

Glebe Surgery

Inspection report

The Glebe
Storrington
Pulborough
RH20 4FR
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Date of inspection visit: 13 September to 15
September 2022
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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?

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 comprehensive inspection at Glebe Surgery between 13 and 15 September 2022. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - requires improvement

Caring - good

Responsive - good

Well-led – inadequate

Why we carried out this inspection

We carried out this inspection as part of our inspection programme. The practice re-registered with CQC on 24 March 2020 because they moved to a new location.

Our inspection included all key questions; safe, effective, caring, responsive, well-led.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews in person and using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A staff survey
- 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 found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Risks to patients, staff and visitors were not always assessed, monitored or managed in an effective manner. This included child and adult safeguarding processes, infection prevention and staffing including recruitment and supervision, medicines management, and information governance.

Overall summary

- There was limited evidence to demonstrate that all incidents, concerns, or near misses were consistently recorded or that opportunities for learning and quality improvement were identified.
- The responsibilities, roles and systems of accountability to support good governance and management were not always clear or effective.
- Governance systems and processes were not established and operating effectively.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. They were a “COVID vaccination hub” for the local area and had carried out approximately 56,000 vaccinations.
- Patients could access care and treatment in a timely way.
- Staff told us they were happy with the level of support provided by their management team and each other. However, feedback was mixed about the communication within the practice and confidence that issues raised by staff would be addressed.
- The practice hosted or delivered additional services; including that they were a veteran friendly practice, offered a GP chaplain service and hosted a supplementary wound clinic.

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

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

Additionally, the provider **should**:

- Take action to address the fire risk assessment by creating a documented action plan.
- Improve the uptake of cervical screening.
- Improve the systems for the identification of carers and ensure the information available allows carers to self-identify, to ensure all carers are provided with support.

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 included a second CQC inspector, who undertook a site visit and spoke with staff in person, as well as using video conferencing facilities. 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 Glebe Surgery

Glebe Surgery is located in Storrington, West Sussex at:

The Glebe

Storrington

Pulborough

RH20 4FR

The provider 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, and surgical procedures.

The practice is situated within the NHS Sussex Integrated Care System (ICS) and delivers General Medical Services (GMS). This is part of a contract held with NHS England. There are approximately 13,455 registered patients.

The practice is part of a wider network of local GP practices who work collaboratively to provide primary care services.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second highest decile (9 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98% White, 1% Mixed, 0.8% Asian, 0.2% Black.

There are nine GPs (six GP partners and three salaried GPs), one advanced nurse practitioner, three practice nurses, six health care assistants and a team of reception/administration staff. The practice manager and business manager provide managerial oversight.

The practice is open Monday to Friday 8.30am to 6.30pm. The telephone lines were also open from 8am to 8.30am for emergencies. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Evening and weekend appointments were also offered through the GP access hub. These were held at Glebe Surgery as well as other practices in the local area. Out of hours services are provided by 111.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The provider had not ensured that systems and processes were all established and operating effectively to prevent abuse of service users.• The provider was unable to demonstrate the appropriate therapeutic monitoring of patients prescribed medicines, including those that are high-risk, was being carried out consistently when prescribing.• The provider had not ensured patients' use of medicines was being regularly reviewed, to support the patient with their treatment, optimise the impact of their medicines, and ensure they were still safe.• The provider could not always demonstrate appropriate systems and processes to prevent and control the spread of, infections, including those that are health care associated.• The provider had not always ensured practice nurses had appropriate authorisation to administer medicines using patient group directions.• The provider had not ensured staff vaccination was always maintained in line with current UK Health Security Agency (UKHSA) guidance, as relevant to their role.• The provider was unable to evidence that the practice acted on and learned from external safety events including patient and medicine safety alerts.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The provider had not ensured records relating to the care and treatment of each person using the service were consistently maintained.

Enforcement actions

- The provider had not ensured that recruitment checks were always carried out in accordance with regulations.
- The provider could not demonstrate that effective systems and processes were implemented to ensure that significant events and complaints were always thoroughly recorded, acted on, analysed and appropriately stored.
- The provider had not ensured staff had access to appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- The provider was unable to demonstrate that organisational policies were in place and always contained accurate or up to date information to ensure appropriate guidance for staff.
- The provider was unable to demonstrate that governance processes, risk management, performance, and strategic planning ensured high quality and sustainable care.