

# Sandford Surgery

## Inspection report

6A Tyneham Close  
Sandford  
Wareham  
Dorset  
BH20 7BQ

Date of inspection visit: 20 February 2019  
Date of publication: 26/04/2019

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Sandford Surgery on 20 February 2019, as part of our inspection programme.

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 requires improvement overall and good for all population groups.**

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

- There were no overarching health and safety risk assessments or systems to mitigate risk as far as practically possible within the practice. In particular, fire safety and safety of gas and electrical installations.
- The practice was unable to fully demonstrate that staff had received training on safeguarding patients and infection control.
- There were shortfalls in the monitoring and storage of prescription stationery.
- Patient groups directives and patient specific directives used for administering medicines were not appropriately signed and authorised.
- There were shortfalls in Legionella management. We found that water temperatures checks had been carried out. However, the practice could not fully demonstrate that all risks had been minimised as far as possible. Records related to water temperature checks were incomplete.
- The practice could not demonstrate fully how significant events and alerts were acted upon and how learning was effectively shared with relevant members of staff to drive improvement and support continuous learning.

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

- The practice had a vision to support patients to lead healthy lives and to support and develop staff. The strategy had not been translated into meaningful and measurable plans at all levels of the service.

- There were shortfalls in systems and processes in place for good governance and the practice was unable to demonstrate fully how they monitored the overall running of the practice,
- There was limited evidence to demonstrate how systems and processes in place for using information from Quality and Outcomes framework results and exception reporting were used to improve performance.
- Risk assessment related to health and safety in the practice were not fully effective and did not demonstrate that risk was mitigated when possible.
- Documentation to demonstrate how the practice operated and associated policies and procedures were not effectively reviewed, relevant and easily accessible.
- Information sharing on significant events and alerts and learning from these was not fully shared with all relevant members of staff.
- The practice was unable to demonstrate what actions would be taken if there was an interruption to service provision. Business continuity plans relied on the use of a social media group app: WhatsApp, to communicate with staff members, not clear how cover was provided from other practices in the area if the premises could not be used.
- The practice could not demonstrate when training had been provided and how development needs identified during appraisals were addressed.

We rated the practice as **good** for providing effective, caring and responsive services. All population groups were rated as **good**:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

# Overall summary

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or

overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Background to Sandford Surgery

Sandford Surgery is situated at:

6a Tyneham Close

Sandford

Dorset

BH20 7BQ.

The registered provider is Sandford Surgery who is registered to provide the following regulated activities:

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

The practice has a patient list of 2,211 registered patients.

There are two GP partners, one male and one female, there are five administrative staff, two health care assistants and a practice nurse. They also have a locum to help on an ad hoc basis when needed and who is well known by the patients and staff.

Sandford Surgery is open from 8.30am until 6.30pm Monday, Wednesday, Thursday and Friday. The practice opens from 8.30am until 7.30pm on Tuesdays to accommodate a late clinical session. The reception staff take telephone calls for appointments from 8am until 6.30pm. Outside these hours the practice advises patients to call NHS 111 for out of hours services.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met</b></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.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• There were no overarching health and safety risk assessments or systems to mitigate risk as far as practically possible within the practice. In particular, fire safety and safety of gas and electrical installations.</li><li>• The practice could not demonstrate fully how significant events and alerts were acted upon and how learning was effectively shared with relevant members of staff to drive improvement and support continuous learning.</li></ul> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The practice was unable to fully demonstrate that staff had received training on safeguarding patients and infection control.</li></ul> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none"><li>• There were shortfalls in the monitoring and storage of prescription stationery.</li><li>• Patient groups directives and patient specific directives used for administering medicines were not appropriately signed and authorised.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Vaccine audits were undertaken, but shortfalls identified were not acted upon.

There was limited assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

In particular:

- There were shortfalls in Legionella management. We found that water temperatures checks had been carried out. However, the practice could not fully demonstrate that all risks had been minimised as far as possible. Records related to water temperature checks were incomplete.

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

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

The registered person had systems or processes in place that 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:

- There was limited evidence to demonstrate how systems and processes in place for using information from Quality and Outcomes framework results and exception reporting were used to improve performance.

## Requirement notices

The registered person had systems or processes in place that 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 assessment related to health and safety in the practice were not fully effective and did not demonstrate that risk was mitigated when possible.
- Information sharing on significant events and alerts and learning from these was not fully shared with all relevant members of staff.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities.

In particular:

- We found documentation to demonstrate how the practice operated and associated policies and procedures were not effectively reviewed, relevant and easily accessible.

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