

Huntingdon Road Surgery

Inspection report

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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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Requires Improvement overall. At the previous inspection in May 2016 the practice was rated as Outstanding overall.

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions:

Are services at this location safe?

Are services at this location effective?

Are services at this location caring?

Are services at this location responsive?

Are services at this location well-led?

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.
- Information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall.

The practice was rated as **requires improvement** for providing **safe** services because:

- We saw that portable appliance testing (PAT) was not carried out by a qualified person to ensure electrical equipment was safe to use. The provider told us that visual checks were completed by practice staff. However, no documentation was provided to demonstrate staff had the competency for this role. Following the inspection, the practice informed us PAT had been booked for January 2020.
- We found that fire and health and safety risk assessments were generic and lacking in detail specific to the practice premises. This did not provide assurance that all potential risks had been identified by the provider.

- The practice provided examples of infection prevention and control audits. However, these audits did not cover the entire practice premises and the most recent audits in several areas were last undertaken in 2016.
- The practice did not provide evidence clinical staff had complete oversight of relevant blood test results prior to prescribing warfarin. Following the inspection, the practice told us a new system had been implemented to ensure warfarin was only prescribed following receipt of a relevant blood test result.
- We found that the system for monitoring prescription stationery was not effective at the branch site.

The practice was rated as **requires improvement** for providing **effective** services because the population groups of **people with long-term conditions** and **working age people** were rated as **requires improvement**. These population groups were rated as **requires improvement** because:

- We found the practice had a higher Quality Outcomes Framework exception reporting rate for all long-term condition indicators; some of which were significantly higher than the Clinical Commissioning Group (CCG) and England averages. The practice were aware of this data; however, there were no plans to reduce the number of exceptions made.
- The practice's cervical screening uptake was significantly lower than the 80% Public Health England target rate at 54.4%.

In addition to these findings, we found:

- Not all staff had received an appraisal in the last 12 months. We found that three members of staff had not received an appraisal since June 2018 and ten appraisals scheduled for October 2019 had not taken place at the time of inspection. Following the inspection, the practice provided evidence that all staff appraisals had been completed.

The practice was rated as good for providing caring, responsive and well-led services.

We also found that:

- The practice had clear safeguarding processes and procedures; staff we spoke with were knowledgeable about safeguarding and the practice's systems.

Overall summary

- The practice had implemented a clear system of roles and responsibilities within the practice. Staff we spoke with were clear on these roles and responsibilities and who to approach for individual issues.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The practice's uptake of childhood immunisations was above the 90% World Health Organisation target rate.
- Patient satisfaction through the National GP Survey was positive and most indicators were above the CCG and England averages. This was further evidenced through CQC comment cards received during the inspection and through patient consultations on the day of the inspection.
- Staff told us they felt well supported by the leadership team who were visible and approachable.

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

- 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:

- Review and improve systems for monitoring patients in the secondary waiting area.
- Review and improve the system for prescribing warfarin.
- Review and improve the practice's cervical screening uptake rate.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Huntingdon Road Surgery

Huntingdon Road Surgery provides services to approximately 18,104 registered patients in Cambridge. The practice is contracted to provide General Medical Services by Cambridgeshire and Peterborough Clinical Commissioning Group. The service is delivered from two sites; one on Huntingdon Road in Cambridge city, and the other in the village of Girton. A small dispensary was attached to the Girton site which we visited as part of this inspection.

The service has five GP partners (three male and two female). The practice employs two salaried GPs (both female), seven practice nurses, and two health care assistants. The clinical team is supported by a business manager, operations manager and a number of secretarial, dispensing, reception and administrative staff. It is a training practice and supports trainee GPs and nurses.

The main practice site on Huntingdon Road is open Monday, Tuesday and Wednesday from 8.15am to 6pm. On a Thursday and a Friday the practice is open from 7.15am to 6pm. The Girton branch is open Monday to Friday from 8.30am to 12.30pm. On a Monday it also opens in the afternoon from 3pm to 6pm. The dispensary is open between 8.45am and 1pm each day, and from 3pm to 6pm on a Monday.

Outside of practice opening hours patients are able to access pre-bookable evening and weekend appointments through a network of local practices. In addition to this, an out of hours medical service is provided by Herts Urgent Care, accessed by patients dialling the NHS 111 service.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated 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:</p> <ul style="list-style-type: none">• The practice's systems for assessing and mitigating health and safety, fire and infection control risks within the practice were not effective.• The practice's system for monitoring blank prescription stationery was not effective. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The practice's Quality Outcomes Framework exception reporting rate for long-term conditions was significantly higher than the CCG and England averages. The practice were aware of this data but did not have any actions in place to improve it. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• Not all staff had received an appraisal in the previous 12 months.