

Hounsfield Surgery

Inspection report


Hounsfield Way
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Date of inspection visit: 10 October 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?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced focused inspection at Hounsfield Surgery on 10 October 2019 as part of our inspection programme.

The service was previously inspected in July 2015 and was rated Good overall at that inspection.

We carried out an inspection of this service as we believed there may have been a change in its overall rating since our previous inspection.

Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions:

- Effective
- Caring
- Responsive
- Well-led

However, due to findings during the inspection visit we also added the key question of:

- Safe

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.

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

- There were insufficient systems for safeguarding children and adults.
- Appropriate recruitment checks had not been undertaken before employing new staff.
- Staff immunisation status was not fully monitored.
- The practice did not have clear systems in place to ensure staff maintained their professional registration.
- Fire drills and fire training had not been completed by all staff.
- No risk assessments for the storage of liquid nitrogen or oxygen were available to mitigate the risk of storing hazardous materials.
- Processes to minimise the risk of infection were not always followed.

- Medicines were not always safely managed and there was a lack of clinical oversight of the dispensary.
- The practice did not learn and make improvements when things did not go well.
- Safety alerts were not always received and acted on appropriately.

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

- The delivery of high-quality care was not assured by the leadership, governance or culture in place.

We rated the practice as **Requires Improvement** for providing effective services because:

- The clinical audit process did not always identify actions or timescales for actions to address areas of shortcoming found by audits.
- There was no effective system for monitoring or recording staff training and not all staff received regular appraisals.

These areas affected all population groups so we rated all population groups as **Requires Improvement**.

We rated the practice as **Good** for providing caring services because:

- Staff treated patients with kindness and respect and involved them in decisions about their care. Patients were very positive regarding the quality of care they received from practice staff.

We rated the practice as **Good** for providing responsive services because:

- The practice organised 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 that care and treatment is provided in a safe way.
- 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.

Overall summary

- 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.
- Act in accordance with the Duty of Candour.

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

The area where the provider **should** make improvements is:

- Improve complaints information available to patients and review the practice complaints process.

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 MRCP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Population group ratings

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

Our inspection team

Our inspection team consisted of by a CQC lead inspector, a GP specialist adviser, a nurse specialist adviser and an additional CQC inspector.

Background to Hounsfield Surgery

Hounsfield Surgery is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Hounsfield Surgery provides primary medical services to approximately 4222 patients through a general medical services contract (GMS). Patients are predominantly of white British origin, with only 1.2% of people within the practice area being from BME groups. The age profile of registered patients shows a higher percentage of patients aged over 65 compared to the national average at 23.7% compared to 17.3%. The age profile is generally in line with CCG averages. The practice's population are measured as being in the eight least deprived decile. Deprivation is lower than the CCG and national averages.

Hounsfield Surgery is located in a small village, Sutton on Trent, eight miles north of Newark-on-Trent in the county

of Nottinghamshire. The practice has two GP partners, (one male and one female), a salaried female GP, one practice nurse, one healthcare assistant, a practice manager, administrative staff and reception and dispensing staff. The practice treats patients of all ages and provides a range of medical services.

The practice reception is open between 8.30am and 6.30pm Monday to Friday, telephone lines are open from 8am. Appointments are offered between 8.30am and 5.50pm Monday to Friday. Pre-booked appointments are available from 6.30 to 8pm Monday to Friday at GP practices in Newark as part of a local extended access scheme. Weekend appointments are also available from GP practices in Newark as part of this scheme.

The practice has opted out of providing GP services to patients out of hours. During these times GP services are currently provided by Nottingham Emergency Medical Services (NEMS).

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had failed to establish systems to prevent abuse. In particular:</p> <ul style="list-style-type: none">• The provider was unable to evidence staff had received appropriate levels of safeguarding adults and children training.• The safeguarding policies did not contain accurate details for the local authority safeguarding teams.• The provider's clinical records did not highlight when a patient had been identified as vulnerable. <p>Regulation 13(1)&(2)</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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• There was no effective system in place to monitor training being completed by staff.• Regular appraisals were not taking place for all staff. <p>Regulation 18(2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 20 HSCA (RA) Regulations 2014 Duty of candour</p>

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. In particular:

- No policies or procedures were in place surrounding duty of candour.
- No effective system for monitoring whether staff had completed training for duty of candour.
- Not all staff understood the term duty of candour.

Regulation 20(1)

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 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>Care and treatment was not provided in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• Medicines were not easily accessible for managing an emergency situation.• Medicines were not stored securely and administered safely.• Prescription paper was not safely managed.• Staff were not checking that all patients on high risk medicines were receiving appropriate monitoring of their condition.• Staff were not always reviewing patients at the correct intervals following changes to their medicines. <p>A warning notice was served upon the provider with a deadline for compliance of 29 November 2019.</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> <p>The provider had failed to ensure that systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• Where audits identified shortcomings, actions were not always identified to address these shortcomings and timescales for any identified actions were not always stated.• Internal infection control audits were not taking place.• Policies and procedures were not effectively managed.

This section is primarily information for the provider

Enforcement actions

- There was limited evidence of learning from incidents and incident documentation was poorly completed.
- Not all patient safety alerts were being received and acted on appropriately.
- There was a lack of focus in the clinical leadership, oversight and governance systems required in relation to the safety and management of medicines, safeguarding, training and the duty of candour.
- Systems to ensure the safe recruitment of staff and monitoring of staff immunisation status and professional registration were not effective.
- No recent fire drills and no risk assessments for the storage of liquid nitrogen or oxygen.
- Patient recall systems were not fully effective.
- Clinical records lacked detail.

A warning notice was served upon the provider with a deadline for compliance of 29 November 2019.