Hollins Grove Surgery

Inspection report

153 Blackburn Road
Darwen
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Date of inspection visit: 06 March to 06 March 2019
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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	Requires improvement
Are services safe?	**Requires improvement**
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 Hollins Grove Surgery on 6 March 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 requires improvement overall.

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

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have comprehensive systems in place for the safe management of medicines.
- The practice did not effectively embed learning and improvements identified when things went wrong. Documentation was not comprehensively maintained so as to effectively monitor trends.

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

- There was limited monitoring of the outcomes of care and treatment, with no formalised programme of quality improvement activity or clinical audit.
- Clinical oversight of the management of patients with long term conditions, or vulnerable groups such as those patients with learning disabilities was lacking.

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.
- While the practice had a vision, that vision was not supported by a credible strategy.
- 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.
- We saw little evidence of effective systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups 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.
- 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 the IPC audit process to ensure effective oversight and monitoring by the designated lead for IPC within the practice.
- Complaints literature should be readily available to patients to make them aware of the practice's complaints process.

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 advisor and a second CQC inspector.

Background to Hollins Grove Surgery

Hollins Grove Surgery (153 Blackburn Road, Darwen, BB3 1ET) occupies a converted terraced premises in Darwen. Car parking is available on the street outside the building. The surgery facilities are split over two floors, with a lift available to facilitate access to the upper floor for patients experiencing mobility difficulties.

The practice also has a branch site located at 3 Lime Street, Blackburn, BB1 7EP. We did not visit the branch site as part of this inspection.

The practice provides services to a patient list of approximately 2160 patients via a general medical services contract with NHS England. It is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG).

Male and female life expectancy (76 and 81 years respectively) for the practice population is in line with local averages and slightly below national averages (79 and 83 years respectively). The practice's patient population consists of a slightly lower proportion of older people, with 13% being over the age of 65 for example (national average 17.3%), and 4.6% being over the age of 75 (national average 7.8%). The practice caters for a similar proportion of patients with a long-standing health condition at 50%, compared to the national average of 51%.

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 one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by the single-handed GP provider (male), with locums employed to provide additional GP cover. The GPs are supported by a practice nurse (female). The clinical staff are supported by a practice manager, who works at the practice one day each week and a team of three administration and reception staff.

The practice is a teaching practice for medical students.

Outside normal surgery hours, patients are advised to contact the out of hours service, offered locally by the provider East Lancashire Medical Services.

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

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines;For example, we identified a patient prescribed high risk medication where the necessary health checks had not been undertaken in a timely manner to ensure the medication was being prescribed in a safe way.This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular in relation to the management of emergency equipment and medicines. We also saw learning from incidents was not effectively embedded into practice.There were gaps in the practice's recruitment process such that the provider had not taken reasonable steps to ensure any associated risks to patients were mitigated.There were key gaps in practice policy documents to govern practice activity, such as around medicines management. The practice lacked a programme of quality improvement so as to effectively monitor and improve the quality and safety of services provided. Appraisal documentation was lacking so as to provider an oversight of the training and development needs of staff.This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.