

Higham Ferrers Surgery

Inspection report

14 Saffron Road
Higham Ferrers
Rushden
Northamptonshire
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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Higham Ferrers Surgery on 3 December 2018.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 4 April 2018.

During the inspection on 4 April 2018 we rated the practice as follows:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? - Requires improvement

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.

The overall inadequate rating affected all population groups so we rated all population groups as inadequate.

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

- The review and actions to improve the number and mix of staff needed to provide safe clinical care was incomplete.
- Staff reported that workload could be heavy when covering for others especially during staff holidays and sickness which in some instances affected their ability to deliver on their work and affected their morale.
- There was no system to summarise patient medical records so they contained an accurate, up-to-date and easily accessible summary to enable clinical staff to readily access a patient's significant and relevant medical history and make use of this, if appropriate, during a consultation.

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

- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways tools and appropriately trained staff. However, we rated the services provided to the long-term conditions population group as requires improvement as the exception reporting for some diabetic care indicators were high in the latest QOF report (01/04/2017 to 31/03/2018). Exception reporting is the removal of patients from the calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

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

- While the practice had made some improvements since our inspection on 4 April 2018 the practice was yet to demonstrate through verified data, the improvements made were being sustained.

We rated the practice as **Inadequate** for providing responsive services overall including the population groups because:

- Patients were not able to access care and treatment in a timely way. While the practice had made some improvements since our inspection on 4 April the practice had not fully delivered on the review and actions to improve the number and mix of staff needed to match patient needs.
- Some patient satisfaction data was significantly below local and national averages.

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

- While the practice had made some improvements since our inspection on 4 April 2018, it had not appropriately addressed the Requirement Notice in relation to the arrangements in place for planning and monitoring the number and mix of staff needed to match patient needs and, providing a coordinated approach to practice management.
- During this inspection we identified additional concerns that put patients at risk such as poor staff morale attributed to staff shortages and increased workload.
- Leaders could not show that they understood the challenges to quality and sustainability.

Overall summary

- The practice had not always acted on appropriate and accurate information such as having systems to ensure that patient medical records were summarised in a timely way to ensure patient safety.

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:

- Develop mechanisms to share learning from investigations including significant events with the wider team.
- Develop a replacement/maintenance plan for carpeted floors.
- Develop plans to engage with the Patient Participation Group (PPG).

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 population group, 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.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Higham Ferrers Surgery

Higham Ferrers Surgery situated at 14 Saffron Road, Higham Ferrers, Rushden, Northamptonshire is a GP practice which provides primary medical care for approximately 6,179 patients living in Higham Ferrers and surrounding areas.

Higham Ferrers Surgery provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with small ethnic populations of Asian, Afro Caribbean, mixed race and Eastern European origin.

The practice has two GP partners (one male and one female) two practice nurses and a health care assistant. The practice regularly employs locum GPs. There is a practice manager who is supported by an assistant and a

team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice. The practice provides training facilities for new GPs called GP registrars. Currently there is a GP registrar in training at this practice. There is also a trainee pharmacist.

The practice is open between 8am and 6.30pm Monday to Friday.

As part of the East Northamptonshire GP hub, patients can access extended hours at the Harborough Field Surgery, Monday to Friday between 6.30pm and 8pm and during weekends between 8am and 12 noon.

When the practice is closed services are provided by Integrated Care 24 Limited via 111.

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

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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 improve the quality and safety of the services being provided.

In particular:

1. There was no effective system to assess the risks presented by the failure to ensure each patient medical record contained an accurate, up-to-date and easily accessible summary so clinical staff could readily access a patient's significant and relevant medical history and make use of this, if appropriate, during a consultation. During our inspection the provider confirmed that there were more than 800 patient records that needed summarising.
 2. There were no systems to assess the risks presented by the failure to evaluate and manage staff workload and, match supply and demand to patient clinical needs.
- Staff we spoke with reported a lack of support from practice management and GP partners in relation to workload. They told us the practice was understaffed and that workload was heavy when they covered for staff absence, holidays and staff shortages. They told us there were insufficient numbers of 'on the day appointments' with GPs and clinical staff which resulted in patient dissatisfaction, which they had to endure on the phone. Such pressures affected their ability to deliver on their own work their morale and wellbeing.
 - **Results from the National GP Survey published in July 2018 showed no improvements in patient satisfaction in relation to access to care and treatment in a timely**

This section is primarily information for the provider

Enforcement actions

way. The assessment of the arrangements in place for planning and monitoring the number and mix of staff needed to match patient needs had not been completed.

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