

Andaman Surgery

Inspection report

303 Long Road
Lowestoft
NR33 9DF
Tel: 01502517346
www.andamansurgery.nhs.uk

Date of inspection visit: 9 August 2022
Date of publication: 14/09/2022

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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection of Andaman Surgery on 9 August 2022. Overall, the practice is rated as good.

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

Following our previous inspection on 10 November 2015, the practice was rated Good overall and for all key questions.

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

Why we carried out this inspection

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

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 which 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
- A short site visit
- Staff questionnaires.

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

Overall summary

- information from the provider, patients, the public and other organisations.

We have rated this practice as Good overall

We found that:

- The practice had been responsive to the challenges that the COVID-19 restrictions had imposed. The practice had returned to offering all patients a face to face appointment, unless the patient requested telephone advice.
- The practice was addressing areas where backlogs had occurred, such as long-term condition review appointments.
- Patients told us the practice was led and managed in a way that promoted the delivery of person-centred care.
- We found gaps in the practice system for the appropriate and safe use of medicines.
- The practice risk assessments had not fully identified and mitigated risks to ensure patients and staff were always kept safe from harm.
- Although the practice and staff told us there was clinical supervision, this was not always formally recorded for future and proactive learning.
- Staff treated patients with kindness and respect and involved them in decisions about their care.
- The practice sought feedback from patients from regular meetings, including those with their patient participation group.

We found a breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

In addition, the provider **should**:

- Continue to improve the uptake of cervical screening.
- Continue to provide details of the Parliamentary and Health Service Ombudsman (PHSO) in all complaint responses.
- Continue to review and improve the prescribing of antibiotics in line with local and national guidelines.
- Embed the reviewed system for clinical oversight of managing pathology results in a timely manner.

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 two other CQC inspectors who spoke with staff using video conferencing facilities and undertook a site visit. 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 Andaman Surgery

Andaman Surgery is located at:

303 Long Road,

Lowestoft

Suffolk

NR33 9DF

The provider is registered with the CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. These are delivered from this site.

The practice is situated within Norfolk and Waveney Integrated Care Systems (ICS) and delivers General Medical Services (GMS) to a patient population of about 6,600. This is part of a contract held with NHS England.

The practice is part of a wider network of seven GP practices called Lowestoft Primary Care Network (PCN).

Information published by UK Health Security Agency (formerly Public Health England) shows that deprivation within the practice population group is in the fifth lowest decile (five 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 97.9% White, 0.7% Asian, 1% Black, 1% Mixed, and 0.1% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more female patients registered at the practice compared to males.

There is a team of three GPs who provide deliver services at the practice. The practice has a team of three nurses who provide nurse led clinics for long-term conditions. The GPs are supported at the practice by a practice manager and a team of reception/administration staff.

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

Extended access is provided locally by Suffolk GP+, where late evening and weekend appointments are available. Out of hours services are available through the NHS 111.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Staff vaccination was not maintained in line with current UK Health and Security Agency (UKHSA) guidance.• The practice had not undertaken water temperature checks with sufficient detail to monitor the risk of Legionella bacterium contamination of the water system.• The practice did not always formally document clinical supervision to monitor the quality of care provided and identify any learning needs.• The practice did not always ensure the safe prescribing of medicines to all patients, including those prescribed high-risk medicines.• We found the practice had undertaken and recorded structured medicine reviews as having been completed but we found examples where there was insufficient documentation to be assured all medicines had been considered.• We found the practice had not consistently monitored some existing safety alerts to ensure safe prescribing to all patients.• We found the practice had not identified, coded the medical records of or managed effectively patients with a potential diagnoses diabetes. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>