

# Goldington Road - Dr Das

## Quality Report

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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 service

Good



Are services safe?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Goldington Road Surgery Dr Das on 19 July 2016. The overall rating for the practice was requires improvement as breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.
- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.
- Regulation 19 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – fit and proper persons employed.

From the inspection on 19 July 2016, the practice were told they must:

- Ensure a suitably qualified person conducts a fire risk assessment and that all required actions are completed in a timely manner. Undertake fire drills routinely.

- Ensure the newly developed recruitment policy is adhered to and that appropriate recruitment checks are performed for staff employed, including locums. All records relating to recruitment should be readily available for review.
- Systems and processes must be established and operated effectively for assessing and mitigating risks.

In addition, the practice were told they should:

- Develop a system to ensure all staff employed receive regular appraisals of their skills, abilities and development requirements.
- Undertake regular infection control audits.
- Implement the actions identified in the risk assessment relating to legionella.
- Undertake planned work to improve access for patients with limited mobility, through the provision of appropriate amenities.
- Develop systems to identify and support carers in their patient population.

The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Goldington Road Surgery Dr Das on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

This inspection was a focused follow up carried out on 8 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 19 July 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- A suitably qualified person had been employed to undertake a fire risk assessment and all identified required actions had been completed in a timely manner. Including the installation of a fire alarm, emergency lighting and additional fire extinguishers. A system of routine maintenance and regular checks, including provision of regular fire drills had been developed.
- The practice had improved governance arrangements to ensure that records were securely maintained and managed appropriately, in particular in relation to persons employed. Records relating to recruitment were readily available.
- The practice had developed a risk management system and we saw evidence of risk assessment and actions taken in response to risks identified. For example, those relating to infection control. All risks identified in the legionella risk assessment had been completed in a timely manner.
- All staff received regular annual appraisals and performance was monitored appropriately.
- The practice had applied for funding to make improvements to the practice building with the intention of utilising any secured funds to improve disabled access, including but not limited to the provision of a disabled toilet.
- The practice had improved available information for carers and had initiated a targeted effort to identify more carers in their population; increasing the number identified on the carers register from nine to 12. We were told that due to the amount of work undertaken in the months preceding our inspection; to ensure the practice met legal standards, the practice had been unable to dedicate resources toward identifying more carers. We were told that as all other improvement work reached completion the practice had started to make efforts to identify more carers, including changes to the patient registration form and creation of a dedicated carers form for completion. A noticeboard and carers information pack had also been updated.

The areas where the provider should make improvements are:

- Continue with efforts to develop systems to identify and support carers in their patient population.
- Undertake planned work to improve access for patients with limited mobility, through the provision of appropriate amenities.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

At our comprehensive inspection on 19 July 2016, we identified a breach of legal requirement.

- The practice did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with fire and had not undertaken a risk assessment. They did not conduct regular fire drills to ascertain whether arrangements for managing fire were effective.
- The provider had failed to conduct regular infection control audits.
- The provider did not maintain records as necessary in relation to persons employed.

During our focused follow up inspection on 8 March 2017 we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- A suitably qualified person had been employed to undertake a fire risk assessment and all identified required actions had been completed in a timely manner. Including the installation of a fire alarm, emergency lighting and additional fire extinguishers. A system of routine maintenance and regular checks, including provision of regular fire drills had been developed.
- The practice had improved systems to ensure that records were securely maintained and managed appropriately, in particular in relation to persons employed. Records relating to recruitment were readily available.
- The practice had developed a risk management system and we saw evidence of risk assessment and actions taken in response to risks identified. For example, those relating to infection control. All risks identified in the legionella risk assessment had been completed in a timely manner.

Good



### Are services well-led?

At our comprehensive inspection on 19 July 2016, we identified a breach of legal requirement.

- Improvements were needed to ensure the practice maintained effective systems and processes for assessing and mitigating risks. In addition, the provider had not responded to identified risks. In particular actions required in relation to fire safety had not been actioned.

Good



# Summary of findings

During our focused follow up inspection on 8 March 2017 we found the practice had taken action to improve and the practice is rated as good for providing well-led services.

- The practice had improved governance arrangements and developed effective systems and processes for assessing and mitigating risks; including those relating to risk fire, infection control and legionella.
- Records were securely maintained and managed appropriately; including those relating to risk assessment and management, infection control audits, recruitment and personnel records.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safe and well-led identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safe and well-led identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safe and well-led identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and well-led identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and well-led identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and well-led identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Goldington Road - Dr Das

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The focused follow up inspection was undertaken by a CQC Inspector.

## Background to Goldington Road - Dr Das

Goldington Rd Surgery Dr Das provides a range of primary medical services, including minor surgical procedures from its location on Goldington Road in Bedford, on the town centre periphery.

