

School House Surgery

Inspection report


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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?

Inadequate 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at School House Surgery on 17 September 2019 due to the length of time since the last inspection and information that patient numbers had increased since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: Safe, effective and well-led. Because of the assurance received from our review of information we carried forward the ratings for the following key questions: Caring and responsive. A second inspection visit was carried out on 23 September 2019.

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 inadequate overall and requires improvement for all population groups.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have comprehensive environmental risk assessments and safety checks in place.
- Not all incidents were reported or recorded.
- The practice did not have comprehensive safeguarding systems in place.
- There was a lack of equipment for dealing with medical emergencies.
- Medicines were not managed effectively.
- Cleanliness and infection control processes were poor.

We rated the practice as **inadequate** for providing effective services because:

- There was evidence of some monitoring and improvement to patient outcomes. However, long term condition and mental health indicators were significantly below average. Cervical screening performance was below average. Diabetes performance was tending towards negative.
- Clinical meetings where patients on the palliative care register were discussed were held infrequently.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice had limited mechanisms in place to involve the public, staff and external partners to sustain high quality and sustainable care.
- There was evidence of some systems and processes for learning, continuous improvement and innovation, however learning from when things went wrong was not given sufficient priority.

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

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

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

- Continue to work to improve the uptake of cervical screening.
- Continue to work to improve QOF performance.
- Nurses to undertake level three safeguarding training.

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 population group, 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 will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Overall summary

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	Inadequate 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

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

Background to School House Surgery

School House Surgery is based in Brighton. The practice is located in a residential area of Brighton. The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 5,877 patients on the practice list. The practice has a slightly higher than average number of children under 18 when compared with the local average although this is less than the national average. The practice is located in an area that is considered to be in the third most deprived centile nationally. The practice has a higher than average proportion of patients who are unemployed. The practice has a higher proportion of patients diagnosed with a mental health condition, including a significantly higher than average proportion of patients diagnosed with dementia.

The practice is run by two GP partners (male) and a practice manager who is the registered manager. The practice is part of the Brighton and Hove City Clinical Commissioning Group (CCG). The GPs are supported by regular locum GPs (male and female). There are two practice nurses (female) and one healthcare assistants (female). A small team of clerical and reception staff are in place.

The practice is open between 8.30am and 6pm Monday, Tuesday and Thursday and from 8.30am to 5pm on a Friday. The practice is closed on a Wednesday afternoon

and arrangements are in place with a neighbouring practice to provide access to patients with urgent needs. Telephones are open from 8.00am each morning. Patients have access to a citywide service which enables them to see a GP at another location nearby in the evenings and at 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.alliedmedicalpractice.org.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:

School House Surgery, Hertford Road, Brighton, BN1 7GF.

There is a branch surgery operating at:

Church Surgery, Saunders Park Rise, Brighton, BN2 4ES.

The inspection team visited both School House and Church Surgeries as part of the inspection.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	How the regulation was not being met...
Maternity and midwifery services	The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: There was insufficient equipment for use in medical emergencies and the risks associated with this had not been adequately assessed and mitigated.
Surgical procedures	Cleaning materials were not stored securely in line with control of substances hazardous to health requirements.
Treatment of disease, disorder or injury	There was insufficient proper and safe management of medicines. In particular: Expired medicines had not been removed from stock and cupboards where medicines were stored were left unlocked in unlocked rooms.
	There was insufficient assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: Cleaning rotas were not always completed, there was evidence of dust and clutter in the practice and action as a result of an infection control audit had not been completed.
	There was additional evidence that safe care and treatment was not being provided. In particular: The provider did not hold a safeguarding register for children or vulnerable adults. Safeguarding alerts were not used on the electronic patient record for all members of the family.
	This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
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This section is primarily information for the provider

Enforcement actions

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

How the regulation was not being met...

There were insufficient systems or processes that enabled 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. In particular:

An environmental risk assessment had not been carried out since 2015 which meant that the provider could not be assured that all risks had been identified and mitigated.

There were insufficient systems or processes that ensured the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

Policies were not regularly reviewed and updated in line with national guidance.

Clinical meetings were held in an informal way and not always recorded.

There was limited reporting and recording of incidents and near misses.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.