

# West Street Surgery

## Inspection report

89 West Street  
Dunstable  
Bedfordshire  
LU6 1SF  
Tel: 01582 664401  
www.weststreetsurgery.org.uk

Date of inspection visit: 22 May 2019  
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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?

Requires improvement 

Are services effective?

Inadequate 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at West Street Surgery on 22 May 2019 to confirm that the practice had carried out the necessary improvements in relation to their breaches of regulation when they were placed in special measures.

The practice received an overall rating of inadequate at our inspection on 19 September 2018 when warning notices were issued. The practice was inspected on 27 February 2019 and found to be compliant with the warning notices.

The full comprehensive report from the September 2018 and February 2019 inspection can be found by selecting the 'all reports' link for West Street 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.

## **The practice is rated as Inadequate overall.**

### **(previously rated inadequate in September 2018)**

We rated the service as requires improvement for providing Safe services because:

- Systems had been implemented to assess risk, however, these were not always effective and there was evidence that remedial work had not been completed.
- The practice had improved the oversight of significant events, learning and complaints however, these did not always lead to quality improvements.
- Fire extinguisher checks had not been completed.
- Health and safety audits and an infection prevention and control audit had been completed.

We rated the service as inadequate for providing Effective services because:

- Limited numbers of care plans had been completed for those in vulnerable groups such as those suffering from a mental health condition or with a cancer diagnosis.
- There was a limited numbers of health checks being offered to eligible patients.
- There was high exception reporting in some areas.
- There was oversight of staff training needs and all training required by the provider had been completed however, there were gaps in additional GP training such as mental capacity act training.

We rated the service as requires improvement for providing Caring services because:

- The practice had commenced a carers register however, it had low numbers with less than 0.5% of the practice population being identified as carers.
- We saw evidence of staff treating patients with kindness and compassion.
- Patients told us staff were helpful and they felt involved in their treatment plans.

We rated the service as inadequate for providing Responsive services because:

- There was oversight of complaints and these were shared with staff, however, there was no evidence of what actions had been completed to improve practice and no evidence of learning shared with the wider team.
- There was no evidence of actions taken or improvements made following the GP patient survey results.
- Patients and staff told us that GP sessions regularly started up to an hour late.

We rated the service as inadequate for providing Well-led services because:

- The practice had unclear governance and management structures.
- Some staff told us they felt undervalued and demotivated due to the disorganisation of the management team.
- Staff told us that communication had improved but was still not sufficient.
- Key changes to systems, policies and procedures were not communicated with staff.

The areas where the provider **must** make improvements as they are a breach of regulation 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.

There were areas where the provider **should** make improvements are:

- Continue to proactively identify carers and offer appropriate support.

# Overall summary

This service was placed in special measures in December 2019. 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.

**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

<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 lead by a CQC inspector and included a GP specialist advisor and practice manager specialist advisor.

## Background to West Street Surgery

West Street Surgery provides a range of primary medical services, including minor surgical procedures, from its location at 89 West Street, Dunstable, Bedfordshire, LU6 1SF. It is part of the NHS 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 12,000 patients with a slightly higher than national average population of patients aged over 65 years and slightly lower than national average population of patients aged between five and 14 years. The practice population is 92% white British.

The practice supports five local care homes and one home for people with a learning disability.

Information published by Public Health England rates the level of deprivation within the practice population group as seven 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 two male and one female GP partners, one female salaried GP and one female long-term locum GP. The practice also employs two female senior nurse practitioner prescribers, two female practice nurses and one female practice nurse that also works as a community matron for the practice providing

home visits to patients unable to attend the practice. The clinical team also includes a health care assistant, a phlebotomist and a practice-based pharmacist. The team is supported by an interim management team and a team of non-clinical, administrative staff. The provider had sought support from a business consultancy agency who were involved in the practice management and supporting a staff restructure however their role was unclear. Members of the community midwife team and a mental health link worker operate regular clinics from the practice.

The practice operates from a two-storey purpose-built property, with disabled access throughout. Patient consultations and treatments take place on the ground floor level. There is a large car park outside the surgery, with parking for people living with disabilities available.

West Street Surgery is open from 8am to 6.30pm on Monday to Friday with extended opening on Monday and Wednesday until 7.30pm. They have recently worked with five local surgeries to provide extended access to patients. When the practice is closed, out of hours services are can be 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, maternity and midwifery services, 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><b>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:</b></p> <ul style="list-style-type: none"><li>• Weekly fire extinguisher checks had not been completed since November 2018 in line with the practice policy.</li><li>• Remedial actions identified following the fire risk assessment had not been completed.</li><li>• There were no cleaning schedules in place for non-single use nursing equipment.</li></ul>

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>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. In particular:</b></p> <ul style="list-style-type: none"><li>• Significant events were not managed appropriately, there was no evidence of actions and learning taking place following significant events or complaints.</li><li>• There were no improvement plans in place following patient feedback.</li><li>• Low numbers of care plans had been completed for vulnerable patients such as those with a mental health condition, learning disability or cancer diagnosis.</li><li>• There was limited knowledge of data protection and the duty of candour.</li><li>• GP sessions often started up to one hour late and patients were not informed of clinic delays.</li><li>• The practice had limited formal governance arrangements in place and quality improvement methods to assess, monitor and improve the quality and safety of the services provided.</li></ul>