Church Hill Surgery

Inspection report

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Date of inspection visit: 29 July 2021
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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 well-led?	Inadequate

Overall summary

We carried out an announced inspection at Church Hill Surgery on 29 July 2021. Overall, the practice is rated as Inadequate.

The ratings for each key question were:

Safe - Inadequate

Effective - Inadequate

Well-led – Inadequate

Following our previous inspection on 2 May 2017, 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 Church Hill Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection in response to concerns raised in relation to the management of medicines and care and treatment delivered to patients. The inspection focused on specific areas of the following key questions;

- Are services safe?
- Are services effective?
- Are services well-led?

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This included:

- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit

Our findings

This was a focused inspection responding to specific areas of concern. Due to the seriousness of the concerns identified and the need to take urgent action, not all areas within the safe, effective and well-led key questions were reviewed or reported upon. 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.

Overall summary

We have rated this practice as Inadequate overall and for all population groups.

At this inspection, the practice was rated as inadequate for providing safe services because:

- We found the practice process did not evidence that all the relevant information or checks were in place to ensure staff were recruited safely.
- We found the practice's system for managing patient and medicines safety alerts did not ensure medicines were prescribed safely.
- The practice did not evidence a safe system to ensure patients on high risk medicines were appropriately monitored in a timely way.
- The practice did not evidence that all patients had a structured and comprehensive medicines review. We identified reviews had been coded on the clinical system but there was no evidence in the clinical records of a structured medicines review or consultation with the patient.
- We reviewed patient consultation records and found discrepancies with the coding of medical records.
- The practice did not ensure all staff had vaccinations in line with current Public Health England guidance.
- The practice did not evidence clear supervision and competency checks for all staff.
- The process for recording, investigating and learning from significant events did not ensure safe care and treatment.
- The practice stored securely but did not monitor all prescription stationery in line with national guidance.
- The risk assessment for medicines remote collection sites and deliveries lacked detail to be assured it mitigated all risks.
- The practice did not ensure the safe storage of medicines in the dispensary fridges.

At this inspection, the practice was rated as inadequate for providing effective services and for all population groups because:

- The practice failed to evidence patients' needs were adequately assessed. We found care and treatment was not always delivered in line with current legislation, standards and evidence-based guidelines.
- We found examples where clinical coding was missing from patient records or the clinical coding applied was not wholly accurate. This meant that patients' needs were not always identified and therefore they were not always given appropriate or necessary care and treatment.
- The practice performance in relation to the quality and outcomes framework (QOF) 2019/2020 was below Clinical Commissioning Group (CCG) and national averages in some indicators. The practice had experienced some unexpected staff shortages, which had affected their ability to deliver care. However, the practice did not show us a clear documented plan to address the lower performance.
- The practice failed to have an effective system in place for recalling, monitoring or treating patients with a potential diagnosis of diabetes and chronic kidney disease. This did not ensure these patients received proactive care and advice to make informed choices and lifestyle changes to prevent further deterioration of their health.
- The practice's limited quality improvement program did not reliably identify or respond to patients' needs to ensure they received appropriate or proactive care in line with guidelines. This was further impacted by inappropriate, incorrect or missing coding.

At this inspection, the practice was rated as inadequate for providing well-led services because:

- We found there was a lack of leadership and oversight from the provider to ensure services were delivered in a safe and effective way to patients.
- The practice performance in relation to the quality and outcomes framework was below CCG and national averages. The practice did not have a regular program or plan of quality improvements to address this.

Overall summary

- The practice did not operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- We found a lack of clinical oversight was in place from the provider to fully support staff to deliver safe care and treatment to patients.

We found breaches of regulations and therefore 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.

In addition, the provider **should**:

- Continue to encourage patients to attended for childhood immunisations and for encourage patients to attend for the national cervical screening programme.

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

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.

