

# Highgrove Surgery

## Inspection report

Barking Hospital  
Upney Lane  
Barking  
Essex  
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Tel: 02038174117  
[www.highgrovesurgery.co.uk](http://www.highgrovesurgery.co.uk)

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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?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection of Highgrove Surgery on 5 February 2020 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 3 December 2018. At the last inspection in December 2018 we rated the practice as **requires improvement** 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.

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

- The practice's failsafe system to monitor cervical screening results was ineffective.
- There were gaps in staff training in relation to safeguarding, fire safety, basic life support and infection control.
- Staff could not find up to date safeguarding policies on the practice's computer system.
- The practice had not assessed the need for certain medicines to be kept for use in an emergency, and there was no record of checks of the oxygen cylinder. We found expired medicines and medical equipment and products.
- There was no system to monitor blank prescriptions distributed within the practice.
- Vaccines were not kept securely.
- There was no evidence of up to date portable appliance testing.
- Where risks had been identified from premises assessments and checks, the practice did not know and could not evidence these actions had been addressed by the building management (NHS Property Services).
- There was no record of immunity status for some staff members.
- One of the clinicians did not have appropriate indemnity cover in place.

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

- There was little patient access to a female sample-taker for cervical screening.
- Patient feedback was generally positive about the practice, except in relation to access. Patients told us it was difficult to get an appointment.
- Complaints investigations were cursory and required more detailed investigation to analyse the cause of the issues being raised.

These areas affected all population groups, so we rated all population groups as **requires improvement** for providing responsive services

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

- Although staff described leaders are visible and approachable, the practice's overall governance arrangements did not always operate effectively.
- There was a lack of oversight of safety systems and checks related to the premises.
- There were missing policies, and some policies had not been updated in line with specified timeframes or did not contain all the necessary information.
- Some of the systems to identify and manage risks and issues were not operating effectively, for example in relation to the cervical screening failsafe, the staff training matrix, and checks of medicines and equipment.
- Cursory investigation of complaints meant that the practice was not using the complaints process effectively to adjust and improve systems and performance.

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

- Care and treatment was delivered in line with current legislation, standards and evidence-based guidance.
- The practice reviewed and monitored the effectiveness and appropriateness of the care and treatment it provided through a programme of quality improvement activity.
- There was effective clinical oversight from the GP partners.
- Staff were consistent and proactive in helping patients to live healthier lives.

# Overall summary

These areas affected all population groups, so we rated all population groups as **good** for providing effective services, except for 'working age people' which we rated as **requires**

**improvement** due to the ineffective cervical screening failsafe system.

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

- Staff treated patients with kindness, respect and compassion.
- Feedback from patients was generally positive about the way staff treated people.
- Staff helped patients to be involved in decisions about care and treatment.

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

- 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.

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

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

- Continue to improve uptake rates for childhood immunisations and cervical screening.
- Improve the system for recording safety alerts to make it easier for staff to monitor and evidence the action taken by the practice.

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

**Dr Rosie Benneyworth** *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Highgrove Surgery

Highgrove Surgery is situated within NHS Barking and Dagenham Clinical Commissioning Group (CCG). The practice provides services to approximately 8,160 patients under a General Medical Services (GMS) contract (an agreement between NHS England and general practices for delivering primary care services).

The practice 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 Property Services. There is parking available for patients, including disabled parking.

The practice has a website: [www.highgrovesurgery.co.uk](http://www.highgrovesurgery.co.uk)

The practice is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; and Treatment of disease, disorder or injury.

The clinical team at the practice consists of two male GP partners and two female sessional GPs, collectively providing 19 clinical sessions per week. There are two practice nurses, one male and one female, collectively providing 10 clinical sessions per week, and one

healthcare assistant providing eight clinical sessions per week. Non-clinical staff include a practice manager, deputy practice manager, and a team of reception and administrative staff members.

The practice is open from 8.30am to 6.30pm Monday to Friday, with appointments available from 8.30am to 1.30pm and from 3pm to 6.30pm. Extended hours appointments are available from 6.30am to 8.30am and from 6.30pm to 7pm Monday to Friday, and from 7am to 10.30am on Saturdays.

Patients can also be seen at a local hub practice for out of hours pre-booked or urgent appointments from 6.30pm to 8am on weekdays and from 8am to 10pm on weekends.

Appointments include home visits and telephone consultations. Patients telephoning when the practice is closed are directed to the local out-of-hours service provider.

Information published by Public Health England rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the country live around 20 years longer in good health than

people in the most deprived areas. National General Practice Profile describes the practice ethnicity as being 60.8% white, 16.7% Asian, 16.9% black, 4.1% mixed race, and 1.4% other ethnicities.

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>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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 improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Complaints investigations lacked analysis and responses did not signpost patients effectively.</li><li>• Missing policies, policies overdue for review or not containing required information.</li></ul> <p>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. In particular:</p> <ul style="list-style-type: none"><li>• Lack of oversight of safety systems and checks related to premises.</li></ul> <p><b>These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> |

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<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• Cervical screening failsafe was ineffective.</li><li>• The practice had not assessed the need for certain medicines to be kept for use in an emergency.</li><li>• No record of regular checks of oxygen cylinder.</li><li>• Expired equipment, medical products and medicines.</li><li>• No system to record and track blank prescriptions within the practice.</li><li>• Vaccines were not kept securely.</li><li>• Portable appliance testing overdue.</li><li>• Lack of oversight of whether actions from premises assessments (such as legionella and electrical installation and fixed wiring) had been implemented and resolved.</li><li>• Gaps in staff training.</li><li>• Some staff members unable to access policies on the computer.</li><li>• No record of immunity status for staff members.</li><li>• Insufficient indemnity cover for a clinician.</li></ul> <p><b>These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> |