

Leighton Road Surgery

Inspection report

1 Leighton Road
Linslade
Leighton Buzzard
Bedfordshire
LU7 1LB

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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?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Leighton Road Surgery on 20 February 2019 in response to concerns. Our inspection team was led by a CQC inspector and included a further CQC inspector, a GP specialist advisor and a practice nurse specialist advisor.

At the last inspection in March 2017 we rated the practice as good overall.

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.

The practice is rated as requires improvement overall.

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

- The system to manage pathology results was ineffective and blood results were not being reviewed in a timely manner. The practice addressed this immediately following our inspection.
- We found out of date dressings in clinical rooms. This practice addressed this immediately.
- The system to ensure prescription stationery was appropriately managed was ineffective. We received evidence following the inspection that this system had been reviewed.
- Safety alerts were not appropriately managed and there was no oversight to ensure these had been actioned. We looked at recent safety alerts and some of these had not been appropriately actioned. The practice provided evidence shortly after our inspection to provide assurance that this has now been addressed.
- People who used the service were protected from avoidable harm and abuse.

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

- There was evidence of regular reviews for patients with complex needs or long-term conditions.
- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- Staff were appropriately inducted and supported with training needs.

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

- Staff showed commitment to patient care and ensured their privacy and dignity was maintained at all times.
- The practice maintained a carers register and offered appropriate support to these patients.

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

- Patients told us they found accessing the practice by telephone was difficult.
- The GP National Survey results were below local and national averages.
- Complaints were appropriately responded to and analysed.
- The practice had responded to patient feedback and made improvements in relation to access, however, levels of patient satisfaction was still low.

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

- The leadership, governance and culture of the practice promoted the delivery of high quality person-centred care.
- Staff told us that they felt supported and that management teams were visible and responsive to concerns.
- Key policies were accessible to all staff.

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Continue to conduct appraisals for all staff groups.
- Continue to assess and improve patient satisfaction in relation to access.

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	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 inspector and included a further CQC inspector, a GP specialist advisor and a practice nurse 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 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), nine salaried GPs (seven male and two female). The practice also employs ten female practice nurses, and a team of healthcare assistants. The team is supported by a practice manager, 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 8.30pm.

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

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 Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</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">• There was an ineffective system for managing pathology results.• There was limited oversight of medicine and safety alerts. The records we looked at showed these were not consistently acted on.• There was evidence of out of date dressings and equipment in clinical rooms.• Health and Safety risk assessments had not been completed.• The system for ensuring prescription stationery was held securely was lacking. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>