As a result of the findings from our focused inspection, as to non-compliance, but more seriously, the risk to service users' life, health and wellbeing, the Commission decided to issue an urgent notice of decision to impose conditions on the provider's CQC registration. For further information see the enforcement section of this report.

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

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a member of the CQC medicines optimisation team and a second CQC inspector.

Background to Church Hill Surgery

Church Hill Surgery is located in Pulham Market at: Station Road, Pulham Market Diss, Norfolk. IP21 4TX

The practice provides services for approximately 4500 patients. It holds a General Medical Services contract and is a teaching practice for medical students from the University of East Anglia. The practice dispenses medicines to those patients eligible to receive this service. We inspected the dispensary 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 part of a wider primary care network (PCN) of GP practices South Norfolk health Improvement Partnership (SNhIP).

Information published by Public Health England shows that the practice population has a higher than average number of patients aged 45 and over and lower than average number of patients aged under 40 years. The practice is in a rural area with a low level of deprivation. Income deprivation affecting children and adults is below the local and national averages.

The lead male GP (sole provider) is supported by a salaried (Male), two locum GPs who provide regular sessions at the practice and an Advanced Nurse Practitioner (female). The practice has a practice nurse, a health care assistant and phlebotomist. The practice manager and deputy practice manager are supported by a team of administration and reception staff. There is a lead dispenser who is supported by the team of dispensers.

Due to the enhanced infection prevention and control measures put in place since the COVID-19 pandemic and in line with national guidance, most GP appointments are telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment.

Extended access was provided locally by the PCN practices, but this was paused during the COVID-19 pandemic so that the practice could deliver the COVID-19 vaccination programme. Out of hours services are provided by Integrated Care 24.

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 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems or processes in place that operated 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. The practice systems and processes did not evidence that all the relevant information or checks were in place to ensure staff were recruited safely.** • The practice systems and processes did not provide evidence of oversight of all staff vaccinations in line with current Public Health England guidance. • The practice did not provide clear documented evidence of supervision and competency checks for staff. • The practice system and process to ensure the security of blank prescription stationery was not effective. • Staff inductions were not documented to ensure staff were trained and competent to undertake the tasks delegated to them. • The practice failed to evidence patients' needs were adequately assessed. We found care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance. • The practice's quality improvement program did not reliably identify or respond to patients needs to ensure they received appropriate or proactive care in line with guidance. • A standard operating procedure for the safe storage and management of medicines in the dispensary, including medicines requiring refrigeration was not in place. • The risk assessment for the remote collection and delivery of dispensed medicines was not comprehensive to ensure all risks had been reviewed and mitigated.

This section is primarily information for the provider

Requirement notices

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

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 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Following the inspection, an urgent Notice of Decision to impose conditions on the provider's registration was issued under Section 31 of the Health and Social Care Act. The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • We found the practice system for managing patient and medicines safety alerts did not ensure medicines were prescribed safely. We found patients that had been affected by alerts had not been appropriately reviewed and the risks to the patient not discussed with them. • The practice did not evidence a safe system to ensure patients on high risk medicines were appropriately managed in a timely way. • The practice did not evidence that all patients had a structured and comprehensive medicines review. We identified reviews had been coded on the clinical system but there was no evidence in the clinical records of a structured medicines review or consultation with the patient. • We reviewed patient consultation records and found discrepancies with the coding of medical records. • The system and process for recording, investigating and learning from significant events was ineffective and did not ensure safe care and treatment. • We found a number of examples where clinical coding was missing from patient records or the clinical coding applied was not wholly accurate. The poor-quality coding of patient records meant that patient's needs were not always identified and therefore they were not always given appropriate or necessary care and treatment. • The practice failed to operate an effective system for recalling, monitoring or treating patients with potential

This section is primarily information for the provider

Enforcement actions

diagnoses of diabetes or chronic kidney disease. This did not ensure these patients received proactive care and advice to make informed choices and lifestyle changes to prevent further deterioration of their health.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.