

Nuffield House Doctors Surgery Inspection report

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Date of inspection visit: 29 April 2019 Date of publication: 25/06/2019

Requires improvement

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

Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

Overall summary

We carried out an announced comprehensive inspection at Nuffield House Doctors Surgery on 29 April 2019. This inspection was to follow up on breaches of regulations identified at a previous inspection on 21 May 2018 and to provide new ratings for the practice.

There have been four previous inspections of this practice, three of which were comprehensive inspections where ratings were awarded and one, a focused inspection. The focused inspection was carried out to ensure compliance with a warning notice that was served following the 2017 inspection. The focused inspection was not rated.

We initially carried out a comprehensive inspection on 27 October 2016. At this time, the practice was rated as required improvement overall, with safe, effective and well-led rated as requires improvement. A follow-up comprehensive inspection was undertaken on 8 August 2017 and 5 September 2017. At this inspection the practice was rated as inadequate overall and placed into special measures for a period of six months. The practice was issued with a warning notice.

On 20 March 2018, we carried out a focused inspection to check that the practice had made the necessary improvements required, as highlighted in the warning notice. We found that they had complied with the warning notice.

We then carried out an announced comprehensive inspection on 21 May 2018. This was to check that the practice had made improvements as identified in our previous inspection and to re-rate all key questions and population groups. At this inspection, the practice was rated as requires improvement, with effective, caring, responsive and well-led rated as requires improvement.

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.

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

• Sufficient action had not been taken to improve antibiotic prescribing. Performance for prescribing indicators had been below average or tending towards below average for a number of years.

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

- The practice is rated as requires improvement for providing effective treatment for people with long-term conditions as patients with diabetes were not regularly having their blood pressure checked. This area of underperformance had been identified at three previous inspections.
- The practice is rated as requires improvement for working age patients. This is because performance was below average for reviewing patients who have been diagnosed with cancer and the number of cancer cases treated which resulted from a two week wait referral.

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

- Patient feedback was below average in respect of the care and treatment provided by the clinical and non-clinical staff.
- Whilst more carers had been identified than our previous inspections, this remained below 1% of the practice population.

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

• Patients continued to raise concerns about accessing appointments and getting through on the phone.

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

• There had been insufficient improvement in areas previously and persistently identified by inspectors.

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.

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

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

Overall summary

- Consider recording and discuss incidents that occurred in relation to the vaccine fridges as significant events.
- Review and improve data relating to cancer detection rates following a two-week wait referral.
- Continue to identify patients who are carers.
- Periodically review clinician's indemnities to ensure subscriptions are up to date.

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 lead inspector. The team included a GP and a nurse.

Background to Nuffield House Doctors Surgery

Nuffield House Doctors Surgery is situated in Harlow, Essex in premises shared with health visitors and speech and language therapists. There are parking bays for patients who are disabled or with limited mobility; otherwise there is a public car park available close by.

The list size of the practice is approximately 13,500. There are five GP partners and one salaried GP. They are supported by four practice nurses. There are a number of other staff carrying out administrative and clerical duties, led by a full-time practice manager.

This practice is a teaching and training practice and has medical students and GP registrars in their final stage of training. GP registrars are fully qualified doctors and will have had at least two years of post-graduate experience. Medical students may observe patient consultations and examinations with the patient's consent.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Systems and processes had not been operated effectively to:
Surgical procedures	• Review and improve patient feedback in relation to care
Treatment of disease, disorder or injury	 and accessing services; ensure patients with diabetes had a regular check of their blood pressure. nor to; improve antibiotic prescribing
	Regulation 17 (1) (2) Good Governance