

Bury Road Surgery

Inspection report

Gosport War Memorial Hospital
Bury Road
Gosport
PO12 3PW
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Date of inspection visit: 23 February 2023
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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?	Inadequate	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Inadequate	

Overall summary

We carried out a short notice announced focused inspection at Bury Road Surgery on 23 February 2023. Overall, the practice is rated as Inadequate.

This was a focused inspection and we have carried forward the ratings for caring from previous inspections.

Safe - inadequate

Effective - inadequate

Caring - good

Responsive – requires improvement

Well-led - inadequate

Following our previous inspection on 22 September 2022 and 4 October 2022, the practice was rated requires improvement overall. (Requires improvement for key questions Safe, Effective, and Well Led).

We had previously imposed three conditions on the provider's registration (Dr Carl Wyndham Robin William Anandan) following the inspection on 18 November 2021 to support improvement. This required the provider to send us monthly reports to show progress was being made in identifying, reviewing and managing patients with specific long term conditions effectively.

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

We carried out this inspection to follow up on concerns raised with CQC about the practice's staffing levels and the safe provision of patient care. We also reviewed progress against the breaches of regulation from the previous inspection.

The focus of this inspection was on:

- The key questions of safe, effective, responsive and well-led.
- To assess the impact of staffing challenges on the delivery of safe services.
- To preview progress against enforcement actions imposed at the last inspection, relating to Regulations 12 (Safe care and treatment), Regulation 16 (Receiving and acting on complaints) and Regulation 17 (Good Governance) of the Health and Social Care Act Regulations 2014.

How we carried out the inspection

This inspection was carried out as follows:

- A site visit.
- Conducting staff interviews, some on-site and some using video conferencing after the visit.
- 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).

Overall summary

- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- information from our on-going monitoring of data about services and
- information from the provider, patients, the public and other organisations.
- information from the inspection.

We found that:

- The clinical governance systems were not effective to support improvement in the service. We found areas where previous improvements were made had not been maintained. For example, we found systems to ensure oversight of safeguarding, learning from incidents and complaints as well as recruitment processes had not been embedded.
- Although the practice had started to implement an improvement plan, which included actions to arrange and deliver regular reviews of patients with long term conditions and review patients on high-risk medicines, we found this had not been effective. Our remote clinical searches identified high numbers of patients who had not had the care they needed, or their notes did not document details relating to their care.
- Incidents were not fully investigated, and learning was not shared and monitored to deliver improvements in care and treatment.
- Patient records were not completed to reflect discussions with patients, decisions and any changes made, in line with clinical guidance. There continued to be a high number of records requiring summarising, as the staff recruited for this were no longer in place.
- Although previously we found there had been training to complete Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms, at this inspection we found examples of omissions in these forms.
- Complaints were not routinely used to improve the quality of care.
- There were gaps in rotas for staff, including GPs, administration and reception staff.
- Audits were not used consistently to identify where quality and/or safety was at risk in clinical care.
- The risk register was not used effectively as a system to identify, assess and managed risks.
- The practice continued to have a reactive approach to risk management, rather than proactive.

We found four breaches of regulations, 1 new and 3 ongoing. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there are sufficient numbers of suitably qualified, competent and skilled staff to deliver care and treatment. Ensure all nurses had demonstrated they had completed their required training, for example in safeguarding vulnerable adults and children.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation. This includes managing the timeframes for responding and ensuring timely clinical involvement.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Continue to comply with the conditions imposed on the provider on 25 January 2022.

The provider **should**:

- Continue to monitor and encourage take-up of cervical screening.

Overall summary

- Continue to improve the recruitment documentation.
- Formalise arrangements with the landlord so the provider has the assurance that facilities are regularly checked and safe.
- Review leadership and management of safeguarding matters.

