

The Sandhurst Group Practice

Inspection report

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Sandhurst
GU47 9BT
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www.sandhurstgp.co.uk

Date of inspection visit: 15 July 2022
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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 The Sandhurst Group Practice on 15 July 2022. Overall, the practice is rated as Inadequate.

We rated the following key questions as:

Safe - Inadequate

Effective – Requires improvement

Caring - Good

Responsive – Requires improvement

Well-led - Inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for The Sandhurst Group Practice on our website at www.cqc.org.uk

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

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 short site visit to both the main practice and branch practice
- Speaking with members of the Patient Participation Group
- Obtaining patient feedback from external sources

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.

We have rated this practice as Inadequate overall.

Overall summary

We found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- The system for identifying and mitigating risks relating to infection prevention and control at the practice were not always effective and there were gaps in staff training relating to infection prevention and control.
- Recruitment gaps meant there was not always enough staff to cover appointments, staff worked excessive hours and there was a backlog of new patient notes requiring summarising, test results and clinical correspondence.
- There was a lack of oversight and monitoring of referrals.
- The practice did not ensure all medicines were prescribed safely to patients or reviewed appropriately.
- The practice did not have an effective system to learn and make improvements when things went wrong.
- Some patients with long term conditions were not having their conditions managed appropriately.
- The practice did not have an effective system in place to manage incoming information about patients in relation to patients care and treatment from other services.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice respected patients' privacy and dignity.
- Patients were not always able to access care and treatment in a timely way.
- Complaints were not used to improve the quality of care.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice systems and processes for acting on medicine safety alerts had not ensured prescribing was monitored effectively and in line with guidance.
- There was a lack of oversight of staff training and we found significant gaps in training for clinical and non-clinical staff.
- Leaders could not demonstrate they had the capacity and skills to deliver high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not always act on appropriate and accurate information.
- There was limited evidence of systems and processes for learning, continuous improvement and innovation.

We found three breaches of regulations. The provider **must**:

- 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.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

In addition, the provider **should**:

- Ensure all nurses are correctly authorised to administer medicines under Patient Group Directions (PGDs).
- Continue to work to improve the uptake of screening and immunisations.
- Improve staff awareness of the role of freedom to speak up guardian.

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.

Overall summary

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. The team included two additional inspectors, a CQC inspection manager and a GP specialist advisor. The inspection team spoke with staff using video conferencing facilities between 12 and 19 July 2022 and an inspector and inspection manager undertook a site visit on 15 July 2022. The GP specialist advisor spoke with staff using video conferencing facilities and completed clinical searches and records reviews on 13 July 2022 without visiting the location.

Background to The Sandhurst Group Practice

The Sandhurst Group Practice is a two-site GP practice located in Sandhurst in Berkshire at:

72 Yorktown Road

Sandhurst

Berkshire

GU47 9BT

The practice has a branch surgery at:

1 Cambridge Road

Owlsmoor

Sandhurst

Berkshire

GU47 0UB

The practice website is: www.sandhurstgp.co.uk

The provider is registered with CQC to deliver the Regulated Activities:

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Treatment of disease, disorder or injury
- Surgical procedures.

The practice offers general medical services from both a main practice and a branch surgery to approximately 18,800 patients. Patients can access services at either surgery.

The practice is part of a wider primary care network (PCN) known as Bracknell and District PCN and is made up of four GP practices.

Information published by the UK Health Security Agency (UKHSA) shows that deprivation within the practice population group is highest decile (10 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 5.4% Asian, 91.6% White, 0.9% Black, 1.7% Mixed, and 0.4% Other. The age distribution of the practice population closely mirrors the local and national averages.

There is a team of three GP partners, two associate GP partners, three salaried GPs and one GP registrar who provide cover at both practices. The practice has a team of six nurses, three nursing associates, a health care assistant and two phlebotomists. The GPs and nurses are supported at the practice by a team of reception, administration and secretarial staff. The practice manager and deputy practice manager work across both sites to provide managerial oversight.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Berkshire Primary Care, where late evening and weekend appointments are available. Out of hours services are provided by North Hampshire Urgent Care.

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 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 Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The service provider was not ensuring they were doing all that is reasonably practicable to mitigate any such risk. In particular:</p> <ul style="list-style-type: none">• Medicine reviews were not being completed and reviewed regularly.• Monitoring of patients with some long-term conditions did not always follow best practice guidance. <p>The service provider was not ensuring the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The practice did not ensure patients prescribed high risk medicines were receiving appropriate monitoring to ensure they were safe to continue being prescribed their dosage and medicine. <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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider was not ensuring that enough numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment. In particular:</p> <ul style="list-style-type: none">• Current staff resourcing levels were not sufficient to meet the care and treatment needs of patients and recent resignations would further impact patients.

This section is primarily information for the provider

Requirement notices

The service provider was not ensuring that persons employed by the service provider were receiving such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they were employed to perform. In particular:

- There were gaps in mandatory training for clinical and non-clinical staff.
- Staff members did not always receive an induction at the start of their employment to prepare them for the role.
- Staff members did not always receive regular appraisals to review their performance and development needs.

This was in breach of Regulation 18 (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 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider was failing to assess, monitor and improve the quality and safety of the services.</p> <p>The provider was failing to ensure there were effective systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The provider was failing to ensure there were effective systems and processes to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>The provider was failing to ensure there were effective systems and processes to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>A Warning Notice was issued for a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>