

Queens Bower Surgery

Inspection 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 location

Inadequate



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Queens Bower Surgery on 10 December 2019 as part of our inspection programme. This inspection was carried out as Queens Bower Surgery had been rated inadequate and placed into special measures following their last comprehensive inspection in April 2019.

The key questions are now rated as:

Are services safe? – Requires improvement

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out a comprehensive inspection at Queens Bower Surgery in January 2018 (the inspection report was published in May 2018). The practice was rated as requires improvement overall, with the safe and well-led domains rated as requires improvement. As a result, the

practice was issued with requirement notices for Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

We carried out a further comprehensive inspection of Queens Bower Surgery on 2 April 2019 (the inspection report was published in July 2019). The practice was rated inadequate overall with ratings of inadequate for safe and well-led services, requires improvement for effective and caring services and good for responsive services. We issued the provider with two warning notices, one for Regulation 12 (Safe care and treatment) and the other for Regulation 17 (Good governance).

We carried out a focussed inspection of Queens Bower Surgery on 23 July 2019 and found that the practice had met the legal requirements as detailed in the warning notices issued on 30 April 2019.

At the most recent inspection in December 2019, we found that the provider had made improvements and satisfactorily addressed most areas of concern found at the previous comprehensive inspection. However, further action was required to ensure that the provider continued to improve their performance.

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.

The practice remains rated as inadequate overall, though the practice was rated as requires improvement for safe services and as good for caring and responsive services.

The practice was rated as inadequate for the population groups of people with long-term conditions, working age people (including those recently retired and students) and people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for the population groups of older people, families, children and young people and people whose circumstances may make them vulnerable.

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

- The practice had some policies and procedures, but clinical protocols required further development to support non-medical staff when carrying out some clinical tasks.
- The practice's performance in a number of clinical areas was below local and national averages, including mental healthcare and childhood immunisation uptake rates.
- Only two of 21 patients with a learning disability had received an annual health check.
- A documented induction process was not in place for employed staff.
- Documented clinical supervision arrangements were not in place for temporary staff.

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

- Leaders could not fully demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice had a clear vision, but it was not supported by a strategy and fully effective processes to provide high quality sustainable care.

Overall summary

- There were defined responsibilities, roles and systems of accountability to support good governance and management, however, we found these not to be fully effective.
- The practice did not have fully clear and effective processes for managing risks, issues and performance.
- The practice did not fully involve the public, staff and external partners to sustain high quality and sustainable care.
- There were some evidence of systems and processes for learning, continuous improvement and innovation, however, they could be further improved.

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

- Safeguarding processes required strengthening to ensure arrangements were in place to follow up all non-attendance at children's appointments, and to demonstrate that all adults at risk of significant harm were discussed at meetings with other health and social care professionals.
- Staff files did not always include all the relevant information to support safe recruitment.
- Staff immunisation records were incomplete.
- Fire alarm and emergency lighting systems documentation was not available to evidence records of servicing and maintenance by an external company.
- Appropriate storage was not in place for the effective management of clinical specimens.
- Staffing levels were not always sufficient and documented induction records for temporary staff were not in place.
- Up-to-date risk management plans and risk assessments, and evidence of annual reviews, were not in place for all patients with mental health conditions.
- Robust fail-safe processes for ensuring that two-week referral appointments and cervical screening results were received were not in place at the time of our inspection visit.
- Appropriate action had not been taken in relation to a significant event.

While the practice had only identified less than one per cent of their practice population as carers, we rated the practice as **good** for providing caring services because:

- Staff treated patients with kindness and respect and involved them in decisions about their care.

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

- The practice organised services to meet patients' needs. Patients could access care and treatment in a timely way.

The area where the provider **must** make improvements is:

- 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:

- Review the provision of patient information to ensure that it is easily understandable.
- Continue to identify carers amongst the practice population.

This service was placed in special measures in July 2019. Insufficient improvements have been made such that there remains a rating of inadequate for the key questions of effective and well-led and this service will remain 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.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

**Chief Inspector of Primary Medical Services and
Integrated Care**

Population group ratings

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

Our inspection team

Our inspection team consisted of a CQC lead inspector, a GP specialist adviser and a nurse specialist adviser.

Background to Queens Bower Surgery

Queens Bower Surgery is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Queens Bower Surgery is located in the NHS Nottingham City Clinical Commissioning Group (CCG) area and is contracted to provide General Medical Services (GMS) to approximately 4,200 registered patients. The practice is owned by an individual GP who holds the overall financial and managerial responsibility for the practice.

The patient profile for the practice has an above-average number of patients who have a long-standing health condition. The practice also has a lower average of patients who are in paid work or full-time education. The locality has a higher than average deprivation level. The National General Practice Profile describes the practice ethnicity as being 15% black and minority ethnic background.

The practice employs three receptionists, a healthcare assistant and an administrative

manager. The practice uses regular locum GPs and part-time locum nurses.

The practice is open Monday to Friday from 8:15am until 6:30pm except when the practice is closed on Thursday afternoons. Extended hours appointments are available to patients via the extended access service (GP+) in Nottingham city centre run by Nottingham City GP Alliance. This opens from 4pm to 8pm Monday to Friday, and 9am to 1pm at the weekends. There is also an urgent care centre in Nottingham which is open every day from 7am until 9pm.

The practice has opted out of providing GP services to patients out of hours. During these times services are provided by Nottingham Emergency Medical Services (NEMS).

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to ensure that systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">•Safeguarding processes required strengthening to ensure arrangements were in place to follow up non-attendance at children's appointments, and to demonstrate that all adults at risk of significant harm were discussed at meetings with other health and social care professionals.•Staff files did not always include all the relevant information to support safe recruitment. Staff immunisation records were incomplete.•Fire alarm and emergency lighting systems documentation was not available to evidence records of servicing and maintenance by an external company.•Appropriate storage was not in place for the effective management of clinical specimens.•Staffing levels were not always sufficient and documented induction records for temporary and employed staff were not in place. Documented clinical supervision arrangements were not in place for temporary staff.•Up-to-date risk management plans and risk assessments, and evidence of annual reviews, were not in place for all patients with mental health conditions.•Robust fail-safe processes for ensuring that two-week referral appointments and cervical screening results were received were not in place at the time of our inspection visit.•Appropriate action had not been taken in relation to a significant event.

This section is primarily information for the provider

Requirement notices

- The practice had some policies and procedures, but clinical protocols required further development to support non-medical staff when carrying out some clinical tasks.
- The practice's performance in a number of clinical areas was below local and national averages, including mental healthcare and childhood immunisation uptake rates.
- Only two of 24 patients with a learning disability had received an annual health check.
- Leaders could not fully demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- There were defined responsibilities, roles and systems of accountability to support good governance and management, however, we found these not to be fully effective.
- The practice did not have fully clear and effective processes for managing risks, issues and performance.
- The practice did not fully involve the public, staff and external partners to sustain high quality and sustainable care.