

Queens Bower Surgery

Inspection report

201 Queens Bower Road
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Nottingham
Nottinghamshire
NG5 5RB
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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Queens Bower Surgery on 2 April 2019. At this inspection we followed up on the two breaches of regulations identified at a previous inspection on 11 January 2018.

Queens Bower Surgery received a previous CQC inspection 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 identified as requires improvement. All population groups were rated as requires improvement. The practice was rated as requires improvement overall at the last inspection because:

- Improvement was required in relation to the management of clinical waste.
- Improvement was required in relation to managing emergencies and fire safety
- Governance arrangements required improvement to ensure staff received support and risk to people using the service were minimised.

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.

At this inspection, we have rated this practice as inadequate overall and we have rated the population groups as requires improvement overall.

We rated this practice as **inadequate** for providing safe services because:

- While the practice had made some improvements since our inspection on 11 January 2018, it had not appropriately addressed the Requirement Notice in relation to the monitoring and recording of emergency equipment and emergency medicines. At this inspection we also identified additional concerns that put patients at risk.
- Although the practice kept a register of patients with safeguarding concerns, there was no clear process to demonstrate what action the practice had taken. The safeguarding policy had not been reviewed or updated.
- Necessary safety checks had not been undertaken, some equipment in the practice had not received portable appliance testing (PAT).

- Infection prevention and control checks had not been undertaken to ensure risks to staff and patients had been minimised.
- Lessons from past events had not ensured improvement within the practice to minimise the occurrence of similar events.
- Some emergency medicines were not available, and there were no risk assessments in place to demonstrate why they were not available.
- Patient Specific Direction (PSDs) were not authorised to enable non-prescribing staff to administer vaccines.

We found a continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- While the practice had made some improvements since our inspection on 11 January 2018, it had not appropriately addressed the requirement notice in relation to ensuring that governance arrangements were operated effectively to assess, monitor and mitigate risks to the service. At this inspection we also identified additional concerns that put patients at risk.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice did not have clear vision, or credible strategy.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

We found a continued breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We rated this practice as **requires improvement** for providing effective and caring services because:

- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Staff did not receive regular supervision or appraisal and some training was overdue.
- Some performance data such as childhood immunisations and the Quality and Outcomes Framework was below local and national averages.
- These issues affected all population groups, therefore they were rated as requires improvement.
- There were more mixed comments than positive.
- The carers register was not accurate.

Overall summary

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- Ensure that care and treatment is provided in a safe and effective way.
- 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:

- The practice should ensure their complaints process includes the handling of verbal complaints.
- The practice should ensure that there are systems in place to formally identify carers and that the register is accurate and is maintained.
- The practice should take steps to seek the views of patients and act on feedback to make improvements to the service.

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.

The service will be kept under review and if there is not enough improvement our enforcement action could be escalated.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

Background to Queens Bower Surgery

Queens Bower Surgery is located at 201 Queens Bower Road, Bestwood Park, Nottingham, Nottinghamshire, NG5 5RB.

The provider is the owner of the premises. There are good transport links with a bus stop located just outside the practice. There is also a car park for patients to use.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice provides NHS services through a General Medical Services (GMS) contract to 4,300 patients. The practice is part of the NHS Nottingham City Clinical Commissioning Group (CCG) which is made up of 54 general practices.

The practice's clinical team is led by a full-time male GP. There is one part-time healthcare assistant and three part-time receptionists. The practice also uses regular part-time locum nurses and GPs and a locum practice manager who works one day per week.

The practice is open Monday to Friday from 8.30am until 6.30pm except when the practice is closed on Thursday afternoons. Standard appointments are 10 minutes long, with patients being encouraged to book double slots

should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

No extended hours are available at the practice, but patients have access to an extended access service (GP+) in Nottingham city centre run by Nottingham City GP Alliance, located just over a mile away. This opens from 4pm – 10pm Monday to Friday, and 9am to 1pm at weekends. There is also an urgent care centre in Nottingham open every day from 7am to 9pm

The practice has opted out of providing an out-of-hours service, and patients calling the practice when it is closed will be directed to the local out-of-hours service provider via NHS 111. This is also available when the practice is closed on a Thursday afternoon.

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

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>A warning notice was issued to the provider on 30 April 2019 and they are to be complaint with this regulation by 7 June 2019.</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This included risks related to arrangements for dealing with emergencies, infection control, staff training and supervision.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>A warning notice was issued to the provider on 30 April 2019 and they are to be complaint with this regulation by 7 June 2019.</p> <p>The provider was not ensuring that governance arrangements were operated effectively to assess, monitor and mitigate risks relating to the service.</p> <p>This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>