

Hawthorn Medical Practice

Inspection report

Hawthorn Road
Skegness
PE25 3TD
Tel: 01754896350

Date of inspection visit: 23 August 2022
Date of publication: 30/09/2022

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?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Hawthorn Medical Practice on 18 and 23 August 2022. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective – Requires Improvement

Caring - Requires Improvement

Responsive - Inadequate

Well-led - Inadequate

Following our previous inspection on 8 September 2016 the practice was rated Good overall and Good in all key questions and population groups.

The full reports for previous inspections can be found by selecting the 'all reports' link for Hawthorn Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns in response to risk in line with our inspection priorities.

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 inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- 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

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

Overall summary

- Information from the provider, patients, the public and other organisations.

We have rated this practice as Inadequate overall.

We found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- There was no effective oversight of dispensary services that provided assurance as to its safety.
- Patients did not always receive effective care and treatment that met their needs.
- The practice had not taken reasonable steps to protect patients and others from the risks posed by healthcare associated infections.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could not access care and treatment in a timely way.
- The provider did not have effective oversight of the systems and processes designed to deliver safe and effective care.
- Governance systems were ineffective.
- Staff did not always have the training, supervision or appraisal required.

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 sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment

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 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 Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and an additional CQC 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.

Background to Hawthorn Medical Practice

Hawthorn Medical Practice is located at:

Hawthorn Road

Skegness

Lincolnshire

PE25 3TD

The practice has a branch surgery at:

Hawthorn Surgery

Wainfleet Road

Burgh Le Marsh

Skegness

Lincolnshire

PE24 5ED

The Skegness site is open from 8am to 6.30pm Monday to Friday and the Burgh Le Marsh branch from 8.30am to 5pm Monday to Wednesday (closed for lunch 12.15 to 1.45pm) and Thursday from 8.30am to noon. Extended hours appointments are offered on two evenings a week.

The provider is a partnership of eight GPs and is registered with CQC to deliver the Regulated Activities;

- diagnostic and screening procedures
- maternity and midwifery services
- family planning
- treatment of disease, disorder or injury
- surgical procedures.

These are delivered from both sites.

There is a dispensary at the Burgh Le Marsh branch site. The practice can dispense to 3,114 eligible patients.

The practice is situated within the Lincolnshire Integrated Care System and delivers General Medical Services (GMS) to a patient population of about 17,777. This is part of a contract held with NHS England. The practice list is weighted to 22,958 which reflects the healthcare needs of its patient population. The reason for weighting for patient demographics is that certain types of patients place a higher demand on practices than others. The adjustment for deprivation acknowledges that deprived populations have higher health needs than less deprived populations with a similar demographic profile.

The practice is part of a wider network of GP practices known as a First Coastal Primary Care Network.

Hawthorn's practice population is strikingly different from the Lincolnshire and England averages. It has the higher numbers of patients aged 65 and over, a higher deprivation score, higher numbers of patients with a long-term condition and the lower numbers aged 18 and under.

Information published by Public Health England shows that deprivation within the practice population group is in the first decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

The percentage of the practice's patients aged 65 and over is 27.3% (2021), higher than the Lincolnshire average of 23.1% and England average of 17.4%.

Life expectancy for males (75.7) and for females (81.3) is below the England average of 79.5 for males and below the England average of 83.1 for females.

The percentage of the practice's patients aged 18 and under is 16.9%, lower than the ICB average of 18.8% and the England average of 20.4%.

2.1% of Hawthorn's population are from minority groups, slightly higher than the Lincolnshire average of 2%.

The practice's deprivation score in 2019 is 42.2, much higher than the Lincolnshire average (19.9) and England average (21.7).

In 2021, 70.4% of the practice's population had a long-term health condition; much higher than the Lincolnshire average of 56.3% and the England average of 51.1%.

There are stark differences between Hawthorn Medical Practice and the rest of the Integrated Care Board (ICB) in terms of disease prevalence.

Data provided by the ICB showed that in the year ending March 2021, Hawthorn Medical Practice had high attendances of A&E in total, with their Total and Type 3 attendances the highest in the East Lincolnshire locality, while their Type 1 attendances were the third highest in the locality.

Disease prevalence was higher than both the local and national averages in all but two of the Quality Outcomes Framework conditions.

The team of eight GP partners (6.9 WTE) provide cover at both surgeries. The practice has an advanced nurse practitioner (0.9 WTE), a nurse practitioner (1.0 WTE), four practice nurses (2.7 WTE) and one healthcare assistant (0.85 WTE) They are supported by a team of dispensers, reception, housekeeping and administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, many GP appointments had been telephone consultations.

Extended access is provided where late evening and weekend appointments are available.

Out of hours services are provided by Lincolnshire Community Health Services NHS Trust

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 CQC (Registration) Regulations 2009
Family planning services	Statement of purpose
Maternity and midwifery services	The registered persons had not done all that was
Surgical procedures	reasonably practicable to mitigate risks to the health and
Treatment of disease, disorder or injury	safety of service users receiving care and treatment.
	In particular we found
	Recruitment checks were not carried out in accordance with the regulations.
	The systems for assessing the risk of, and preventing, detecting and controlling the spread of, infections were ineffective and appropriate standards of hygiene were not met.
	Systems and processes were not in place in the dispensary to ensure the safe storage of medicine or competency of dispensers
	There was no oversight of the prescribing practice of non-medical prescribers.
	Home visits to the housebound to conduct long-term condition reviews had not re-started post pandemic. There had been no assessment of the risks to the health and safety of these service users.
	There was no system in place to appropriately monitor and review patients health who received medicines in accordance with the National Institute for Health and Care Excellence (NICE) national guidance.
	The medicines to be used in the case of a medical emergency did not include all recommended medicine and there were no risk assessments in place to cover the omissions.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that you are not ensuring that systems and processes are established and operated effectively to ensure compliance with the requirement in regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In particular we found

There were no systems in place to regularly assess and monitor the quality of the services provided. This resulted in issues that threatened the delivery of safe and effective care which had not been identified or adequately managed

There was no effective system to ensure that staff received regular appraisal.

There was no Patient Participation Group, other patient representative body in place or system to seek feedback to enable you to regularly engage with service users to assess and monitor the quality of the services provided for the purposes of continually evaluating and improving such services.

Clinical governance arrangements were not effective.

The governance of dispensing services was not effective, oversight of dispensing practice or assurance as to the competency of dispensers was not demonstrated.

This was in breach of 17, (1), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Transport services, triage and medical advice provided remotely

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that you are not ensuring that systems and processes are established and operated effectively to ensure compliance with the requirement in regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In particular we found

Appropriate support, training, professional development, supervision and appraisal was provided to staff to enable them to carry out the duties they were employed to perform.

You are required to become compliant with Regulation 18, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 01 October 2022.

This was in breach of Regulation 18 (1), Staffing, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.