

Leighton Road Surgery

Inspection report


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Leighton Buzzard
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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?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We carried out an unannounced comprehensive inspection at Leighton Road surgery on 10 July 2019 in response to concerns. Our inspection team was led by a CQC inspector and included an inspection manager, a GP specialist advisor and a practice manager specialist advisor.

Following our last inspection in February 2019, the practice was rated as requires improvement overall.

The full comprehensive report from the February 2019 inspection can be found by selecting the 'all reports' link for Leighton Road Surgery on our website at .

Our judgement of the quality of care at this service is based 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 and inadequate for all population groups. This was linked to findings around a lack of insight and capacity amongst leadership teams.

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

- Medicine and safety alerts were not appropriately managed and there was no oversight to ensure these had been actioned. Records we reviewed confirmed no action had been taken in response to recent alerts.
- Medicines that required additional monitoring were not appropriately managed and we saw patients had not received blood tests within the recommended time frames.
- Vaccination fridges, emergency medicines and clinical waste were stored in patient accessible areas, compromising safety.
- Cleaning logs of rooms and multiple-use equipment were not maintained.
- Pathology results were reviewed in a timely manner however, appropriate action was not always taken.

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

- We saw evidence of a lack of clinical oversight and clinical systems to ensure patients were appropriately entered onto disease registers.
- Patients with long-term conditions were not consistently reviewed as appropriate.

- Patients with a diagnosis of diabetes, or a possible diagnosis of diabetes, were not followed up following repeated abnormal blood results.
- Patients were not consistently followed up when letters were sent, or they did not attend appointments.
- Patients were not appropriately coded within patient records and we saw examples of where patients had been exception reported inappropriately.
- Staff referred patients to secondary care and local resources as appropriate.
- Care was co-ordinated with community providers through regular meetings.

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

- GP patient survey results were below local and national averages. These indicators had further deteriorated in the 2019 survey, which were published shortly after this inspection.
- The practice had not developed an action plan to improve patient satisfaction since the 2018 survey.
- Patients told us they were treated with care and compassion.
- The practice had identified approximately 2% of the population as carers.

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

- Patients told us they experienced difficulties accessing the practice via the telephone and making routine appointments.
- Patients told us they suffered delays in obtaining repeat prescriptions for their medicines due to delays in obtaining appointments where they were required to see a GP.
- GP patient survey results were lower than local and national averages and had deteriorated since the 2018 survey. The practice did not have an action plan to address these indicators.
- The practice had not conducted any patient feedback exercises such as surveys to seek patients views for the purpose of evaluating and improving services for patients.

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

Overall summary

- The practice had faced challenges with GP availability however there was no effective systems to mitigate this risk and ensure patient safety.
- We saw that clinical capacity had decreased; however, the practice had not conducted any quality improvement activity or action plans to address this and mitigate the risk. The reduction in clinical capacity had resulted in a lack of clinical oversight.
- Staff told us they had informed management of their concerns regarding appointment availability and clinical capacity however, these had not been acted on.
- We were told that the practice had recruited further locum GPs and minor illness nurses; however, these were not in post at the time of inspection.
- The practice was not able to evidence succession planning.
- Risks to patient safety were not appropriately managed including management of safety alerts, management of patients with long term conditions, patients prescribed high risk medicines, emergency medicines and sharps waste.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- 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.

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.

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.

Dr Rosie Benneyworth BS BM 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 lead by a CQC inspector and included an inspection manager, a GP specialist advisor and a practice manager specialist advisor.

Background to Leighton Road Surgery

Leighton Road Surgery provides a range of primary medical services, including minor surgical procedures from its location at 1 Leighton Road, Linslade, Bedfordshire, LU7 1LB and its branch surgery Grovebury Road Surgery, Unit 6, 7, 8 Ridgeway Court, Grovebury Road, Leighton Buzzard, Bedfordshire, LU7 4SF. We inspected both locations as part of this inspection however, we were informed that most of the patient care is based at the branch surgery as it is a bigger location. It is part of the NHS Central Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 22,100 patients with slightly higher than national average number of children under four years old and lower than average number of patients over 75 years. The practice population is 95% white British.

The practice is a training practice and employs Registrars. A Registrar is a fully qualified and registered doctor who is completing further training to become a GP. The practice also supports nursing students.

Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of one GP partner (female), seven salaried GPs and regular locum GPs. The practice also employs nine female practice nurses, and a team of healthcare assistants. The team is supported by a non-clinical managing partner and a team of non-clinical, administrative staff including a patient liaison manager.

The Leighton Road site is a two-storey building where consultations take place on the ground floor. There is disabled access and a car park outside the building. The Grovebury Road site is a large two-storey building with consultation rooms on both floors with disabled access, including wheelchair lifts, throughout.

Leighton Road Surgery is open from 8am to 5.30pm on Monday to Friday. Grovebury Road Surgery is open from 8am to 6.30pm. The practice offers extended opening hours on Tuesdays from 6.30pm to 8pm and one Saturday a month from 8am to 2pm at the Grovebury Road branch.

When the practice is closed, out of hours services are accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

The practice provides family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Patient test results were not effectively managed. Although results were being reviewed in a timely manner, appropriate action was not always taken.• There was no oversight of safety alerts and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts received by the practice.• The system for checking the monitoring of medicines that required regular review was not safe. Blood results for patients being prescribed medicines that required additional monitoring were not checked prior to prescribing.• Fridges were unlocked and in patient in patient accessible areas. Open sharps bins were on tables within clinical rooms that could be reached by patients, including children. Full sharps bins, awaiting collection, were also kept in clinical rooms.• Room cleaning schedules and cleaning logs of non-single use equipment were not maintained. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk:

- There was lack of effective clinical oversight and governance.
- The lack of GP availability was affecting patient access and continuity of care. There was a heavy use of locum staff. The practice had not created a formal action plan to manage this.
- The practice had not completed any analysis of appointment availability or patient demand following the increased complaints in this area.
- The practice had not completed any patient feedback activities.
- The practice's performance in the national GP patient survey was significantly lower than local and national averages.
- There was no succession plan in place.

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