

School House Surgery

Inspection report

Hertford Road
Brighton
BN1 7GF
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2020
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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?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at School House Surgery between 24 November and 3 December 2020 as part of our inspection programme.

CQC previously inspected the service in September 2019 and the practice was rated inadequate and placed into special measures. Two warning notices were issued against Regulation 12 Safe care and treatment, and Regulation 17 Good governance. We inspected the service in February 2020 to follow up on those concerns and found sufficient improvements had been made. The details of these can be found by selecting the 'all reports' link for School House Surgery on our website at www.cqc.org.uk.

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.

At this inspection our key findings were:

- The practice had continued to make improvements since our last inspections. The processes to identify, understand, monitor and address current or future risks had been revised and improved.
- 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.
- Staff maintained the necessary skills and competence for their role and to support the needs of patients.
- There was a clear leadership structure and staff told us they felt valued and supported to reach their potential.
- The practice had taken steps towards improving patient engagement. This included patient surveys, improving online access, and they had set up a patient participation group.

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

- The systems and processes to safeguard children and adults from abuse were not all established and operating effectively.
- There were concerns around the monitoring and prescribing of patients' medicines, including those that are high risk.
- Medicines were not always stored and monitored appropriately.
- The systems and processes for recording and acting on significant events were not yet embedded at the practice.

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

- We found that annual health reviews had not always been completed, to ensure patients health and medicines needs were being met.
- Some performance data was below local and England averages.

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

- We saw the practice had made improvements since our last inspection to address concerns.
- Leaders had demonstrated that they had a credible strategy to develop sustainable care.
- However, at this inspection we identified significant concerns around clinical governance.

Overall summary

- We could not be assured that the practice had systems to regularly review quality and audit data to review performance relating to medicines management.
- We found there were some systems and processes that were not implemented effectively or were not yet well embedded.

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

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:

- Strengthen the programme of clinical audit and quality improvement activity, including to routinely review the effectiveness and appropriateness of the care provided.
- Continue to monitor and take action to improve performance for areas that are not in line with targets, including the prescribing of hypnotics, and the uptake of childhood immunisation and cervical screening.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions as required to keep people safe and to hold providers to account where it is necessary for us to do so.

This service was placed in special measures in November 2019. Although a number of concerns have been addressed and improvements have been made by the practice, there remains a rating of inadequate overall. Therefore, the practice is to remain in special measures for a further six months to ensure that they continue to make improvements. The practice will continue to receive support from NHS England. The service will be kept under review and another inspection will be conducted within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as 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 varying the terms of their registration within six months if they do not improve.

Special measures will give people who use the practice 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 Rosie Benneyworth BM BS BMedSci MRCP

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 consisted of a CQC lead inspector and a second CQC inspector on site. The team also included a member of the CQC medicines team, a GP Specialist Advisor and a third CQC inspector who supported the inspection remotely.

Background to School House Surgery

School House Surgery, also known as Allied Medical Practice, is based in a residential area of Brighton. It is part of the Brighton and Hove City Clinical Commissioning Group (CCG). The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 5,600 patients on the practice list.

The practice has a slightly higher than average number of children under 18 when compared with the local average although this is less than the national average. The practice is in an area that is in the third most deprived centile nationally. The practice has a higher than average proportion of patients who are unemployed. It also has a higher proportion of patients diagnosed with a mental health condition, including a significantly higher than average proportion of patients diagnosed with dementia.

The practice is run by two GP partners (male) and a practice manager who is the registered manager. The GPs are supported by regular long-term locum GPs (male and female). There is one practice nurse (female) and one healthcare assistant (female). There is a small team of clerical and reception staff.

The practice is open between 8.30am and 6pm Monday, Tuesday and Thursday and from 8.30am to 5pm on a Friday. The practice is closed on a Wednesday afternoon and arrangements are in place with a neighbouring practice to provide access to patients with urgent needs.

When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

For further details about the practice and its opening times please see the practice website: www.alliedmedicalpractice.org.uk.

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

The service is provided from the following locations:

School House Surgery, Hertford Road, Brighton, BN1 7GF.

There is a branch surgery operating at:

Church Surgery, Saunders Park Rise, Brighton, BN2 4ES.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We remotely conducted staff interviews and reviewed documents sent by the provider. We carried out a site visit of School House Surgery on 25 November 2020.

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. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The provider was unable to demonstrate that appropriate therapeutic monitoring, of patients prescribed high risk medicines, was being carried out consistently when prescribing.• The provider could not demonstrate that they were ensuring patients' health was always monitored in relation to the use of medicines and then being followed up appropriately.• The provider was unable to evidence that the practice acted on and learned from external safety events including patient and medicine safety alerts.• The provider was unable to demonstrate effective systems and processes to ensure the proper and safe storage of medicines.• The systems and processes to safeguard children and adults from abuse were not all established and operating effectively.• The provider had not ensured the risks to service users had been identified and assessed. There was no facility to raise an alarm in the disabled toilet. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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> <ul style="list-style-type: none">• The provider could not demonstrate that significant events were always thoroughly recorded, acted on, analysed and appropriately stored.• The provider did not have effective arrangements in place for the monitoring of computer prescription paper when they were distributed through the practice.

This section is primarily information for the provider

Enforcement actions

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