The practice serves a population of approximately 3,000 patients with higher than average populations of males and females aged 0 to 14 and 25 to 44 years. There are lower than average populations of female patients aged 45 to 85 years and males aged 55 to 85 years. The practice population is of mixed ethnic origin, with high populations of Indian and Eastern European patients. National data indicates the area served is one of average deprivation in comparison to England as a whole.

The clinical team consists of two GP partners (one male and one female), a practice nurse and a health care assistant. The team is supported by a practice manager and a small team of administrative staff. The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice operates from a two storey converted Victorian property and patient consultations and

treatments take place on the ground level and first floor. There is a car park to the rear of the surgery with designated disabled parking available at the front of the building.

Goldington Rd Surgery Dr Das is open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments are available until 8pm on Thursdays.

The out of hours service is provided by BEDOC (Bedfordshire Doctors on Call) and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

## Why we carried out this inspection

We undertook a comprehensive inspection of Goldington Road Surgery Dr Das on 19 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Goldington Road Surgery Dr Das on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused follow up inspection of Goldington Road Surgery Dr Das on 8 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

We carried out a focused follow up inspection of Goldington Road Surgery Dr Das on 8 March 2017. This involved speaking to the practice manager and a GP partner and reviewing evidence that:

- Effective systems and processes had been developed and were in place for managing and mitigating risks to patient and staff safety, in particular those relating to fire, infection control and Legionella.

- The practice had improved systems to ensure that records were maintained and managed appropriately; in particular those relating to staff recruitment.
- The practice was actively working to identify and support carers within its patient population and improve access for patients with limited mobility.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

At our previous inspection on 19 July 2016, we rated the practice as requires improvement for providing safe services as the practice did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with fire and had not undertaken a risk assessment. They did not conduct regular fire drills to ascertain whether arrangements for managing fire were effective. The practice had failed to conduct regular infection control audits did not maintain records as necessary in relation to persons employed.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 8 March 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The GP was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. They were supported by the practice manager. There was an infection control protocol in place and staff had received up to date training. We saw that an infection control audit had been undertaken in July 2016 and were assured that the audit would be repeated annually or more frequently if needed. We saw evidence that actions identified in the audit had been largely completed at the time of our inspection. For example, several chairs had been replaced and taps had been descaled or replaced to improve infection control standards.
- We reviewed the personnel file for a newly recruited member of staff (due to commence employment the

week following our inspection) and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. The practice had employed the services of a suitably qualified person to undertake a fire risk assessment in August 2016. We saw that an action plan for required and recommended actions had been provided to the practice and all actions had been completed as needed in a timely manner. This included the installation of a fire alarm, emergency lighting and signage and provision of additional fire extinguishers to each level of the building as required. We saw evidence that a maintenance contract had been agreed to ensure appropriate maintenance of all fire equipment. The practice demonstrated that checks of the fire alarm and regular fire drills were carried out routinely. Fire alarms were tested weekly and the practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health (COSHH) and infection control.
- Following our previous inspection the practice had received the results of a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that all required actions identified had been completed. For example, all existing hot water tanks in the practice had been removed and replaced with new point of use (POU) heaters which were sensor operated and met required standards. We saw that the practice had developed a system for ensuring appropriate water checks were undertaken as required and recorded accordingly to ensure water safety within the practice.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 19 July 2016, we rated the practice as inadequate for providing well-led services as the practice did not ensure adequate governance arrangements were in place.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 8 March 2017. The practice is now rated as good for being well-led.

### Governance arrangements

- The practice had improved governance arrangements and developed effective systems and processes for assessing and mitigating risks; including those relating to risk fire, infection control and legionella.
- Records were securely maintained and managed appropriately; including those relating to risk assessment and management, infection control audits, recruitment and personnel records.
- The practice had applied for funding to make improvements to the practice building with the intention of utilising any secured funds to improve disabled access, including but not limited to the provision of a disabled toilet.

- The practice had responded to concerns identified at our inspection in July 2016 and were taking steps to improve support for carers. The practice had improved available information for carers and had initiated a targeted effort to identify more carers in their population; increasing the number identified on the carers register from nine to 12. We were told that due to the amount of work undertaken in the months preceding our inspection; to ensure the practice met legal standards, the practice had been unable to dedicate resources toward identifying more carers. We were told that as all other improvement work reached completion the practice had started to make efforts to identify more carers, including changes to the patient registration form and creation of a dedicated carers form for completion. A noticeboard and carers information pack had also been updated.

### Seeking and acting on feedback from patients, the public and staff

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they had the opportunity to give feedback and discuss any concerns or issues with colleagues and management. We noted since our inspection in July 2016 a new appraisal system had been developed and all staff had received an up to date appraisal.