

# Warrior Square Surgery

## Inspection report


Marlborough House 19-21  
Warrior Square  
St. Leonards-on-sea  
TN37 6BG  
Tel: 01424 434151  
[www.warriorsquaresurgery.co.uk](http://www.warriorsquaresurgery.co.uk)

Date of inspection visit: 10 December 2018 and 19 December 2018  
Date of publication: 25/02/2019

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 caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Warrior Square Surgery on 10 December 2018 as part of our inspection programme. We undertook a second inspection day on the 19 December 2018 to gather additional evidence on 10 December 2018.

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

- The practice did not have clear systems and processes to keep patients safe.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice did not have a clear policy to respond to unwell children and not all reception staff were aware of the 'unwritten' expectation of providing unwell children with on the day appointments.
- Staff did not have the information they needed to deliver safe care and treatment.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not learn and make improvements when things went wrong.

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

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was significantly below local and national averages.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.

- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups so we rated all population groups as **inadequate**.

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

- People were not always able to access care and treatment in a timely way, although we saw that the practice had worked to make some improvements in this area.
- Complaints were not always responded to and used to improve the quality of care.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- Ensure that care and treatment is provided in a safe way.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure specified information is available regarding each person employed.

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

# Overall summary

- Work to increase the membership of the patient participation group to reflect the practice population.

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

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 population group, 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.**

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief  
Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser on the 10 December 2018. On the 19 December 2018 the team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Warrior Square Surgery

Warrior Square Surgery is based in Hastings. The practice moved back to their current location at Marlborough House in March 2018, having relocated to a different location following a fire at Marlborough House in 2013. The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 7,800 patients on the practice list. The practice has a slightly higher than average number of children from birth to four years. The practice is located in an area that is considered to be in the most deprived centile nationally. The practice has a higher than average proportion of patients who are unemployed and a higher proportion of patients with a learning disability. The practice has a higher proportion of patients diagnosed with depression.

The practice is run by two GP partners and an executive non-clinical partner. The practice is part of the Hastings and Rother Healthcare Partnership, a group of practices that is in development to become a formal partnership. The GPs are supported by two part time salaried GPs (male) and two regular locum GPs (female). They are supported by a paramedic practitioner (male), a pharmacist (female), two advanced nurse practitioners (female) and three practice nurses (female) and two healthcare assistants (female). A practice manager and

deputy practice manager are in post along with a small team of clerical and reception staff. Additional management functions are provided from the Hastings and Rother Healthcare Partnership in terms of business management and financial management.

The practice is open between 8.30am and 6.30pm Monday to Friday, telephones are open from 8.00am each morning. Extended hours appointments are offered on a Tuesday evening until 8.00pm and the practice is the hub for a local extended access service providing appointments each evening and on alternate weekends. 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.

For further details about the practice please see the practice website: [www.warriorsquaresurgery.co.uk](http://www.warriorsquaresurgery.co.uk)

The practice is registered with CQC to provide the following regulated activities; diagnostic and screening procedures, treatment of disease, disorder or injury, family planning services, maternity and midwifery services and surgical procedures.

The service is provided from the following location:

Marlborough House 19-21, Warrior Square, St  
Leonards-on-sea, TN37 6BG.

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 Family planning services 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><b>How the regulation was not being met:</b></p> <p>The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular: Records relating to complaints were not always maintained and the identity of complainants was not always clear from the records. Complaints were not always acknowledged in line with the practice policy. This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: Staff appraisals had not been undertaken regularly. Mandatory training was out of date in a number of areas for both clinical and non-clinical staff. There was no clear process for clinical supervision, including for those staff operating in advanced roles. The practice did not have oversight of the role specific training for nursing staff. This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: There were gaps in the recruitment checks for some clinical staff. This included evidence of satisfactory performance in previous roles and no evidence of previous employment. The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular: There was no system to monitor the ongoing registration of nursing staff within the practice. This was in breach of regulation 19 (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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> <p><b>How the regulation was not being met:</b></p> <p>There was no proper and safe management of medicines. In particular: The provider had not carried out a risk assessment for emergency medicines and checks of emergency medicines and equipment were not recorded. Medicines were not stored securely. There was additional evidence that safe care and treatment was not being provided. In particular: Information from secondary care was not always shared appropriately or acted on. There was no evidence of action to address safety alerts. Significant events were not always recorded resulting in the practice not always being able to identify the patient concerned. Some significant events posed a high level of risk to patients but there was insufficient evidence of learning in order to ensure improvements. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that were operating 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: Clinical audits were not complete cycle audits and did not demonstrate improvements as a result. Lessons learned as a result of significant events and complaints were limited in relation to quality</p>



## Enforcement actions

improvement and preventing reoccurrence. Practice performance in relation to patient outcomes was monitored but action to make improvements was not always clear. The registered person had systems or processes in place that were operating 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: Risk assessments had not always been undertaken in a timely way. Action identified to mitigate risks was not consistently carried out. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular: Records relating to complaints and significant events were not properly maintained. Records of safety checks in relation to the management of medical emergencies were not properly maintained. Practice policies were not up to date and there was no system in place to ensure these were reviewed in a timely way in line with current legislation and guidance. There was additional evidence of poor governance. In particular: There was no evidence of a system in place to address safety alerts. Changes made to repeat medicines were not always recorded. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.