

# Warrior Square Surgery

Marlborough House 19-21 Warrior Square St. Leonards-on-sea TN37 6BG Tel: 01424 434151 www.warriorsquaresurgery.co.uk

Date of inspection visit: 2 April 2019 Date of publication: 04/06/2019

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.

## **Overall summary**

We carried out an announced comprehensive inspection at Warrior Square Surgery on 10 and 19 December 2018 as part of our inspection programme. The overall rating for the practice was inadequate. The full comprehensive report on the December 2018 inspection can be found by selecting the 'all reports' link for Warrior Square Surgery on our website at .

This inspection was an announced focused inspection carried out on 2 April 2019 to confirm that the practice was compliant with warning notices issued following the December 2018 inspection. Warning notices had been issued against regulation 12 (1) (safe care and treatment) and 17 (1) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report also covers our findings in relation to the requirements against regulation 12 (1) (safe care and treatment) and regulation 17 (1) (good governance).

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.

The ratings remain unchanged from the December 2018 inspection as the purpose of the April 2019 inspection was to review compliance against the warning notices issued. We found the practice to be compliant against regulation 12 (1) (safe care and treatment), however they were not fully compliant against regulation 17 (1) (good governance).

Our key findings were as follows:

- The practice had acted to improve their systems in place for the safe management of medicines.
- Action had been taken to improve how the practice responded to national patient or medicine safety alerts, including a record of action. However, the systems for sharing information about alerts were informal and did not guarantee that all relevant staff understood the alerts and action taken.

- There were improvements to the recording of significant events and complaints along with the action taken as a result.
- There were improvements to the systems for acting on correspondence from secondary care and evidence that a revised protocol around this was working effectively.
- There were improvements to the availability of appointments and systems of prioritisation in relation to this. The practice had developed a policy to respond to unwell children and had provided training and support to reception staff about this.
- Clinical audits had been repeated to demonstrate improvements as a result.
- Outcomes of care and treatment were monitored but there was limited evidence of improvement in the areas highlighted in the previous inspection. Childhood immunisation rates had deteriorated since December 2018.
- There were improvements in systems to assess, monitor and manage risks to patient safety, however we found that action recommended following a legionella risk assessment had not been carried out.
- There were improvements to review and management of practice policies, records relating to complaints and significant events.

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

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

(Please see the specific details on action required at the end of this report).

## 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

#### Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

#### Background to Warrior Square Surgery

Warrior Square Surgery is based in Hastings. The practice moved back to their current location at Marlborough House in March 2018, having relocated to a different location following a fire at Marlborough House in 2013. The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 7,800 patients on the practice list. The practice has a slightly higher than average number of children from birth to four years. The practice is located in an area that is considered to be in the most deprived decile nationally. The practice has a higher than average proportion of patients who are unemployed and a higher proportion of patients with a learning disability. The practice has a higher proportion of patients diagnosed with depression.

The practice is run by two GP partners and an executive non-clinical partner. The practice is part of the Hastings and Rother Healthcare Partnership, a group of practices that is in development to become a formal partnership. The GPs are supported by two part time salaried GPs (male) and two regular locum GPs (female). They are supported by a paramedic practitioner (male), a pharmacist (female), two advanced nurse practitioners (female) and three practice nurses (female) and two health care assistants (female). A practice manager and deputy practice manager are in post along with a small team of clerical and reception staff. Additional management functions are provided from the Hastings and Rother Healthcare Partnership in terms of business management and financial management.

The practice is open between 8.30am and 6.30pm Monday to Friday, telephones are open from 8.00am each morning. Extended hours appointments are offered on a Tuesday evening until 8.00pm and the practice is the hub for a local extended access service providing appointments each evening and on alternate weekends. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

For further details about the practice please see the practice website: www.warriorsquaresurgery.co.uk

The practice is registered with CQC to provide the following regulated activities; diagnostic and screening procedures, treatment of disease, disorder or injury, family planning services, maternity and midwifery services and surgical procedures.

The service is provided from the following location:

Marlborough House 19-21, Warrior Square, St Leonards-on-sea, TN37 6BG.

## **Enforcement actions**

### 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. We took enforcement action because the quality of healthcare required significant improvement.

| Regulated activity                                              | Regulation                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services | Regulation 17 HSCA (RA) Regulations 2014 Good governance                                                                                                                                                                                                                                                         |
| Maternity and midwifery services                                | The registered person had systems or processes in place<br>that were operating ineffectively in that they failed to<br>enable the registered person to assess, monitor and<br>improve the quality and safety of the services being<br>provided. In particular:                                                   |
| Surgical procedures                                             |                                                                                                                                                                                                                                                                                                                  |
| Treatment of disease, disorder or injury                        |                                                                                                                                                                                                                                                                                                                  |
|                                                                 | Practice performance in relation to patient outcomes was monitored but action to make improvements were not always clear.                                                                                                                                                                                        |
|                                                                 | The registered person had systems or processes in place<br>that were operating ineffectively in that they failed to<br>enable the registered person to assess, monitor and<br>mitigate the risks relating to the health, safety and<br>welfare of service users and others who may be at risk. In<br>particular: |
|                                                                 | Action identified to mitigate risks in relation to a legionella risk assessment was not consistently carried out.                                                                                                                                                                                                |
|                                                                 | There was additional evidence of poor governance. In particular:                                                                                                                                                                                                                                                 |
|                                                                 | Communication about changes made as a result of<br>safety alerts and the action taken was informal and not<br>recorded. Not all relevant staff were made aware of<br>relevant alerts within the practice.                                                                                                        |
|                                                                 | This was in breach of regulation 17 (1) of the Health and<br>Social Care Act 2008 (Regulated Activities) Regulations<br>2014.                                                                                                                                                                                    |
|                                                                 |                                                                                                                                                                                                                                                                                                                  |