

# Upton Road Surgery

## Inspection report

Ground Floor Colne House  
21 Upton Road  
Watford  
Hertfordshire  
WD18 0JP  
Tel: 01923226266  
<http://www.uptonroadsurgery.nhs.uk/>

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

This practice is rated as requires improvement overall. (Previous rating 12 December 2018 – Inadequate)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Upton Road Surgery on 12 December 2018. The overall rating for the practice was inadequate and the practice was placed into special measures for a period of six months. Warning notices were served in relation to breaches identified under Regulation 12 Safe care and treatment and Regulation 17 Good governance. The practice was placed into special measures for a period of six months.

We completed an announced focussed inspection on 9 May 2019 to check on the areas identified in the warning notices and to see if sufficient improvements had been made regarding these. Improvements were evident, and the practice had acted to comply with the legal requirements.

The full comprehensive report from the December 2018 inspection and the focussed report for the May 2019 can be found by selecting the 'all reports' link for Upton Road Surgery on our website.

This announced comprehensive inspection on 8 August 2019 was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 requires improvement overall. We rated all population groups as requires improvement because of the issues identified in the effective and responsive domains.**

## **We rated safe and caring as good because:**

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

## **We rated effective as requires improvement because:**

- Care for people with long term conditions needed improvement.
- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets.
- The operation of the 'failsafe system' to check on outstanding cytology results needed improvement.

## **We rated responsive as requires improvement because:**

- Patients satisfaction in relation to access care and treatment in a timely way in the 2019 National GP Survey had significantly decreased in comparison to the 2018 National GP Survey results.

## **We rated well led as requires improvement because:**

- The practice had implemented systems that provided leadership and governance which had promoted a positive culture to support inclusive patient centred care. However, systems and process to review clinical and quality monitoring were not fully established.

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:

- Improve patient satisfaction (based on 2019 national GP survey results).

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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

# Overall summary

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Upton Road Surgery

Upton Road Surgery situated at Ground Floor Colne House, 21 Upton Road, Watford, Hertfordshire is a GP practice which provides primary medical care for approximately 9,450 patients living in Watford and surrounding areas.

Upton Road 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 contract constitutes an enhanced service for inclusive healthcare for homeless and marginalised groups. 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 three female GP partners and one female salaried GP. There are two nurse practitioners, one practice nurse one healthcare assistant, one healthcare

assistant/receptionist combined role and two phlebotomist/receptionist combined role. (a phlebotomist draws and prepares blood for medical testing).

There is a practice manager (seconded from a consultancy company) who is supported by a deputy manager. A consultancy company provides additional management support. A team of administrative and reception staff provide support services. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice is open between 8am and 6.30pm Monday to Friday. There is extended opening one day each week on varying days until 9pm for GP appointments and 8.30pm for healthcare assistant appointments.

When the practice is closed services are provided by Herts Urgent Care via 111.

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 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 requirements.

| Regulated activity   | Regulation  |
|--|---|
| Diagnostic and screening procedures<br>Family planning services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.</p> <p>In particular we found:</p> <p>Systems and process to review clinical and quality monitoring data were not fully established. The quality and assessment of data in some areas needed refinement so it accurately reflected performance and ongoing improvements. Specifically:</p> <ul style="list-style-type: none"><li>• The definition of a significant event needed clarifications, so such events were classified appropriately and acted upon.</li><li>• The effective operation of the 'failsafe system' to check on outstanding cytology results.</li><li>• The follow up of patients referred under the cancer two-week referrals process.</li><li>• The arrangements to audit the clinical effectiveness of the decisions made by the ANP and the clinical pharmacist.</li><li>• The policy related to treating children up to the age of 16.</li><li>• The monitoring of data for care of patients with long term conditions.</li><li>• The monitoring of data related to childhood immunisation.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |