

Kirby Road Surgery

Inspection report

58 Kirby Road
Dunstable
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Date of inspection visit: 30 June 2022
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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? | Requires Improvement |  |
| Are services effective? | Requires Improvement |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Requires Improvement |  |
| Are services well-led? | Requires Improvement |  |

Overall summary

We carried out an announced inspection at Kirby Road Surgery on 30 June 2022. Overall, the practice is rated as requires improvement.

The ratings for each key question are:

Safe – requires improvement

Effective – requires improvement

Caring - good

Responsive - requires improvement

Well-led - requires improvement

Following our previous inspection on 26 May 2021, the practice was rated requires improvement overall and for the key questions are services safe, effective and well-led.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Kirby Road Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- All key questions.
- Any breaches of regulations or should do actions identified in the previous inspection.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Staff questionnaires.
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

Overall summary

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

- There were gaps in the recruitment checks of new staff.
- Patient Group Directions (PGDs) for staff to administer medicines were not authorised correctly and did not contain the name of the practice.
- The practice had issued a higher than average number of anti-microbial prescriptions for the treatment of urinary tract infection. There had been an increased trend for prescribing these medicines over the past year and there was no evaluation to ensure prescribing was appropriate and in line with good antimicrobial stewardship guidelines.
- Medical oxygen was available on site in the treatment room. However, oxygen masks and tubing were stored in a separate cupboard and not together with the oxygen cylinders and the practice had not assessed the risk of a delay in providing emergency care and treatment.
- The practice did not have an effective system to learn and make improvements when things went wrong.

However, actions had been taken to address the concerns found at the previous inspection under the key question; are services safe?

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

- A review of the patient clinical system found that patients who have had an exacerbation of asthma and those diagnosed with hypothyroidism were not always monitored appropriately. Patients with chronic kidney disease did not have a code indicating the diagnosis on their clinical record and allowing them to be identified for appropriate care and treatment.
- The uptake for cervical screening had improved but remained below the 80% target.

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

- Patient feedback was positive regarding the care they received.
- The practice had identified 107 patients who were carers. This was approximately 1% of the practice population.
- There was a carers lead and support information for carers.

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

- Patients reported they did not have timely access to the practice.
- The practice had installed a new telephone system. However, there had been no analysis of data to evaluate its effectiveness.
- Complaints were not handled in a consistent way and were not used to improve the quality of care.
- The latest national GP Patient Survey data showed a significant decline in patient satisfaction.

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

- The practice had responded to concerns raised at previous inspections.
- Staff reported they felt supported by the GPs and practice management.

Overall summary

- The GP partnership did not reflect the CQC registration.
- The provider was registered as a data controller with the Information Commissioner's Office. However, this was not with the current name of the practice or partnership.
- We found that significant events and complaints were not handled in a satisfactory way to identify learning and drive improvements.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to take actions to improve the uptake of cervical screening for all eligible patients.
- Update the major incident plan following learning from the COVID-19 Pandemic.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Kirby Road Surgery

Kirby Road Surgery is located in Dunstable at:

58 Kirby Road,
Dunstable,
Bedfordshire,
LU6 3JH.

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

The practice is situated within the Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 446. This is part of a contract held with NHS England. From July 2022 the CCG is known as the Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB).

The practice is a member of a primary care network (PCN) that enables them to work with other practices in the area to deliver care.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh highest decile (seven of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 92% White, 3% Asian, 2% Black and 2% Mixed.

The age distribution of the practice population closely mirrors the local and national averages, with a slightly higher than average number in the 55 to 64 year age group.

The practice has four GP partners, all male who are supported by three female and one male regular locum GPs. The nursing team consists of a female nurse manager, a male nurse prescriber, a female practice nurse and two female health care assistants. The clinical team are supported by two pharmacists, one male and one female. There are a team of reception and administration staff led by an office manager, an operations manager and one of the GPs as a managing partner.

The practice is open between 8am to 6.30pm Monday to Friday. There are extended opening hours, for pre-booked appointments, on Tuesdays from 6.30pm to 8pm and Saturdays from 9am to 12pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the Primary Care Network, where routine appointments with a GP, practice nurse or health care assistant can be booked through the practice. This service operates on Monday to Friday evenings from 6pm to 8pm and on Saturdays and Sundays from 8.30am to 12.30pm at five local GP Practices.

When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment |
| Family planning services | There was evidence that safe care and treatment was not always being provided. In particular: |
| Maternity and midwifery services | The practice had issued a higher than average number of anti-microbial prescriptions for the treatment of urinary tract infection. There had been an increased trend for prescribing these medicines over the past year. |
| Surgical procedures | A review of the patient clinical system found that patients who have had an exacerbation of asthma and those diagnosed with hypothyroidism were not always monitored appropriately. For example, |
| Treatment of disease, disorder or injury | <ul style="list-style-type: none">• There were 34 patients who had been prescribed two or more courses of an oral steroid for an exacerbation of asthma in the past 12 months. We reviewed a sample of five patients' notes and found none of them had received a follow up to check their response to treatment within one week.• There were 354 patients diagnosed with hypothyroidism (a condition where the thyroid doesn't create and release enough thyroid hormone into the bloodstream). There were 10 patients identified who may not have had appropriate blood monitoring. We reviewed five patients' notes and found three of these were overdue thyroid function blood tests. A review of the patient clinical system found 168 patients with blood test results that indicated they had chronic kidney disease. We reviewed a sample of five patients' notes and found none of these had been coded on the clinical record system with the diagnosis. Four out of the five patients were receiving appropriate medicines for the disease; one of the patients required a repeat blood test. |

Requirement notices

The practice used Patient Group Directions (PGDs) for staff to administer medicines. A review of a sample of five PGDs found that they all had an authorisation signature dated prior to the date the PGD was signed by the practice nurse and none of them contained the practice name.

Emergency equipment was not easily accessible. The medical oxygen was available on site in the treatment room. However, oxygen masks and tubing were stored in a separate cupboard and not together with the oxygen cylinders

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Good governance systems and processes were not always effective or followed. In particular:

Recruitment checks for new staff were not sufficient. We reviewed three staff files and found gaps in the records kept. For example,

- There was not an application form or curriculum vitae, detailing full employment history, for a member of the nursing team.
- One file did not have a signed contract.
- None of the files contained evidence of conduct, such as references, in previous employment.
- Two of the files did not have a risk assessment to determine if a DBS check was required and if the staff members could commence employment without one.
- There was not a full record of vaccination status for the non-clinical staff.

Patients who had given feedback to CQC and their local member of parliament since the last inspection in May 2021, were not satisfied with the length of time it took to get through to the practice on the telephone and the ease of booking an appointment. At the time of the inspection

Requirement notices

the practice had not used the data from the new telephone system to evaluate its effectiveness. The latest national GP Patient Survey data showed a significant decline in patient satisfaction.

The practice did not have an effective system to learn and make improvements when things went wrong. For example,

- We found two complaints that the practice had received that were not also recorded as a significant event. One of these was a missed cancer diagnosis and the other a cancer diagnosis that was given to a patient over the telephone. This meant that learning from these events was not discussed or shared and no measures were put in place to prevent their recurrence.
- Eleven out of the 13 significant events recorded in the past 12 months related to prescribing errors. Four significant events had been recorded where the same prescription had been issued twice to patients. The events had been recorded and logged, however, there was no learning identified or failsafe measures put in place to prevent a recurrence.

Complaints were not handled in a consistent way and were not used to improve the quality of care. For example,

We reviewed six complaints and found

- Four complaints had not been acknowledged with 72 hours of receipt. All of these complaints had been received via email. The practice informed us that the response to complaints had been sent by post. However, there was no record of this.
- Four complaints did not contain details of the Parliamentary and Health Service Ombudsman for patients to contact if they were not satisfied with how their complaint had been handled.
- A response to one of the complaints did not address the reason for the complaint that the patient could not get through to the practice via the telephone.
- Complaints records were not consistent and complete. We were informed that some information was held in other files or online. However, the practice did not provide evidence of this.

The practice kept a log of complaints received. The majority of the complaints were logged as not upheld even when the practice had identified an error.

This section is primarily information for the provider

Requirement notices

The practice had aligned with a neighbouring practice two years previously. Three new partners had joined the practice. However, they had not updated their registration with CQC.

The provider was registered as a data controller with the Information Commissioner's Office. However, this was not with the current name of the practice or partnership.

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