The London Road Surgery

Inspection report

Market House
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Wickford
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Date of inspection visit: 20 January 2020
Date of publication: 25/03/2020

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?	**Inadequate**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Inadequate**

Overall summary

We carried out an announced comprehensive inspection at The London Road Surgery on 20 January 2020 as part of our inspection programme.

We carried out an inspection of this service due to the length of time since the last inspection. We undertook the inspection following our annual review of the information available to us. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: safe, responsive and well-led. Because of the assurance received from our review of information prior to the inspection we have made a judgement that the previous rating for the key questions caring and responsive has not changed.

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.

We rated the practice as inadequate for providing safe services because:

- The practice did not have clear systems, processes and information for staff to keep patients safe.
- There were gaps in the systems to assess and manage risk.
- There was limited evidence that the practice learned and made improvements when things went wrong.
- The system for acting on patient safety alerts was not effective.

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

- There was no assurance that care provided was holistic, coordinated and in accordance with current guidance.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Forms related to consent for minor surgery were generic and there was limited assurance that risks had been discussed with patients prior to them consenting.

These areas affected all population groups within effective so we rated all population groups as inadequate.

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

- Clinical leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- There was no vision or strategy to drive the provision of high-quality care and limited evidence of involvement of patients or third parties.
- The overall governance arrangements were ineffective.
- The practice did not have effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

These were not inspected at this inspection and carried over their rating from the previous inspection.

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:

- Review locum induction packs periodically to ensure they contain all necessary information.
- Embed and review changes around recruitment processes.
- Implement a formal system for gathering and monitoring patient feedback in order to improve the service provided.
- Maintain an audit trail for the issuing of prescription stationery throughout the practice.
- Improve the content of the consent forms for minor surgery and implement a system to monitor the consent process.
- Consider a succession plan.

Overall summary

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 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.

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 Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and an inspection manager who was observing the team.

Background to The London Road Surgery

The London Road Surgery is located at Market House in Wickford. The surgery has good transport links and there is a pharmacy located nearby. There is a small car park behind the practice with some dedicated disabled spaces.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury, family planning and surgical procedures.

The London Road Surgery is situated within the Basildon and Brentwood Clinical Commissioning Group (CCG) and provides services to 12,795 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership who registered with the CQC in April 2013. The practice has three male GP partners and three female salaried GPs, in addition to, a nurse practitioner, two practice nurses and a healthcare assistant, several administration staff. They use locum GPs as required. The practice is part of a local primary care network (PCN) of GP practices.

There are higher than average number of patients aged over 65 and few patients aged between 5 and 18, than the national average. The National General Practice Profile states that 95.7% of the practice population is from a White background with the remainder of the population originating from black, Asian, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • There was a lack of clinical oversight of performance management, or documented action plan where performance was lower than desirable. • Copies of identity checks were not routinely maintained in staff files. • There was no system in place to identify and manage staff whose performance was lower than expected and may impact on patient treatment. • There was no formal system in place to complete and record checks on clinical staff registration status. • There was no programme in place for quality improvement, including clinical audit. • There was no documented vision or strategy to support the provision of good quality care. • Staff did not have ready access to information on governance structures and procedures. **There was additional evidence of poor governance. In particular:** • Safeguarding systems were not effective.There was no proactive monitoring of patients on child protection plans and those identified on the safeguarding register. • There was no evidence that the practice had a system for ensuring that staff training was up to date and relevant to their role. Some staff had not received safeguarding training and one GP had not received sepsis training. • There was no fire risk assessment in place.

This section is primarily information for the provider

Enforcement actions

- The infection control audit was not in date or relevant to the practice's current location.
- There was no evidence that the practice assessed or monitored the impact of changes on safety.
- There was limited evidence of documented regular practice wide and clinical meetings where learning from incidents, alerts, complaints and current guidance was shared and discussed and performance reviewed.
- The pathway for handling two week wait referrals did not have a fail-safe process in place where the referral was a 'defer to provider' type.
- Patient safety alerts handling had minimal input from clinicians.
- There was limited evidence that patients were risk assessed in line with current guidance.
- Systems for handling test results were not followed consistently by all staff.
- There was limited review of patient feedback.
- The practice could not evidence that required actions had been taken following multi-disciplinary meetings.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.