

Kirby Road Surgery

Inspection report

58 Kirby Road
Dunstable
Bedfordshire
LU6 3JH
Tel: 01582609121
www.kirbyroadsurgery.co.uk

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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?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Kirby Road Surgery on 25 September 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Safe
- Effective
- 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 and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall and requires improvement for all population groups.

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

- Identified actions from infection prevention and control (IPC) audits had not been completed. We noted the work surfaces in the treatment room were cluttered allowing for the potential collection of dust and there were no foot operated pedal bins in the staff and patient toilets to ensure safe disposal of hand towels and waste without cross contamination.
- Emergency medicines were not easily accessible. Some staff did not know where to locate emergency medicines and equipment. Some recommended emergency medicines were not held in the practice and there was no risk assessment in place to mitigate this.
- A log had not been kept to demonstrate that fire drills had been completed. Fire alarm checks were only completed every two months.
- There were lapses in security in the premises. NHS smartcards were left in keyboards when staff were away from desks. The reception office was unlocked and easily accessible to patients.
- There were concerns with health and safety in the practice. The practice had not identified trip hazards.

There was a mercury sphygmomanometer used for taking blood pressure readings. However, staff were unaware of the actions to take in the event of a mercury spillage.

- Blood test results for patients prescribed Warfarin were not recorded in the patient computer record. We checked the hospital system and were assured that all patients prescribed Warfarin had received appropriate blood monitoring.
- The temperature of the fridges used to store vaccines was checked each day. The thermometers were integral to the fridges. A second independent thermometer was not used to cross-check the accuracy of the temperature and to monitor the temperature if the electricity supply to the vaccine fridge was interrupted.

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

- Exception reporting was high in some areas of the Quality and Outcomes Framework monitoring.
- The uptake for cervical screening was below the 80% target set by Public Health England.
- Some single-cycle audits had been undertaken by individual GPs. However, these were not shared with other clinicians and two-cycles and not been completed to demonstrate quality improvement. There was no other quality improvement activity demonstrated in the practice.
- Staff development was not supported by the use of appraisals.

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

- There were flaws in the leadership and governance of the practice.
- Staff were not supported fully by the GP partners.
- Systems and processes in place were not adequately followed.
- A fire risk assessment had not been completed to support decisions made in relation to fire alarm checks.
- Essential risk assessments had not been completed in relation to security and, health and safety.
- There was a lack of staff meetings and formal communications with staff. Outcomes and learning from significant events and complaints were not shared with practice staff.

Overall summary

The areas where the provider **must** make improvements 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.

(Please see the specific details on action required at the end of this report).

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

- Keep a log of fire drills.

- Review the use of mercury sphygmomanometers and ensure staff are aware of actions to take in the event of a mercury spillage.
- Consider the use of a second independent thermometer to monitor the temperatures of the fridges used to store vaccines.
- Encourage eligible female patients to have cervical cancer screening.

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 and a practice manager specialist advisor.

Background to Kirby Road Surgery

Kirby Road Surgery provides a range of primary medical services to the residents of Dunstable from its location of Kirby Road Surgery, 58 Kirby Road, Dunstable, Bedfordshire, LU6 3JH.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Kirby Road Surgery is situated within the Bedfordshire Clinical Commissioning Group (CCG) and provides services to approximately 9,320 patients under the terms of a general medical services (GMS) contract. A GMS contract is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice has three male and one female GP partners. The nursing team consists of three nurse practitioners and two health care assistants, all female. There is a management team that consists of two practice managers who also take on the role of reception manager and secretary. They lead a team of reception and administrative staff.

The practice population is predominantly white British with an average age range. 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. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 84 years compared to the national average of 83 years.

The practice is open from 8.30am to 6.30pm Monday to Friday. From 8am to 8.30am there is an emergency telephone number on the practice answerphone message for patients to access a GP.

Routine appointments with a GP, practice nurse or health care assistant can also be booked through the practice for the GP Extended Access Service. This service operates on Monday to Friday evenings from 6pm to 8pm and on Saturdays and Sundays from 8.30am to 12.30pm at five local GP Practices.

When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Identified actions from infection prevention and control (IPC) audits had not been completed. Work surfaces in the treatment room were cluttered allowing for the potential collection of dust and there were no foot operated pedal bins in the staff and patient toilets to ensure safe disposal of hand towels and waste without cross contamination.</p> <p>Emergency medicines were not easily accessible. Some staff did not know where to locate emergency medicines and equipment. Some recommended emergency medicines were not held in the practice and there was no risk assessment in place to mitigate this.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- Significant concerns in the leadership and governance of the practice. The GP partners did not fully engage with the inspection.
- There was a lack of knowledge of some aspects of practice management.
- Staff informed us that they did not feel supported by the GP partners. Feedback from staff was that the GPs all had their own individual ways of working that they had to adapt to. There were no consistent systems for them to follow. Staff felt that not all of the GPs were supportive and one GP in particular was rude and dismissive of staff.
- A fire risk assessment had not been completed to support decisions made in relation to fire alarm checks. A log had not been kept to demonstrate that fire drills had been completed.
- There had been no security risk assessment completed for the premises. NHS smartcards were not kept on person by individuals. The reception office was easily accessible to patients.
- There had been no health and safety risk assessments completed.
- Individual GPs had undertaken clinical audits. These were not shared with other clinicians in the practice and two-cycle audits had not been completed to demonstrate quality improvement. There was no other quality improvement activity demonstrated in the practice.

This section is primarily information for the provider

Enforcement actions

- The system for checking the monitoring of patients who were prescribed Warfarin was not evident. The GPs were responsible for checking the blood test results prior to issuing a prescription but these are not recorded in the patient computer record.
- Processes for providing support and development were lacking. Only two staff members had received an appraisal in the preceding 12 months. Some staff informed us it had been more than two years since they had received one.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.