I am placing this service in special measures. Services placed in special measures will be inspected again within 6 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 6 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 6 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 with support from a second inspector, who undertook a site visit and spoke with staff. 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 Bury Road Surgery

Bury Road Surgery is located in Gosport at:

Gosport Memorial Hospital

Bury Road

Gosport

Hampshire

PO12 3PW

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice has one lead GP (the registered provider), one part time salaried GP, one regular locum GP and locum GPs to provide remote triage and onsite services. The practice employs an advanced nurse practitioner, a nurse practitioner, practices nurses and a healthcare assistant. The practice has administration and reception staff, and the practice manager is supported by an operations manager.

At the time of the inspection, there had been various staff resignations and staffing challenges. This was linked to the lead GP's announcement that he retired in December 2022 and intended to hand back his contract to deliver GP services from 31 March 2023, after a lengthy period of absence from the surgery. There had been differing messages and uncertainty over the future of the practice. After the site visit, we learnt the commissioners had agreed an extension to the contract until 30 June 2023.

The practice is situated within the NHS Hampshire and Isle of Wight Integrated Care Board and delivers General Medical Services (GMS). This is part of a contract held with NHS England.

The practice has a patient list size of 4,530 and is part of a wider network of GP practices, called the Gosport Central Primary Care Network (PCN). This PCN has combined patient list size of about 84,000.

Information published by Public Health England shows that deprivation index within the practice population group is 6, in a range of 1 to 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 97% white, 1.3% Asian and 1.3% mixed. The practice has a higher proportion of older people than the England average at 23.9% compared with 17.7%. The practice population has higher rates of cancer, COPD, dementia, depression, diabetes, hypertension and obesity than the England average, based on data from March 2022.

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 to 6.30pm. Out of hours services are provide from 6.30pm to 8pm Monday to Friday and from 8am to 4.30pm on Saturdays. Patients can access the out of hours service via the NHS 111 telephone number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The registered person had failed to ensure that all complaints received were investigated and that necessary and proportionate action was taken in response to any concerns identified by the complaint or investigation. In particular:</p> <ul style="list-style-type: none">• The provider failed to investigate complaints fully.• The provider did not address and respond to complainants in full, in a timely way.• The provider did not identify trends and address areas of risk. <p>This was in breach of Regulation 16(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person has failed to assess the risks to the health and safety of service users of receiving the care or treatment and mitigating risks, in particular:</p> <ul style="list-style-type: none">• Not operating a consistently safe system for managing tasks.• Not summarising new patient records in a timely way.• Not reviewing the health needs of patients with long term conditions in line with clinical guidance.• Not reviewing patients with acute exacerbations of asthma in line with clinical guidance.• The medicine reviews for people with long term conditions and those who are prescribed medicines, or medicine combinations with known risks, were not undertaken and documented in line with best practice guidance.

This section is primarily information for the provider

Enforcement actions

- Incidents were not fully investigated and learning was not shared and monitored to deliver improvements in care and treatment.
- Patient records were not completed to reflect discussions with patients, decisions and any changes made, in line with clinical guidance.
- Patients with abnormal test results were not consistently recalled for monitoring and re-testing (safety netting).

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were ineffective systems or processes to enable the registered person to evaluate and improve the quality and safety of the services. In particular:

- The clinical governance systems were not effective to support improvement in the service. Areas of improvement identified in the last inspection had not been fully addressed.
- Clinical governance was not used to learn from incidents, complaints and audits or promote improvement in clinical care.
- The risk register was not used effectively as a system to identify, assess and managed risks.
- Effective succession planning was not in place.
- The provider did not notify CQC of changes related to registration and the provision of regulated activities in line with regulations.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

Surgical procedures

Treatment of disease, disorder or injury

The provider had not ensured there were always sufficient numbers of suitably qualified, competent, skilled and experienced staff.

- There were gaps in rotas for staff, including GPs, administration and reception staff.
- Not all nurses had demonstrated they had completed their required training, for example in safeguarding vulnerable adults and children.

This was in breach of Regulation 18(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.