

# Highgrove Surgery

## Inspection report

Barking Hospital  
Upney Lane  
Barking  
Essex  
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Highgrove Surgery on 03 December 2018 as part of our inspection programme.

At the last inspection in November 2016, we rated the practice as good 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 have rated this practice as requires improvement overall because:**

- Most medicines were prescribed, administered or supplied to patients in line with current national guidance. However, the provider did not have an effective system in place for monitoring patients on high risk medicines.
- The practice had a health and safety policy but this was not operating as intended. The partners were responsible for the health and safety in the practice. The practice had not risk assessed the need for carrying out their own safety checks in the surgery environment, independently from checks performed by Barking Hospital's NHS property services.
- The practice had a training matrix to record the dates staff had completed training and the renewal dates for annual training. However, this had not been maintained and some entries on the staff training matrix were not consistent with the dates on training certificates. There was no record of safety training for the salaried GP who worked at the practice.
- At our inspection we found Childhood immunisation uptake rates were below the World Health Organisation (WHO) target percentage of 90% or above in three of the four target areas.
- There was a system to manage infection prevention and control, but this did not mitigate all of the risks.

- The practice did not have a system to monitor patient feedback. At this inspection the practice told us they had not reviewed the 2018 results from the GP National Patient Survey, and had not independently undertaken any alternative patient satisfaction monitoring.
- The practice did not have safe systems to monitor and track blank prescriptions.

The overall rating for this practice was requires improvement due to concerns in providing safe, effective and well-led services. The population groups were rated as requires improvement for people with long term conditions and families children and young people because there were concerns about timely review of patients on high risk medicines and figures showed the practice performance was below average/national targets, with no substantive plans to improve.

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

- Ensure that care and treatment is provided in a safe way.
- 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:

- Improve uptake of childhood immunisations and cervical screening.
- Maintain the record of entries in staff training matrix against certificates of training.
- Review the availability of practice information in easy read format.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Highgrove Surgery

Highgrove Surgery is located within Barking Community Hospital, which also accommodates other community services such as outpatient phlebotomy, cardiology and sexual health clinics. The building is managed by NHS Properties who are responsible for the building risk assessments and security. There is suitable patient access to the premises and patient parking, including disabled parking.

There are approximately 7,900 patients registered with the practice. Primary medical care is provided under a General Medical Services (GMS) contract within NHS Barking and Dagenham Clinical Commissioning Group (CCG).

The practice has two male GP partners. The practice employs two female and one male salaried GPs. The GPs undertake a combined total of 30 sessions between Monday to Friday and one session on Saturday morning. The practice employs one full time nurse and one full time healthcare assistant. Non-clinical staff include two administrators, six reception staff, one practice manager and one deputy practice manager.

The practice is open between 8.30am to 6.30pm Monday to Friday. Appointments are from 8.30am to 1.30pm every

morning and 3pm to 6.30pm daily. Extended hours appointments are offered between 6.30am to 8.30am and 6.30pm to 7pm Monday to Friday weekdays and every Saturday between 7am and 10.30am.

The out of hours service is provided by the local HUB which is available from 6.30pm to 8am weekdays and 8am to 10pm weekends. Pre-bookable appointments can be booked up to six weeks in advance and urgent appointments are also available for people that need them.

The practice has a higher than national average population of people aged 25 years to 55 years and a higher population of children aged new born to 15 years. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure the proper and safe management of medicines;</p> <ul style="list-style-type: none"><li>• The provider did not have an effective system in place for monitoring patients on high risk medicines.</li></ul> <p>The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:</p> <ul style="list-style-type: none"><li>• The provider had not maintained recruitment records and could not demonstrate clinical staff had completed essential safety training for their roles.</li></ul> <p>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:</p> <ul style="list-style-type: none"><li>• The provider had not completed a documented health and safety premises and security risk assessments. The practice could not assure themselves that all cleaning tasks had been carried out</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity   | Regulation  |
|--|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> |

## Requirement notices

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of medicines and health and safety in the practice environment.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- There were no arrangements to review patient feedback from the National GP Patient Survey.

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