

Higham Ferrers Surgery

Inspection report

14 Saffron Road
Higham Ferrers
Rushden
Northamptonshire
NN10 8ED
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www.highamferrerssurgery.co.uk

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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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

The practice was inspected in April and December 2018, they were rated requires improvement and inadequate at these inspections respectively. In January 2019, we inspected the practice again to ensure that improvements had been made and found that although improvements had been made, there were other concerns identified and the practice was placed into special measures.

We carried out an announced comprehensive inspection at Higham Ferrers Surgery on 26 February 2020. We also followed up on a warning notice that was issued to the practice for a breach of regulation 17(1) identified at the previous inspection in June 2019 and to ensure that the practice was now compliant with the regulations of the Health and Social Care Act 2012.

At the last inspection in June 2019 we rated the practice inadequate for providing safe, and well-led services because:

- Systems in place to manage and mitigate risks were not effective. In particular in relation to recruitment, safety alerts, high-risk medicines and prescriptions.
- There was a lack of consistent management and the practice failed to demonstrate that improvements could be sustained.

At the last inspection in June 2019 we rated the practice requires improvement for providing effective, caring and responsive services because:

- Care and treatment was not being delivered effectively due to concerns over high-risk medicines.
- Because they had failed to demonstrate that changes had been made to address the needs of the population.
- Patient feedback had not been fully considered to make improvements for patients.

At this inspection, we found that the provider had satisfactorily addressed most of these areas, but other concerns were identified.

We based our judgement on the quality of care at this service is 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. The practice is rated as requires improvement in the safe and well-led key questions.

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

- We saw that improvements had been made in relation to prescriptions, recruitment procedures and medicine safety alerts but other gaps were identified. These were in relation to systems in place to identify and mitigate risks. The practice management team had been in place since July 2019 and had established new systems, but these were not yet fully embedded or working as intended.

We rated the practice **requires improvement** for providing well-led services because:

- We had seen improvements in the establishment of a two-member management team who had worked comprehensively to address the concerns raised at the previous inspection; newly established systems and processes were not yet fully embedded or working as intended. Gaps and other concerns were identified, and the practice acknowledged that further work was needed.

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

- We saw that improvements had been made to the monitoring of patients on high-risk medicines. Following the inspection, the practice was able to show us that further concerns that were identified in relation to the consistency and accuracy of information being used to monitor these patients was satisfactorily resolved.
- Cervical screening and Childhood immunisation uptake results showed improvements.
- Although patient satisfaction scores on the national patient survey were still low, the practice had taken actions to address these concerns and had conducted their own survey, unverified data from which, indicated that satisfaction had begun to improve.
- Access to services did not always support positive outcomes for patients, we saw that some actions had been taken. Unverified data provided by the practice indicated that patient's satisfaction had begun to improve.

Overall summary

The areas where the provider **MUST** make improvements are;

- 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;

- Ensure that clinical waste bins are stored securely, within a designated clinical waste area.
- Improve checklists for emergency equipment to ensure levels and working status are checked.

- Improve cervical screening uptake results.
- Continue to take action to ensure that patient satisfaction increases.
- Review access for patients outside of working hours to support patient services.

I am taking this service out of special measures. This recognises the improvements that have been made to the quality of care provided by this service.

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	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
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 Higham Ferrers Surgery

Higham Ferrers Surgery is located at 14 Saffron Road, Higham Ferrers, Rushden, Northamptonshire, NN10 8ED. The surgery has good transport links and there is a pharmacy located nearby.

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

Higham Ferrers Surgery is part of the Nene CCG and provides services to 6022 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice's clinical team is led by two GP partners (one male and one female), who are supported by one long term salaried female GP and two GP registrars. The practice also has one practice nurse, one advanced nursing practitioner (both female). The practice has a female health care assistant (HCA). The practice manager is supported by an assistant practice manager and a team of administrative staff.

The practice opening hours are Monday to Friday 8am until 6.30pm. Consultation times are between 9am and

12noon and then again between 3pm and 6pm each week day. When the practice is closed, patients can attend a local walk-in urgent care service, open each day 8am until 8pm or contact the out-of-hours provided for emergencies by NHS 111.

Standard appointments are 10 mins long and patients are able to book appointments and order prescriptions online. Home visits are available for patients whose health condition prevents them from attending the surgery.

The practice profile includes a higher than average number of patients with a long-term health condition than the local and national average and lower than average numbers of patients who are unemployed. The practice has comparable levels of patients over the age of 65 compared to local and national averages. The National General Practice Profile states that 3.8% of the practice population identify as part of Black, Minority, Ethnic (BME) population groups.

Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 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>How the regulation was not being met...</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable 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.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice was unable to provide us, when asked, with a Control Of Substances, Hazardous to Health (COSHH) risk assessment for the use of cleaning products.• The practice was unable to demonstrate that the system for managing emergency medicines was fully effective. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>