

Bury Road Surgery

Inspection report

Gosport War Memorial Hospital
Bury Road
Gosport
PO12 3PW
Tel: 02392580363
www.buryroadsurgery.co.uk

Date of inspection visit: 18 November 2021
Date of publication: 07/01/2022

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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced inspection at Bury Road Surgery on 18 November 2021. Overall, the practice is rated as Inadequate.

The ratings for each key question are:

Safe - Inadequate

Effective – Requires Improvement

Caring - Good

Responsive - Good

Well-led - Inadequate

Following our previous inspection on 8 January 2020, the practice was rated Requires Improvement overall and for safe and well led key questions but was rated good for providing effective, caring and responsive services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Bury Road Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection to check if previous breaches of regulations had been complied with. We inspected only the following key questions:

- Safe
- Effective
- Well Led

We carried forward, from our previous inspection, the ratings in relation to the following key questions:

- Caring
- Responsive

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

Overall summary

- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short 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 and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Inadequate overall

We found that:

- There continued to be a lack of management and monitoring of practice policies and procedures.
- There was no policy for the management of infection control in relation to COVID-19.
- There were gaps in safeguarding procedures.
- The prescribing practice of non-medical prescribers was not appropriately monitored or audited to ensure safe prescribing.
- There was no system for the recording, investigation of, and learning from significant events.
- There was a risk that patients with long term conditions such as diabetes, asthma and chronic kidney disease may not have been appropriately diagnosed and their condition monitored effectively in line with best practice guidelines.
- There was evidence that patients' medical conditions were not always fully reviewed and updated.
- Medicines were not stored safely.
- There was a lack of central oversight of governance processes.
- There were gaps in governance processes which had led to the breaches of regulations identified during this inspection.
- There was a lack of overall assurance and management in relation to risk.
- The practice was not focused on quality improvement.
- There was a lack of engagement with staff and patients.

However we also found:

- Staff were proud to work for a small practice and felt supported in their role.
- A new practice manager had been recently recruited who had insight into the governance failings in the practice and had developed a project brief to improve the service.

We found breaches of regulations. The provider **must:**

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that patients' assessments, care and treatment are provided effectively.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should:**

- Restart engagement with the patient participation group (PPG)

Overall summary

- Ensure administrative members of staff do not undertake chaperone duties until a disclosure and barring service (DBS) check is in place.
- Put a system in place to show it is clearly flagged in a patient's record whether there are any safeguarding concerns.
- Review clinical staff records to make sure they reflect immunisations received.
- Improve hand washing standards in the practice.
- Implement a system to catch up a backlog of records summarising.
- Improve the quality of medication reviews.
- Implement a system for the recording investigating and learning from significant events.
- Improve the system for the monitoring and actioning of safety alerts.
- Construct and implement a plan to improve the uptake of cervical screening.
- Strengthen the system for implementing quality improvement as a result of clinical audit.
- Review patients with a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place to ensure records are complete and appropriately completed.
- Draw up a business development plan to include succession planning.
- Identify a speak up guardian.
- Improve on the use of data to monitor performance.

I am placing this practice into 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.

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

Our inspection team

Our inspection team was led by a CQC lead 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. The inspection was supported by another CQC inspector.

Background to Bury Road Surgery

The provider for Bury Road Surgery is Dr Carl Wyndham Robin William Anandan, who is the sole partner at this practice. The practice is purpose built and based within Gosport War Memorial Hospital and has approximately 4,559 patients on its register. The practice is registered to provide the following regulated activities: treatment of disease, disorder or injury; surgical procedures; maternity and midwifery services and diagnostic and screening procedures.

The practice operates from one registered location:

Gosport War Memorial Hospital, Bury Road, Gosport, Hampshire, PO12 3PW

The practice population is in the sixth decile for deprivation, where 1 represents the most deprived. The practice population is 96.6% ethnically white British, with a higher proportion of older patients and lower proportion of patients under 18 years of age, compared with the national average. A higher proportion of its patient population smoke and have a long-standing health condition.

The practice has one principal GP, one salaried GP, one regular locum GP and one ad hoc locum GP. There is an advanced nurse practitioner, a nurse practitioner, two practice nurses, and a healthcare assistant. The practice also has teams of administration and reception staff, and the practice manager is supported by an assistant practice manager.

The practice is open on Mondays from 8.30am to 7.30pm and Tuesdays to Fridays from 8.30am to 6.30pm. Telephone lines are open from 8am. Out of hours (OOH) services are provided from 6:30 pm to 8pm Monday to Friday as well as 8am to 4.30pm. on Saturdays. Patients can access the OOH service via the NHS 111 telephone number.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users In particular: <ul style="list-style-type: none">• The advanced nurse practitioner was prescribing outside of her competency.• There was no formal regular clinical supervision offered to nurse prescribers or auditing of their prescribing practice.• Documented consultations for patients presenting with an exacerbation of asthma did not meet national guidance.• Patients with long term conditions were not appropriately diagnosed and their condition effectively managed and monitored.
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of systems and processes established and operated effectively to ensure compliance with requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (regulated activities) Regulations 2014. In particular: <ul style="list-style-type: none">• Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.• There was no system to manage and monitor policies and procedures.• A lack of central oversight of governance processes.