

Heath Hill Surgery

Inspection report

54 Heath Hill Road South
Crowthorne
Berkshire
RG45 7BN
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www.heathhillsurgery.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

Are services safe?	
Are services effective?	
Are services responsive?	
Are services well-led?	

Overall summary

We carried out an announced comprehensive inspection at Heath Hill Surgery on 17 July 2018. This inspection was undertaken as the provider had changed in June 2017 and had registered as a new entity with the Care Quality Commission in April 2018.

As a result of the 17 July 2018 inspection this practice is rated as inadequate overall and the service was placed 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.

The key questions are currently rated as:-

- Are services safe? – Inadequate
- Are services effective? – Requires improvement
- Are services caring? – Good
- Are services responsive? – Requires improvement
- Are services well-led? – Inadequate

We carried out an announced focused inspection at Heath Hill Surgery on 17 October 2018 to follow up on breaches of regulation found during the comprehensive inspection in July 2018. Two warning notices were issued following the comprehensive inspection and the provider was required to be compliant with the regulations contained within the warning notices by 12 October 2018.

During this inspection we looked at key areas as outlined within the two warning notices in respect of concerns identified at the last inspection within the areas of Safe, Effective, Responsive and Well led services. We have not rated the practice at this inspection. The practice which remains in special measures and will be re-inspected within 6 months. At this inspection we found:

- Risk assessments had been commenced and there was a plan in place for them to be completed by the end of October 2018.
- Recruitment records and processes had been reviewed and updated with relevant information. There was a checklist in place to ensure any new staff would have all the relevant background checks.
- The significant events process had been reviewed and a new procedure pathway and form introduced. Staff were aware of the new process and were using it appropriately to report incidents and events.
- Monitoring of high risk medicines had been co-ordinated and added to a spreadsheet. Monthly checks had been introduced.
- Quality improvement activity had been commenced.
- Complaints process had been reviewed and updated to include details of the health ombudsman, details of actions taken and an apology.
- Governance arrangements had been established and communication between managers and staff had improved.

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

- Complaints processes required embedding into a formalised, standard process. Review the process for dealing with and documenting verbal complaints.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Heath Hill Surgery

Heath Hill Surgery is located in a purpose-built building in Crowthorne, Berkshire. Services are provided by Dr Sangita Judge as a sole provider GP. The practice is part of East Berkshire Clinical Commissioning Group (CCG).

The practice provides General Medical Services to 6,596 patients in the Bracknell and Crowthorne area of Berkshire. Deprivation is low locally with some areas of high deprivation within the practice boundary. There is a predominantly white British population with approximately 7% of patients deriving from black or other minority backgrounds.

There is a lead GP who is the sole provider (female, whole time equivalent (WTE) of 0.8) and four salaried GPs (two female, two male, WTE 1.65). In addition, the practice has a long-term locum GP (male, WTE 0.6). The nursing team has two nurse practitioners (both female, WTE 1.62), two practice nurses (both female, WTE 1.27) and two health care assistants (both female, WTE 1.3). Day to day practice operational management is led by an interim practice manager (currently working 2-3 days per week) and a deputy practice manager who is supported by a number of administration and secretarial staff and eight receptionists.

The practice provides the following regulated activities:

- Diagnostic and screening procedures

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

All regulated activities and services are provided from:

Heath Hill Surgery

54 Heath Hill Road

South Crowthorne

Berkshire

RG45 7BN

Patients can access online services and view practice information on the practice website:
www.heathhillsurgery.co.uk

The practice does not provide Out of Hours services to their patients. These services have been commissioned by East Berkshire CCG to another provider which can be accessed by calling the NHS 111 telephone line.

In addition, the practice is a member of a local federation of Bracknell and Ascot GPs, which offers an extended hours service to all patients registered with a Bracknell or Ascot GP practice.

Are services safe?

During our previous inspection in July 2018, we found concerns relating to the safety of patients and staff at the practice:

- Recruitment files had documentation missing and not all appropriate checks were in place before staff commenced employment.
- There was a significant events process in place but it was not fully embedded and not all risks or incidents had been identified.
- There were few risk assessments undertaken to minimise safety risks in the practice.

