

The Mockett's Wood Surgery

Inspection report

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Date of inspection visit: 23 July 2019 to 23 August 2019
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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 caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced focussed inspection at Mockett's Wood Surgery on 23 July 2019 following an annual regulatory review of the service. This identified that four of the five domains would be inspected with the exception of the safe domain. Consequently, the service was inspected under part of our five-year inspection programme.

Following assessment of the findings of the inspection of 23 July 2019, it was decided that the safe domain should also be inspected. Consequently the inspection was extended to a further inspection visit which was conducted on 23 August 2019.

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 inadequate overall. The service was rated good for caring, requires improvement for responsive and inadequate for the safe, effective and well-led domains. They have been rated as inadequate for all population groups.

We rated the practice **good** for caring because:

- 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 patient participation group told us of the consistently supportive, attentive and caring service they received from all staff.

We rated the practice **requires improvement** for responsive because:

- The practice had not answered complaints, identified learning or made improvements to mitigate risks to patients.

We rated the practice **inadequate** for safe, effective and well led because:

- The practice did not have appropriate equipment and medicines for an emergency
- Practice staff who had contact with the public had not been appropriately immunised to keep them safe.
- The practice had not conducted appropriate checks on staff prior to appointing them.
- The practice had not appropriately assessed, scoped, trained and supervised members of the clinical team to ensure they were operating safely and effectively within their competency.
- The overall governance arrangements were not consistently effective.
- The practice did not have clear and effective processes for managing risk.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation
- 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).

Overall summary

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

- The practice should continue to identify and support carers.
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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

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

Our inspection team

At the inspection visit of 23 July 2019 our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

At the inspection visit on 23 August 2019 our inspection team was led by a CQC lead inspector. The team included a second CQC inspector.

Background to The Mockett's Wood Surgery

The Mockett's Wood Surgery operates from a single site located in Broadstairs, Kent. The surgery is situated within Thanet Clinical Commissioning Group (CCG) and provides services to 9,208 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The provider is a partnership of two GP's, one female one male and a salaried GP partner, male all whom practice at the surgery. The practice clinical team also consists of six practice nurses (one referred to as a nurse practitioner and two practice nurses leading on chronic diseases), four healthcare assistants and a pharmacist. They are supported by an administrative team consisting of receptionists, secretaries, prescription clerk and the practice manager.

Information published by Public Health England, rates the level of deprivation within the practice population group as below the national average.

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 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>How the regulation was not being met:</p> <p>Care and treatment was not found to be provided in a safe way for service users.</p> <p>We found:</p> <p>There was no appropriate equipment and medicines for emergencies.</p> <p>We found members of the administrative and clinical team, who had contact with the public had not been appropriately immunised to keep them safe.</p> <p>A member of the clinical team was seeing patients for all conditions and was responsible for making independent clinical judgements without evidence of clinical assessment of competency or oversight/supervision.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The practice had not investigated and taken proportionate action in response to any failure identified by the complaint or investigation.</p> <p>We found:</p>

This section is primarily information for the provider

Requirement notices

The practice had not investigated the concerns and provided an explanation to the complainant on what had happened. They had not sought clinical advice or considered if other patients may have been placed at risk.

This was in breach of Regulation 16(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

Choose regulation from this dropdown

How the regulation was not being met:

There was a lack of systems and processes established and operating effectively to demonstrate good governance.

We found:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to succession planning for staff, the management of fire risk, complaints and safe recruitment of staff.
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- The practice had not conducted appropriate pre-employment checks prior to appointing staff.
- The provider did not ensure clinical staff were appropriately assessed, trained and supervised to operate within their clinical competency.
- A member of the clinical team (GP) had not undertaken mandatory training required in safeguarding and they had no record if when it had last been performed.
- Clinical entries lacked details of the presentation of the patient or narrative to support their clinical judgement including prescribing of medicines.
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- Clinical audits lacked narrative and had not been aligned to clinical targets or demonstrated quality improvements.
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This section is primarily information for the provider

Requirement notices

- Governance meetings lacked narrative to demonstrate how assurance had been obtained that the service was safe and effective.

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