

# Waterbeach Surgery

## Inspection report

Rosalind Franklin House  
Bannold Road, Waterbeach  
Cambridge  
CB25 9LQ  
Tel:  
[www.waterbeachsurgery.co.uk](http://www.waterbeachsurgery.co.uk)

Date of inspection visit: 28 October 2020  
Date of publication: 07/12/2020

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?

Requires Improvement 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

**We carried out an announced comprehensive inspection at Waterbeach Surgery on 28 October 2020. We rated this service as inadequate, overall.** This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

At the previous comprehensive inspection published January 2020, the practice was rated as inadequate overall with a rating of inadequate in providing safe, effective and well led services. The practice was rated as requires improvement for caring and responsive services. As a result of the concerns identified the provider was suspended from November 2019 to May 2020. Following this suspension, conditions were imposed on the registration of the practice with the CQC. The practice was put into special measures.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information the practice sent to us prior to the inspection
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We conducted staff interviews and review documents sent by the provider from 29 September 2020 and carried out a site visit on 28 October 2020.

We noted, whilst their registration was suspended (November 2019 to April 2020) and a different support agency from the current GP Federation was in place, the provider was on extended leave from November 2019 to March 2020. The provider returned in March 2020 and engaged in driving the improvements needed to address the concerns identified in our inspection November 2019.

**At this inspection, the practice was rated as requires improvement for providing safe services because:**

We found improvements had been made, however, most of these had only been made and implemented since March 2020 and needed further improvement, embedding and evidence that they would be sustained. We noted, whilst their registration was suspended and a different support agency from the GP Federation was in place, the provider had from November 2019 to March 2020 a period of extended leave.

- We found that the practice system and process to ensure all significant events were reported, investigated and appropriate actions taken in a timely manner had failed. We found a significant event had been delayed and the shared learning and implementing changes put other patients at risk.
- There were improvements in the practice oversight of training, however we found the practice did not evidence that all staff had completed the training the practice deemed mandatory. Staff we spoke with were knowledgeable in the areas where evidence had not been provided.

**At this inspection we have rated all population groups as inadequate and therefore the practice rating for providing effective services is inadequate. The practice was rated as inadequate for providing effective services because:**

The practice performance for QOF 2019/2020 indicators which could affect all population groups was significantly below the Clinical Commissioning Group (Clinical Commissioning Group) and national averages. In most areas the practice performance was lower than at our previous inspection. The practice was aware of this and following our previous

# Overall summary

inspection had invested clinical time into reviewing the practice processes. This included exception reporting and skill mix. However, we found the practice was experiencing a significant lack of employed clinical staff. This shortage was challenging them to ensure all patients were receiving monitoring and review within a timely manner. They shared with us a written plan to address these shortfalls, but these plans were reliant on the successful employment and retention of new staff. They shared with us a written plan to address these shortfalls, but these plans were reliant on the successful employment and retention of new staff. On the day of the inspection the practice told us some of the vacant posts had been filled although the new staff members employed had not yet started working at the practice.

- We found the practice did not have wholly effective systems in place to ensure staff felt fully supported or supervised to feel confident they were delivering safe and effective services.
- The practice review of coding and summarising of medical records had been implemented and the practice had achieved 58% of all records reviewed. This was in line with the practice action plan. However, as over 42% of the records had not been reviewed, we cannot be assured that patients had received care and monitoring appropriately and in a timely manner.

**At this inspection, the practice was rated as good for providing caring services.:**

**At this inspection, the practice was rated as inadequate for providing responsive services because:**

- Data from the GP Patient Survey 1 January 2020 to 31 March 2020 showed patient satisfaction was significantly lower than the data from the GP patient Survey 1 January 2019 to 31 March 2019. The data was below the CCG and national average. Patient and feedback to CQC was mixed in the feedback with themes of low satisfaction of access despite the practice installing a new telephone system.

**At this inspection, the practice was rated as inadequate for providing well led services because:**

- The practice had been supported by the CCG since the last inspection and by a GP Federation since March 2020. As a result of this significant investment of additional clinical and management support improvements had been seen. However, at our last inspection, we had identified significant risks to patients and there were still further improvements to be made, and further analysis of unmet need to be undertaken. The improvements made required to be fully embedded and sustained.
- We found improvements in the governance and management oversight of risks to patients and staff had significantly improved, but some needed to be further improved, embedded and sustained.
- We found the performance of the practice QOF 2019/2020 (this was performance data before the challenges of Covid-19) was significantly lower than QOF 2018/2019 as in our last report. This did not give assurance that patients had received structured reviews in a timely manner.
- Staff were mixed in their feedback about the practice and the leadership. The practice had made significant changes to staff employment and support and not all staff had found this easy. There had been poor staff retention and on the day of the inspection, the provider was the only GP permanently employed at the practice.
- Patient's feedback was mixed with positive comments about the changes and the improved leadership. The results of the 2020 GP patient survey were significantly lower than the results of the 2019 GP Patient Survey.

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

- Maintain, embed and sustain effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

# Overall summary

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

- Continue to monitor the carers list and continue to find ways to identify patients who are carers to ensure they receive care and support.
- Continue to monitor the carers list and continue to find ways to identify patients who are carers to ensure they receive care and support.
- Continue to monitor feedback from patients including the GP patient survey to improve patient satisfaction.

This service was placed in special measures in **January 2020**. Some improvements have been made, however insufficient improvements have been made in some areas. Therefore, the service will remain in special measures for a further six months. 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 six months, and if there is not enough improvement, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

As a result of the findings from our inspection, as to non-compliance, but more seriously, the risk to service users' life, health and wellbeing, the Commission decided to issue a notice of decision to vary the conditions and impose new conditions on the provider's CQC registration. For further information see the enforcement section of this report.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and a GP specialist adviser.

## Background to Waterbeach Surgery

Waterbeach Surgery provides services to a population of approximately 5,670 patients. The practice is contracted to provide General Medical Services (GMS) by Cambridgeshire and Peterborough Clinical Commissioning Group.

The provider, Dr Ranam Al Ghazzi, is a single-handed provider. To meet the conditions imposed on the practice Dr Al Ghazzi has had support from GPs and the management team provided by a GP Federation.

During the period of their registration suspension (November 2019 to April 2020) the provider was supported by a different agency to the GP Federation in place at the time of the inspection. During the period of November 2019 to March 2020, the provider was on extended leave from the practice.

On the day of the inspection, the GP provider was the only permanent GP as the one salaried GP was on long term leave. There was one advance nurse practitioner, one practice nurse and one health care assistant. There is a deputy practice manager in training and the part practice manager is part of the GP Federation support team. There is a team of reception and administrative staff who undertake various duties.

The provider had previously offered a dispensary service; however, this was closed in September 2019.

The practice provides a range of clinics and services, detailed in this report, and opened between the hours of 8:30am and 6pm weekdays.

The practice also offers extended access appointments on evenings and weekends through a Federation of local practices. In addition to this, outside of practice opening hours, a service was provided by another health care provider, Herts Urgent Care, via the NHS 111 service.