Safety systems and processes

We found at this inspection the practice had reviewed the arrangements in place relating to staff recruitment files and commenced a checklist of background checks and documents. Staff files had been updated with missing documents such as references and photographic identity now in place. The lead GP had decided all staff should have a Disclosure and Barring Service (DBS) check and these had been commenced via an online application facility. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice had commenced staff health declarations and had made reasonable adjustments where necessary. (Health declarations enable employers to understand any physical or mental health problems that may affect the day-to-day work of staff. They can then offer support and adaptations such as specialised equipment).

Two of the administration team at the practice had undertaken a walkaround of the practice to review the risks within the building. A spreadsheet of risks had been

initiated and all identified risks added to it for escalation and action. The fire risk assessment was due to be undertaken by the interim practice manager before the end of October 2018.

Appropriate and safe use of medicines

The practice had reviewed the system in place for monitoring and recalling patients on high risk medicines and controlled drugs. (Patients taking high risk medicines require regular monitoring for potential changes in their blood chemistry or for unwanted side effects). Patient details had been added to a computer spreadsheet to co-ordinate the monitoring and recall by the administration team.

A monthly search of patients had been commenced in order that any new patients could be added and those requiring a blood test could be offered an appointment within an appropriate timescale for their review appointment or, if required, a repeat prescription to be issued by their named GP.

Lessons learned and improvements made

Since our last inspection the significant events processes had been reviewed and one of the salaried GPs had been designated as the lead for the practice. A new reporting form and process had been introduced and all staff we spoke to were aware of these, how to complete them and where they could locate them.

The Clinical Commissioning Group had offered training to staff on significant events identification and to ensure staff were aware of what should be reported.

Please refer to the Evidence Tables for further information.

Are services effective?

During our previous inspection in July 2018, we found clinical audits and prescribing audits had not been undertaken to improve quality or monitor patient outcomes.

Monitoring care and treatment

The practice had undertaken five clinical audits since the last inspection. Two clinical audits had been discussed at a clinical meeting where learning outcomes and actions were shared.

Three audits were due to be discussed at the next clinical meeting to determine learning points and areas for action. Two of these were repeat audits where improvements to patient care and treatment had been noted and one was a new audit undertaken in October 2018.

Topics for audit were determined through clinical interest and from events or incidents arising within the practice. We also noted a controlled drugs audit had been commenced for a specific medicine.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

During our previous inspection in July 2018, we found complaints processes were not sufficiently embedded and patients did not receive appropriate responses to complaints raised.

Complaints

Since our last inspection the practice had reviewed their complaints procedures to ensure they were in line with guidance. We looked at five complaints that had been made since the last inspection and found the practice complaint responses had improved.

There was no verbal complaints log and we noted staff were filing these in individual patient records. The practice decided to review this arrangement to enable improved oversight of themes and trends in complaints management.

Please refer to the Evidence Tables for further information.

Are services well-led?

During our previous inspection in July 2018, we rated the practice as inadequate for providing a well-led service.

The practice was rated as inadequate for well-led because:

- Governance processes were not fully established or embedded.
- Not all risks had been identified and action taken.

Leadership capacity and capability

The provider had made some organisational changes and restructured some roles and responsibilities since the last inspection. They had sought guidance and support from the Clinical Commissioning Group (CCG) and other external stakeholders. For example, the practice had worked closely with the CCG medicines optimisation team to review their processes for managing and monitoring patients on high risk medicines.

Culture

All the staff we spoke with told us the culture of the service had improved and there was better communication between staff and managers.

The lead GP had held a meeting with all staff to explain the issues raised at the last inspection and how these would be managed and actioned. Staff told us there was a better sense of teamwork since the last inspection and they felt involved in decisions about the future of the practice.

Governance arrangements

Systems and processes had been reviewed and updated to establish improved significant events and complaints procedures. For example, the practice had implemented a new reporting form for staff to report significant events. The practice had ensured all staff were aware of the changes and who they should approach with any concerns.

A programme of quality improvement activity had been commenced, including prescribing and disease management audits. We saw evidence of how these had been discussed with clinical staff to ensure patient care and treatment was in line with guidance and to develop and share learning.

Managing risks, issues and performance

Risk assessments were in progress and a risk log had been commenced, including fire, premises and health and safety. Staff told us they were aware of how to report risks and to whom.

The practice had arranged training for staff in fire safety and the practice told us that three staff were to be trained as fire marshals in November 2018.

Please refer to the evidence tables for further information.