

Ragstone Road Surgery

Inspection report

40 Ragstone Road
Slough
Berkshire
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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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Ragstone Road Surgery on 12 March 2020 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions: Safe, Effective, Caring, Responsive and Well-led.

We are mindful of the impact of the 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 required to keep people safe and to hold providers to account where it is necessary for us to do so.

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 found that:

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Appropriate standards of cleanliness and hygiene were not met.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice learned and made improvements when things went wrong.
- Data from the Quality and Outcome Framework (QOF) indicators for 2018/2019 showed the practice had significantly higher than average exception reporting for all three of the indicators for patients with diabetes.

- Data showed the practice was below local and national average for uptake of cervical screening and childhood immunisations.
- Clinicians took part in national and local quality improvement initiatives.
- Staff treated patients with kindness, respect and compassion and helped patients to be involved in decisions about care and treatment.
- The practice organised and delivered services to meet patients' needs.
- Complaints were listened and responded to and used to improve the quality of care.
- The overall governance arrangements were ineffective.
- The practice did not always have clear and effective processes for managing risks, issues and performance.

The areas where the provider **must** make improvements are:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- 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:

- Review the safeguarding policies so staff are assured that the information they contain is current.
- Continue to monitor patient feedback and take appropriate actions to improve patient satisfaction.
- Develop a strategy to address low childhood immunisations achievement rates.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection was undertaken by a lead inspector, a second inspector and a GP Specialist Adviser.

Background to Ragstone Road Surgery

Ragstone Road Surgery is located in Chalvey, Slough in Berkshire. The practice is based within a converted residential dwelling and joined Bharani Medical Group in June 2013. Ragstone Road Surgery is one of the practices within East Berkshire Clinical Commissioning Group (CCG) and provides general medical services to approximately 3,500 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England.

All services are provided from:

Ragstone Road Surgery, 40 Ragstone Road, Chalvey, Slough, Berkshire SL1 2PY.

Information from Slough Borough Council, the Office for National Statistics and the practice identifies the area of Chalvey as having well documented challenges. These challenges included above national average rates of early deaths due to coronary heart disease, a high rate of new cases of diabetes, the fifth highest birth rate in the UK, high levels of short-term temporary housing, high levels of child poverty, high alcohol related crime rates, congenital birth problems and complex consanguinity cases. Ragstone Road Surgery population has a lower number of patients aged under 19 and a significantly higher proportion of male patients aged between 20-59 when compared to national averages.

The practice has a highly transient patient population; patients are often outside of the country for long periods and patients registering at the practice are often only in the area for short, temporary amount of time. The practice population is identified as having a deprivation rating of four in a rating scale of ten. People living in more deprived areas tend to have greater need for health services. The practice is aware of and is able to identify their patients with income deprivation issues.

The practice has a unique mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds, approximately 44% of patients have an Asian background, 25% of patients are from Eastern Europe, specifically Poland and there was a growing number of Somalian patients. This ethnic mix is consistent with the variety of cultures in Slough. There are a large proportion of the patients who speak English as a second language.

The practice comprises of one lead GP (a male GP) and two salaried GPs (both female). The all female nursing team consists of one practice nurse and a trainee practice nurse, one of which is the designated nurse lead. A practice manager, a business manager, a day manager and a team of reception and administrative staff undertake the day to day management and running of Ragstone Road Surgery.

The practice has core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.30am to 5.50pm daily including open access appointments with a duty GP. Extended opening hours are available every Tuesday, Wednesday and Friday when the practice opens for early morning appointments starting at 7.30am. In addition, the practice has offered extended hours appointments every weekday evening between 6.30pm and 8.30pm and every Saturday and Sunday from 9am to 1pm at Bharani Medical Centre

(funded by the Prime Minister's Access Fund). The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by East Berkshire out of hour's service or after 6.30pm, weekends and bank holidays by calling NHS 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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met... <ul style="list-style-type: none">• Data showed a significantly higher than average exception reporting rate for patients with diabetes.• Data showed that cervical screening uptake continued to remain below the national target.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met... <ul style="list-style-type: none">• We observed a staff member not following appropriate infection prevention and control procedures.• There was a lack of structured training or tools for reception staff to effectively triage patients.• We found that DBS checks were not always undertaken in line with the practice policy.• There was a lack of documented evidence that NMC checks had been undertaken prior to a nurse starting employment.• We found there was a lack of knowledge on how chaperoning should be undertaken.• We found repeated actions identified in fire risk assessments had not been appropriately actioned.• We found two patients who were prescribed high-risk medicines had not had blood tests within the required three months.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

How the regulation was not being met...

- The provider could not demonstrate how staff checked the oxygen cylinder was working effectively whilst the practice nurse was off. We also found two blood glucose monitoring machine test strips had expired in November 2019.
- There was a lack of evidence that all safety alerts had been reviewed.
- We found that governance processes were not sufficient to identify and respond to issues with the competence of staff in infection control procedures, triaging appointments and effective chaperoning.
- The provider could not demonstrate that the practice nurse had supervision to ensure they were competent to carry out their role safely and effectively.
- The provider could not demonstrate that all staff had completed safeguarding training at the appropriate level for their position in line with national guidance and the practice policy.