

Horsmans Place Partnership

Inspection report

Horsmans Place Surgery
Instone Road
Dartford
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Date of inspection visit: 20 October 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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced comprehensive inspection at Horsmans Place Partnership on 17 May 2022. Overall, the practice was rated as Inadequate and the practice was placed into Special Measures. Breaches in regulation were found and Warning Notices for Regulation 12 and Regulation 17 were issued.

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

Why we carried out this inspection

We carried out this inspection on 20 October 2022 to confirm that the practice had met the legal requirements as stated in the Warning Notices issued after the 17 May 2022 inspection. This report covers findings in relation to those requirements and was not rated.

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:

- 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).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

The practice was not rated as a consequence of this inspection.

Although the practice had taken action to address the requirements of the Regulation 12 Warning Notice which relates to safe care and treatment, we found that the practice was still failing to provide care and treatment in a safe way. In particular in relation to the following :

- Patients prescribed high-risk medicines had not always received the required monitoring.
- Patients with long term conditions had not always received the required monitoring. For example, patients with hypothyroidism, diabetic retinopathy and asthma.
- Patients with potential missed diagnoses of diabetes and chronic kidney disease had not always received the required monitoring.
- Patients prescribed 10 or more prescriptions of benzodiazepines or Z drugs did not always have a documented discussion of the risk of addiction. (Benzodiazepines are medicines that may be used as a short-term treatment for severe anxiety, Z drugs are medicines that may be used as a short-term treatment of severe insomnia).
- Fire and legionella risk assessments did not contain details of action taken by the provider to mitigate the risks identified.

However, the practice had met the Regulation 12 Warning Notice by:

- Following best practice guidance for the monitoring of patients prescribed lithium and for action taken on safety alerts.

Overall summary

- Following best practice guidance for the monitoring of some patients; prescribed methotrexate; requiring thyroid function monitoring tests; with potential missed diagnosis of diabetes; and with potential missed diagnosis of chronic kidney disease.

The practice had met the Regulation 17 Warning Notice by:

- Completing clinical supervision audits and providing guidance to staff on clinical supervision.
- Completing appropriate recruitment checks and Disclosure and Barring Service (DBS) checks for staff employed at the practice.
- Providing training in the management and identification of sepsis for staff employed by the practice.
- Holding regular meetings that were minuted and included discussions of complaints and significant events.
- Reviewing and updating safeguarding policies so that they contain information relevant to the practice.

However, we also found that:

- The practice did not always have clear and effective processes for managing risks, issues and performance.

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

- Ensure care and treatment is provided in a safe way to patients

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

- Continue to gather information on the immunisation status of staff employed by the practice.
- Ensure there is an infection prevention and control policy, that is relevant to the practice and contains up-to-date information, available for guidance.

Please refer to the detailed report and the evidence table for further information

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who 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 Horsmans Place Partnership

Horsmans Place Partnership is located at Instone Road, Dartford, Kent, DA1 2JP.

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

The practice is situated within the Kent and Medway Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 9590. This is part of a contract held with NHS England.

The practice is part of a wider network of local GP practices which constitute a Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth decile (five of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data held by CQC, the ethnic make-up of the practice area is 86% White, 7% Asian, 4% Black, 2% Mixed, and 1% Other.

There is a team of four GP partners, a long term locum GP and two GP registrars. The practice has a team of a nurse prescriber and three nurses, who provide nurse-led clinics for long-term conditions, a travel clinic and family planning advice. There are also two members of staff who are trained as health care assistants (HCAs) who can assist the nursing staff, carry out investigations and take blood samples. The practice has a clinical pharmacist and pharmacy technician who carry out medicine reviews and answer medicine queries. The GPs are supported at the practice by a team of reception and administrative staff. The practice currently has an interim practice manager in post.

The practice is open between 8 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided via NHS 111.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users to ensure compliance with this part of the above Regulations.</p> <p>The service provider was not doing all that is reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• Not all patients prescribed high risk medicines had received the required monitoring.• Not all patients with long term conditions had received the required monitoring, for example patients with hypothyroidism, diabetic retinopathy and asthma.• Patients with potential missed diagnoses of diabetes and chronic kidney disease had not always received the required monitoring.• Patients prescribed 10 or more prescriptions of benzodiazepines or Z drugs did not always have a documented discussion of the risk of addiction.• Fire and legionella risk assessments did not contain details of action taken by the provider to mitigate the risks identified. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |