

School House Surgery

Inspection report

Hertford Road
Brighton
BN1 7GF
Tel: 01273551031

Date of inspection visit: 4 May and 5 May
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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced focused inspection at School House Surgery on the 4 and 5 May to assess compliance against two warning notices. School House Surgery is currently rated inadequate overall. This inspection was not rated, therefore the previous ratings remain unchanged.

CQC placed this service into special measures in November 2019. We carried out an announced comprehensive follow up inspection of School House Surgery between 24 November and 3 December 2020. Although a number of concerns had been addressed and improvements had been made by the practice, the practice was rated inadequate and remained in special measures. In January 2021, we issued two warning notices against Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

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

Why we carried out this inspection

This focused inspection was carried out on the 4 and 5 May to confirm whether the provider was compliant with the warning notices issued in January 2021. This report only covers our findings in relation to the warning notices.

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 that 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, which was reviewed remotely.
- 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.

At this inspection we found that improvements had been made and the provider was compliant with the two warning notices.

We found that:

Overall summary

- The provider had made significant improvements since our last inspection. This included the systems and processes for reporting and recording significant events, safeguarding, and failed attendances for appointments.
- We saw that a new emergency assistance alarm had been installed within the disabled toilet, and the lighting had been improved with the installation of automatic lights.
- The processes and procedures to ensure the proper and safe storage of medicines had been improved. This included emergency medicines and medicines requiring refrigeration.
- Blank prescriptions were kept securely and there were systems to monitor their use, including when distributed throughout the practice.
- The provider had addressed our concerns relating to the monitoring and prescribing of medicines. We saw there had been improvements to procedures and processes.
- We saw evidence that the completion of medicine reviews and health assessments had improved. We noted that the recording of these could be improved further, relating to the clinical system.
- The provider did not always have effective processes to identify, understand, monitor and address current and future risks, including risks to patient safety. This included the oversight and supervision of staff undertaking clinical work, and automated coding of medication reviews.

We found the following breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Additionally, the provider **should**:

- Continue to review and improve health assessments, including the method of recording within the clinical system.
- Strengthen the recording and coding of medication reviews to enable ongoing actions to be identified and followed up.

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

Population group ratings

Older people	Inspected but not rated	
People with long-term conditions	Inspected but not rated	
Families, children and young people	Inspected but not rated	
Working age people (including those recently retired and students)	Inspected but not rated	
People whose circumstances may make them vulnerable	Inspected but not rated	
People experiencing poor mental health (including people with dementia)	Inspected but not rated	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector who spoke with staff using video conferencing facilities and undertook a site visit, along with a second CQC inspector. The team included a member of the CQC medicines team who spoke with staff using video conferencing facilities, completed clinical searches, and conducted records reviews without visiting the location.

Background to School House Surgery

School House Surgery, also known as Allied Medical Practice, is based in a residential area of Brighton. It is part of the Brighton and Hove City Clinical Commissioning Group (CCG). The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 5,600 patients on the practice list. School House Surgery is part of a wider network of GP practices, which includes five other local practices.

The service is provided from the following locations:

School House Surgery, Hertford Road, Brighton, BN1 7GF.

There is a branch surgery operating at:

Church Surgery, Saunders Park Rise, Brighton, BN2 4ES.

Information published by Public Health England reports that the practice is in an area which is in the third most deprived centile nationally. The practice has a higher than average proportion of patients who are unemployed. The practice has a slightly higher than average number of children under 18 when compared with the local average, although this is less than the national average. The practice has a higher proportion of patients diagnosed with a mental health condition, including a significantly higher than average proportion of patients diagnosed with dementia.

The practice is run by two GP partners (male) and a practice manager who is the registered manager. The GPs are supported by regular long-term locum GPs (male and female). There is one practice nurse (female) and one healthcare assistant (female). There is a small team of clerical and reception staff. There is also a pharmacist, employed by the primary care network.

The practice is open between 8.30am and 6pm Monday, Tuesday and Thursday and from 8.30am to 5pm on a Friday. The practice is closed on a Wednesday afternoon and arrangements are in place with a neighbouring practice to provide access to patients with urgent needs.

When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

For further details about the practice and its opening times please see the practice website:
www.alliedmedicalpractice.org.uk.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person was unable to demonstrate effective systems or processes in place 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 registered person had not identified or mitigated risks where a change to the service was made. The provider had not ensured a program of supervision and ongoing assessment and review for all clinical staff.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>