

Hastings Old Town Surgery

Inspection report


Roebuck Surgery
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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?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Hastings Old Town Surgery on 22 July 2019.

This inspection was to follow up on breaches of regulations and as part of our schedule of inspections where services placed in special measures will be inspected again within six months. At this inspection we followed up on breaches of regulations identified at a previous inspection on 7 November 2018. The November 2018 inspection was a comprehensive inspection following an unannounced focused inspection on 3 October 2018 in response to concerns. Breaches of regulations identified included breaches to regulation 12 (safe care and treatment), regulation 17 (good governance), regulation 18 (staffing) and regulation 19 (fit and proper persons employed).

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.

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

- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not consistently learn and make improvements when things went wrong.
- There were systems to assess, monitor and manage risks to patient safety, however staff were not consistently aware of how to use emergency equipment, particularly in relation to the administration of oxygen to a patient who was not breathing.
- Staff did not have the information they needed to deliver safe care and treatment due to a backlog in administrative work.

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

- While the practice had made some improvements since our inspection on 7 November 2018, it had not appropriately addressed issues in relation to the monitoring of patients on high risk medicines.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.

- While the practice had a clear vision, that vision was not supported by a credible strategy with sufficient focus on quality improvement.
- The practice culture did not effectively support 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 did not always act on appropriate and accurate information.
- There was evidence of some systems and processes for learning, continuous improvement and innovation, however there was insufficient clinical and leadership oversight of improvement activities and not all aspects of learning were considered.

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

- Clinical audits and improvement activities were not always timely, including where there was significant risk to patients, and there was insufficient leadership and clinical oversight of these processes.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles, in particular in relation to non-medical prescribing practice.
- There was limited monitoring of the outcomes of care and treatment, in particular in relation to childhood immunisations and antibiotic prescribing.
- Two week wait referrals were not sufficiently monitored or followed up and there was no system to check and record results.

These areas affected all population groups in effective, so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

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

Overall summary

- 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 exception reporting in areas where it is higher than average.
- Review antibiotic prescribing with a view to improving in line with national usage.
- Improve the proportion of adults with newly diagnosed cardio-vascular disease who are offered statins.
- Review the uptake of cervical screening with a view to making improvements.

This service was placed in special measures in February 2019. Insufficient improvements have been made such that there remains a rating of inadequate for any population

group, key question or overall. Therefore, we are taking 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 six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration'

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	Requires improvement 
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	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

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

nurse specialist adviser and a practice manager specialist adviser. A member of the CQC medicines team inspected the dispensary at the branch practice, a second member of the CQC medicines team was shadowing.

Background to Hastings Old Town Surgery

Hastings Old Town Surgery is a dispensing practice that offers general medical services to the people of the Old Town area of Hastings. Services are provided at Roebuck House, 26-27 High Street, Hastings, TN34 3EY. There are good transport links with bus and an over ground station nearby.

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

Services are also provided from a branch practice at Guestling Surgery, Chapel Lane, Guestling, Hastings, TN35 4HN. The branch practice was visited on the day of inspection. The branch surgery holds the dispensary for the service. The practice was able to offer dispensing services

to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 11,000 patients. The practice is part of the Hastings and Rother NHS Clinical Commissioning Group (CCG).

The practice's clinical team is led by the provider (principal GP). A second male GP partner and a female salaried GP were also working within the practice. There were two advanced nurse practitioners (male and female), three practice nurses, a healthcare assistant and a phlebotomist (all female). There was a clinical pharmacist and a physiotherapist (both male) and a team of dispensers. There was a business and finance manager, a practice manager and a deputy practice manager and a team of reception and administrative staff.

The practice is run from three floors and has lift access. The practice is open from 7.30am Monday to Friday. The surgery is closed between and 1.00pm and 2.00pm. The practice closes at 6.30pm on Monday, Tuesday, Wednesday and Thursday and at 5.00pm on Friday. There is access for

emergencies between 8.00am and 8.30pm Monday to Friday and 5.00pm to 6.30pm on Friday. Extended hours appointments are offered from 7.30am to 8.00am each morning. The practice had also worked with other practices in setting up an extended hours hub for evening appointments.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that need them. When the surgery is closed patients can access out of hours care via the 111 telephone number. Urgent calls between 8.00am and 8.30am and after 5pm on a Friday are put through to the duty GP.

The practice population has a higher than the national average number of patients aged over 65 although this is

lower than the local average. There is a slightly higher than average number of patients with a long-standing health condition than the local and national average. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than both the local average and national average. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level three represents the third highest level of deprivation.

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 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>State enforcement action taken ...</p> <p>The provider had failed to do all that was reasonably practicable to mitigate the risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The provider did not have an effective system for monitoring patients' health in relation to the use of medicines including high risk medicines prior to prescribing.• The provider had not ensured the management of administrative workload, resulting in a significant and ongoing backlog of work in relation to summarising patient notes.• The provider did not have sufficient safety systems in place to ensure the follow up of patients requiring two week wait referrals or in relation to cervical screening. <p>This was a breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems of processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

This section is primarily information for the provider

Enforcement actions

- The provider did not have effective processes for managing information within the practice. There was a lack of oversight and strategic planning to manage the backlog of work.
- The provider could not demonstrate effective governance structures and systems.
- The provider did not have an effective programme of clinical and internal and review and could not demonstrate that the performance of non-medical prescribers was reviewed.
- The provider could not demonstrate effective quality improvement activity within the practice.
- The provider could not demonstrate effective learning from significant events that covered all areas of risk and potential improvement.

This was in breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.