

Harris Memorial Surgery

Inspection report

Robartes Terrace
Illogan
Redruth
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Date of inspection visit: 18 May 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?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced focused inspection at Harris Memorial Surgery on 18 May 2023. Overall, the practice is rated as inadequate.

Safe - inadequate,

Effective - requires improvement,

Caring - good,

Responsive - requires improvement,

Well-led - inadequate.

Following our previous inspection on 13 April 2018, the practice was rated good overall and for all key questions. At this inspection, we found that those areas previously regarded as good had not been continued. While the provider had maintained some good practice, the threshold to achieve a good rating had not been reached. The practice is therefore now rated inadequate.

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

Why we carried out this inspection

We carried out this inspection to follow up in response to information shared with us and in line with our inspection priorities.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing facilities.
- 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).
- Speaking with staff.
- Speaking with patients.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

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 found that:

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse. There were gaps in systems to assess, monitor and manage risks to patient safety and staff did not have the information they needed to deliver safe care and treatment. The practice did not always share learning or improvements when things went wrong.
- There were inadequate systems to assess, monitor and manage risks to patient safety and appropriate standards of cleanliness and hygiene were not met.
- More work was required to ensure all aspects of medicine management were safe.
- There were gaps in the system to manage significant events and complaints.
- Patients' needs were assessed and the care and treatment provided was delivered in line with current legislation, standards and evidence-based guidance although not all patients had access to health checks.
- There was limited monitoring of the outcomes of care and treatment. The practice did not have a comprehensive programme of quality improvement activity and did not routinely review the effectiveness and appropriateness of the care provided.
- The practice could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- The numbers of cervical screening carried out in the practice had not met national targets.
- There was limited involvement in local and national quality improvement initiatives or clinical auditing.
- People were not always able to access care and treatment in a timely way. The practice always obtained consent to care and treatment in line with legislation and guidance. Complaints were listened and responded to. However, records did not consistently demonstrate how the complaint was investigated and it was not clear how learning from complaints was shared to improve the service.
- There was not effective leadership at all levels. The practice did not have a clear vision and credible strategy to provide high quality sustainable care.
- The overall governance arrangements were ineffective. The practice did not always act on appropriate and accurate information and there were no clear and effective processes for managing risks, issues and performance. The practice involved the public and staff to a limited extent. There was little evidence of systems and processes for learning, continuous improvement and innovation.

We found three breaches of regulations. The provider **must**:

- 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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should**:

- The provider should implement a system to clearly identify the outcome and action taken following any safety checks or audits.
- The provider should take action to provide staff with clarity on the process for the dissemination of information contained within safety alerts.
- The provider should implement a system to enable patients to access relevant health checks.
- The provider should improve patient confidentiality in the reception area and take action to reduce the risk that confidential conversations between clinicians can be overheard.

Overall summary

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 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 may lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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 Healthcare

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a second CQC inspector, a member of the CQC medicines optimisation team and 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 Harris Memorial Surgery

Harris Memorial Surgery is located in Illogan at:

Robartes Terrace

Illogan

Redruth

Cornwall

TR16 4RX

The practice has a branch surgery at:

Lanner Moor Estate

Lanner

Redruth

Cornwall

TR16 6HT.

Both Harris Memorial Surgery and Lanner Surgery provided dispensary services. We visited Harris Memorial Surgery and dispensary as part of this inspection activity. The practice offers services from both the main practice and the branch surgery. Patients can access services at either surgery.

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

The practice is situated within the NHS Cornwall and Isles of Scilly Integrated Care Board and delivers General Medical Services (GMS) to a patient population of about 6,200. This is part of a contract held with NHS England.

The practice is not part of a wider network of GP practices.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (4 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 0.5% Asian, 98.7% White, and 0.8% Mixed.

There is a team of 4 GPs who provide cover at both practices. The practice has a team of 4 nurses and 2 health care assistants who provide nurse led clinics for long-term conditions at both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the main location to provide managerial oversight. There is also a business partner at the practice.

The Harris Memorial Surgery is open between 8 am to 6 pm Monday to Friday. The surgery is open later on Wednesdays and is open alternate Saturday mornings. The Lanner Surgery is open between 9am to 1 pm on Mondays, 10am to 12pm on Tuesdays, Wednesdays, Thursdays and Fridays and 2pm to 3.30pm on Fridays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Cornwall Out of Hours, where late evening and weekend appointments are available.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• The lack of oversight of tasks puts patients at risk of harm.• Non-clinical staff triaged patients with limited training or guidelines.• There were insufficient appointments for patients to access clinicians.• Cervical screening was not meeting national target. There was no action plan to detail how cervical screening was to be increased. This puts patients at risk of harm.• Safeguarding training was not delivered at the level appropriate for clinicians and did not meet national guidelines. This puts patients at risk of harm.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• There was insufficient evidence of the training for management staff to ensure management and oversight systems and processes were effective.• There were insufficient staff to meet the patient's needs.• The service did not consistently consider the lack of capacity to meet the needs of patients. The rota did not accurately reflect when staff were working and in what capacity.• There was a lack of oversight of induction processes within the practice.• There was no oversight or consistent system to manage complaints.• There was limited oversight or evidenced system to manage significant events.

This section is primarily information for the provider

Enforcement actions

- There was a lack of oversight of systems and processes within the dispensary. Including controlled drug recording and disposal arrangements and the medicines delivery service.
- The patient surveys had not been consistently audited or reviewed in order to identify themes, patterns, trends. No improvements were identified to improve outcomes for patients.
- No audits had been carried out to review the quality and safety of the environment.
- There was a lack of risk management including risk assessments and there was no risk register to detail the actions to manage and reduce risk.
- The lack of oversight of summarisation of patient records meant that there was no formal action plan to reduce the backlog of records and ensure patients were appropriately prioritised.
- The security of building was a risk, due to a lack of oversight, as keys were not stored securely.
- There was a lack of oversight of fire procedures.

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

- The recruitment processes did not include all information which is required to meet Regulation 19 and Schedule 3 of the Health and Social Care Act. The recruitment records did not evidence that a consistent approach was followed when recruiting staff. This put the patients at risk of harm.