

Higham Ferrers Surgery

Inspection report

14 Saffron Road
Higham Ferrers
Rushden
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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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Higham Ferrers Surgery on 29 June 2021.

The key questions are rated as:

Safe - Requires Improvement

Effective – Good

Well-led - Good

This inspection was to follow up on the Requires Improvement rating at the last inspection in February 2020 when the practice was found to be Requires Improvement in Safe and Well-led and Requires Improvement overall. The practice was also found to be in breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in February 2020, we issued the provider a requirement notice under Regulation 17: Good Governance due to the areas of non-compliance we found. At this inspection, we looked across the three key questions above in order to assess the improvements which were required following our last inspection.

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

Why we carried out this inspection

This inspection was a focused follow-up inspection to follow up on:

In February 2020, we rated the practice **requires improvement** for providing safe services because:

- We saw that improvements had been made in relation to prescriptions, recruitment procedures and medicine safety alerts but other gaps were identified. These were in relation to systems in place to identify and mitigate risks. The practice management team had been in place since July 2019 and had established new systems, but these were not yet fully embedded or working as intended.

In February 2020, we rated the practice **requires improvement** for providing well-led services because:

- We had seen improvements in the establishment of a two-member management team who had worked comprehensively to address the concerns raised at the previous inspection; newly established systems and processes were not yet fully embedded or working as intended. Gaps and other concerns were identified, and the practice acknowledged that further work was needed.

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.

Overall summary

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

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

We have rated this practice as Good overall and Good for all population groups, with the exception of People with Long-term Conditions which we have rated as Requires Improvement.

We found that:

- Two medicine safety alerts had not been acted upon which put patients at risk.
- The practice had made the required improvements in relation to clinical waste and emergency equipment and we found this to be in order.
- The practice had improved the management structure and staff felt supported in their roles.
- 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, however, patients with diabetes and asthma had not always had their reviews in an effective way.
- There were effective systems in place to ensure that significant events and incidents were recorded and that learning was shared as a result of these.
- There were good systems in place to safeguard vulnerable patients.

We found one breach of regulations. The areas where the provider **must** make improvements are:

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

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

- Review asthma and diabetes patients in order that they have appropriate and timely reviews of their care and treatment at the practice.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

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 the provider using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Higham Ferrers Surgery

Higham Ferrers Surgery is located at 14 Saffron Road, Higham Ferrers, Rushden, Northamptonshire, NN10 8ED. The surgery has good transport links and there is a pharmacy located nearby.

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

Higham Ferrers Surgery is part of the Nene CCG and provides services to 5897 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice's clinical team is led by two GP partners (one male and one female), who are supported by one long term salaried female GP and two GP registrars. The practice also has one practice nurse, one advanced nursing practitioner (both female). The practice has a female health care assistant (HCA). The practice manager is supported by an assistant practice manager and a team of administrative staff.

The practice opening hours are Monday to Friday 8am until 6.30pm. Consultation times are between 9am and 12noon and then again between 3pm and 6pm each weekday. When the practice is closed, patients can attend a local walk-in urgent care service, open each day 8am until 8pm or contact the out-of-hours provided for emergencies by NHS 111.

Standard appointments are 10 minutes long and patients are able to book appointments and order prescriptions online. Home visits are available for patients whose health condition prevents them from attending the surgery.

The practice profile includes a higher than average number of patients with a long-term health condition than the local and national average and lower than average numbers of patients who are unemployed. The practice has comparable levels of patients over the age of 65 compared to local and national averages. The National General Practice Profile states that 3.8% of the practice population identify as part of Black, Minority, Ethnic (BME) population groups.

Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider did not have a safe system in place to ensure that MHRA and other medicine safety alerts received into the practice were seen and acted upon by relevant clinicians.
Treatment of disease, disorder or injury	