li>• MHRA alerts were not always acted upon.</li><li>• Actions were not always taken to ensure that patients with potential missed diagnoses were followed up or monitored appropriately.</li></ul> <p>There was a lack of proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none"><li>• Processes for the disposal of pharmaceutical waste were not in line with national guidance.</li><li>• Medicines requiring refrigeration were not always stored appropriately.</li><li>• We were not assured that medicines were always securely stored, with restricted access.</li><li>• There was a lack of robust assessment, and provision of emergency medicines held by the practice.</li></ul> <p>Risks to staff, patients and visitors were not assessed, monitored or managed effectively. In particular in relation to:</p> <ul style="list-style-type: none"><li>• Fire safety and evacuation.</li><li>• Legionella.</li><li>• Premises health &amp; safety.</li><li>• Preventing, detecting and controlling the spread of, infections, including those that are health care associated.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider was unable to demonstrate that systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

The provider was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.

In particular:

- Safeguarding systems did not ensure patients were kept safe and protected from avoidable harm.
- Staff did not undergo formal induction or have access to regular appraisal, one to one support or supervision.
- Significant events were not appropriately investigated and reviewed to ensure learning and improvement.
- Staff did not always feel listened to or supported when reporting concerns.
- Confidential waste was not always stored appropriately.
- There was a lack of robust processes to ensure the safe and secure handling of blank prescriptions.
- Backlogs of tasks were not always appropriately managed or reviewed.

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

### 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 provider was unable to demonstrate that systems and processes were in place to ensure fit and proper persons were employed for the purposes of carrying on of regulated activities. In particular:

- Recruitment and DBS checks were not always completed.

This section is primarily information for the provider

## Requirement notices

- Staff vaccination records were not maintained in line with current UKHSA guidance.
- There was a lack of timely and appropriate response by leaders to concerns raised by staff with regard to performance and conduct.

This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.