

# The Surgery

## Inspection report

High Road  
Horndon-on-the-hill  
Stanford-le-hope  
SS17 8LB  
Tel: 01375642362  
[www.thesurgeryhorndon-on-the-hill.co.uk](http://www.thesurgeryhorndon-on-the-hill.co.uk)

Date of inspection visit: 22 July 2022  
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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Overall summary

We carried out an announced inspection at The Surgery on 22 July 2022. Overall, the practice is rated as Requires improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring – Good

Responsive - Good

Well-led - Good

This location was previously registered under a different provider. We inspected the practice under the previous provider registration on 28 April 2016:

The full reports for previous inspections can be found by selecting the 'all reports' link for The Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to:

- Inspect and rate all key questions

## 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
- Requesting staff complete questionnaires
- Requesting the practice signpost patient to our website to complete 'Give Feedback on Care' forms for this service.

## Our findings

# Overall summary

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

We found that:

- There were systems in place to keep patients safe and protect them from avoidable harm. However, some of these required strengthening.
- The system for recording staff vaccination status was ineffective.
- There were a lack of medication reviews taking place.
- There was a stock of emergency medicines held and systems in place to check they were in date. There was no risk assessment for what medicines should and should not be held.
- Where patients had undergone monitoring tests these were not always reflected in the patient records. In some cases, the patient's medication condition had not been coding.
- There were systems in place for assessing/auditing risk. However, when issues were identified, there was not always an action plan in place to address this.
- Data for the practice uptake for childhood immunisations was lower than target for four out of five childhood immunisation indicators.
- Data for uptake of cervical screening showed the practice had met the minimum target.
- Most patients received effective care and treatment that met their needs. However, not all patients with a long-term condition received timely review.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had identified less than one percent of their patient population as carers.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- There was an open culture at the practice and staff worked as a team.
- There were overarching governance structures in place, however some of these required further strengthening to ensure they were fully effective.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

In addition, the provider **should**:

- Continue to identify carers from their patient population.
- Continue to improve uptake for childhood immunisations.
- Improve the accuracy of coding within patient records.
- Develop a protocol for recording on the patient record their test results.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## 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 GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to The Surgery

The Surgery is located in Horndon on the Hill in Thurrock at:

High Road

Horndon-on-the-Hill

Essex

SS17 8LB

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

The practice is situated within the Mid and South Essex Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 2748. This is part of a contract held with NHS England. The practice offers dispensing services to patients who live in rural areas, or who live more than one mile away from the nearest chemist.

The practice is part of a wider network of GP practices known as the Stanford Le Hope Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the ninth lowest decile (nine 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 94.9% White, 1.7% Black, 1.7% Asian, 1.4% Mixed, and 0.3% Other.

There is a GP and a practice nurse who provided clinics for long-term conditions. The GP is also supported at the practice by a team of reception and administration staff. The practice manager provides managerial oversight.

The practice is open between 8.30am to 6.30pm Monday to Friday, with late opening on Thursdays to 7.45pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Thurrock Health Hubs, where late evening and weekend appointments are available. Out of hours services are provided by 111.

## 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 Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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</p> <ul style="list-style-type: none"><li>• There was no process in place to record when a member of staff declined a vaccination or other situations where proof of vaccination was not provided/available.</li><li>• There was an ineffective system to ensure patients received regular medication reviews.</li><li>• There was an ineffective system to ensure that all patients with a long-term condition received appropriate and timely review.</li><li>• There were no risk assessments relating to emergency medicines not stocked.</li><li>• Not all risk assessments and audits had an action plan in place where issues had been identified.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>