

Harraton Surgery

Inspection report

3 Swiss Cottages
Washington
NE38 9AB
Tel: 01914161641

Date of inspection visit: 14 and 18 April 2023
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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 to people's needs?	Requires Improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced inspection at Harraton Surgery on 14 and 18 April 2023. Overall, the practice is rated as Inadequate.

The key question ratings were as follows:

Safe - Inadequate

Effective – Requires improvement

Caring – Good

Responsive - Requires improvement

Well-led – Inadequate

Following our previous inspection on 28 July 2021, the practice was rated Good overall and for all key questions apart from whether the service was well-led, which we rated as requires improvement. This was because the leadership, governance and culture did not always support the delivery of high-quality sustainable care.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Harraton Surgery on our website at www.cqc.org.uk.

Why we carried out this inspection

This inspection was a follow-up inspection, to check what progress the provider had made to improve on those areas we said they should at the last inspection. We had also received some information of concern.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider
- A site visit.

Our findings

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.

Overall summary

We have rated this practice as Inadequate overall. We have rated the key questions of safe and well-led services as Inadequate. We rated the practice as Requires improvement for providing effective and services. We rated the practice as Good for providing caring services.

We rated the practice as inadequate for providing safe and well led services because:

- The practice did not always have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- The provider failed to assess the risk of the prevention, detection, and control of the spread of infections.
- We found that safety and operating procedures were not always sufficient or effective.
- We were concerned there were not enough staff to provide nursing appointments and to prevent staff from working excessive hours.
- The practice did not have systems in place for the appropriate and safe use of medicines.
- The provider could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- Communication mechanisms within the practice continued to be ineffective.
- The practice continued to struggle to build a sustainable and stable clinical team and there was low morale amongst staff.
- Governance arrangements were ineffective.
- There were not clear and effective processes for managing risks, issues and performance.

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

- Care and treatment at the practice did not always reflect current evidence-based guidance, best practice during assessment and when managing long term conditions.
- Few clinical audits had been carried out and treatment was not always monitored regularly or robustly, including cervical screening. Results of monitoring were not always used effectively to improve quality.
- The practice were not actively supporting carers.
- Patients had not been formally consulted on their needs and what they thought of the service.
- The premises had not been maintained to an appropriate standard to meet patient's needs.

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

- The National GP Survey results were close to the England averages.
- The practice had 5% of their practice population registered as carers.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

This is in accordance with the fundamental standards of care.

A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.

Overall summary

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 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.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit with a second CQC inspector. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Harraton Surgery

Harraton Surgery is located in Washington:

Harraton Surgery

3 Swiss Cottages

Washington

NE38 9AB

The practice has a branch surgery at:

Springwell House Surgery

Durham Road,

Sunderland,

Tyne and Wear,

SR3 1RN

We visited both sites as part of this inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services; treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites. The provider is a sole trader who has another GP practice contract based in the Gateshead Integrated Care Board (ICB) area.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Sunderland Integrated Care Board (ICB) area and delivers Personal Medical Services (PMS) to a patient population of about 3,800. This is part of a contract held with NHS England.

The practice is part of the Washington Primary Care Network (PCN), which is a wider network of GP practices to enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (4 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 1.8% Asian, 97.3% White, 0.1% Black, 0.6% Mixed, and 0.2% Other.

At the time of our inspection working at the practice were: the provider GP 2 days per week, 3 long term locum GPs; 2 working 2 full days, 1 as required. There was a locum advanced nurse practitioner 1 and a half days per week, a trainee nursing associate 4 days per week, a pharmacist 5 hours per week and a full-time practice manager who is supported by a team of reception/administration staff.

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 were not being met.

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>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• The provider failed to assess the risk of the prevention, detection, and control of the spread of infections.• The practice did not have systems in place for the appropriate and safe use of medicines.• Care and treatment at the practice did not always reflect current evidence-based guidance, best practice during assessment and when managing long term conditions.• The premises had not been maintained to an appropriate standard to meet patient's needs. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p>

Enforcement actions

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- Communication mechanisms within the practice continued to be ineffective.
- We were concerned there were not enough staff to provide nursing appointments and to prevent staff from working excessive hours.
- The practice continued to struggle to build a sustainable and stable clinical team and there was low morale amongst staff.
- Governance arrangements were ineffective.
- There were not clear and effective processes for managing risks, issues and performance.
- Few clinical audits were carried out and treatment was not always monitored regularly or robustly, including cervical screening. Results of monitoring were not always used effectively to improve quality.