

Hartland Way Surgery

Inspection report

1 Hartland Way
Shirley
Croydon
Surrey
CR0 8RG
Tel: 02087777215
www.hartlandwaysurgery.co.uk

Date of inspection visit: 13 Nov 2019
Date of publication: 07/01/2020

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 well-led?

Requires improvement



Overall summary

We carried out an announced focused inspection at Hartland Way Surgery on 13 November 2019 as part of our inspection programme. The provider was rated overall as good during our last inspection in May 2016.

We decided to undertake an inspection of this service following our annual regulatory review of the information available to us. The inspection looked at the following key questions:

- Safe
- Effective
- Well-led

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 and requires improvement for population groups people with long-term conditions, families, children and young people and working age people.

We found that:

- The systems and processes in place to keep patients safe required improvement. For example: the practice did not have a robust system in place to manage recruitment, safety systems, infection prevention and control, medicines management and safety alerts.
- Patients received effective care and treatment that met their needs; however, some of the staff had not completed training appropriate to their role. Uptake of childhood immunisations and cervical screening were below average.

- The practice was involved in quality improvement activities; however, they did not demonstrate improved outcomes for patients.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. However, governance arrangements in place required improvement.

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

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

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

- Review procedures in place to demonstrate improved outcomes for patients.
- Consider providing equality and diversity training for staff.
- Review procedures in place to appropriately code medicine reviews in the patient management system.
- Consider ways to improve uptake for cervical screening and childhood immunisations.
- Review reception and clinical staffing levels in response to staff feedback.

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	Requires improvement 
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)	Good 

Our inspection team

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

Background to Hartland Way Surgery

Hartland Way Surgery provides primary medical services in 1 Hartland Way, Shirley, Croydon CR0 8RG to approximately 4400 patients and is one of 48 practices in Croydon Clinical Commissioning Group (CCG). The practice website can be accessed through the following link

The clinical team at the surgery is made up of a two part-time female GP partners and a part-time female clinical associate pharmacist partner, two part-time salaried GPs (one male and one female), a part-time female practice nurse and two part-time female healthcare assistants. The non-clinical practice team consists of a practice manager, admin manager and eight administrative or reception staff members.

The practice population is in the least deprived decile in England. The practice population of children is below the CCG (Clinical Commissioning Group) and national averages and the practice population of older people is above the CCG and national averages.

The provider is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

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 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider had not ensured that care and treatment is provided in a safe way.
Maternity and midwifery services	The provider did not ensure staff complete safeguarding training relevant to their role.
Surgical procedures	The provider did not ensure recruitment checks were carried out in accordance with regulations.
Treatment of disease, disorder or injury	The provider did not ensure fire drills and fire alarm checks were undertaken.
	The provider did not ensure premises and health and safety risk assessments was undertaken.
	The provider did not ensure all the recommendations from the fire risk assessment and infection prevention and control checks were addressed.
	The provider did not ensure blank prescriptions were securely stored and monitored.
	The provider did not ensure staff followed the correct legal procedure to administer medicines.
	The provider did not ensure there was a clear system in place to monitor patients on high-risk medicines.
	The provider did not ensure they risk assessed the need for emergency medicines.
	The provider did not ensure checks were in place for oxygen and defibrillator.
	The provider did not ensure there is a system in place for recording and acting on safety alerts.

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

Requirement notices

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

The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance to fundamental standards of care.

The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks.

The provider did not ensure staff undertook the training appropriate to their role.

The provider did not ensure staff had the knowledge to deliver effective care, support and treatment.

The provider did not ensure significant events were widely discussed and learning was effectively shared with staff.