

Leighton Road Surgery

Inspection report

1 Leighton Road
Linslade
Leighton Buzzard
LU7 1LB
Tel: 01525372571

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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? | | Good |  |
| Are services effective? | | Requires Improvement |  |
| Are services caring? | | Requires Improvement |  |
| Are services responsive to people's needs? | | Requires Improvement |  |
| Are services well-led? | | Requires Improvement |  |

Overall summary

The service is rated as Requires improvement overall.

(previously rated as inadequate in July 2019)

We carried out an unannounced comprehensive inspection at Leighton Road Surgery on 10 July 2019. The overall rating for the practice was inadequate, it was placed into special measures and warning notices were issued. We carried out an announced follow up inspection on 20 November 2019 and found that the practice had made sufficient improvements and was compliant with the warning notices.

The full comprehensive report on the July 2019 and November 2019 inspections can be found by selecting the 'all reports' link for Leighton Road Surgery on our website at www.cqc.org.uk.

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 on 29 September to 1 October 2020 and carried out a site visit on 30 September 2020.

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.

We rated the practice as good for providing safe services because:

- People who used the service were protected from avoidable harm and abuse.
- Medicine and safety alerts are appropriately managed and there was oversight to ensure these had been actioned. Records we reviewed confirmed action had been taken in response to recent alerts.
- Medicines that required additional monitoring were appropriately managed and we saw patients had received blood tests within the recommended time frames. The practice had developed a Prescription Clerk team who ran monthly searches of clinical systems to ensure all relevant patients were identified and invited for appointments.
- There was good oversight of pathology results and clinical practice.
- The practice had conducted clinical competency assessments for all practitioners that fed into individual appraisals. Overall themes from these assessments were shared with all staff for discussion and improvement.
- Systems for Infection Prevention and Control were effective and additional measures had been put in place to ensure patient safety during the COVID-19 pandemic.
- The practice developed the COVID-19 'hot hub' for the Leighton Buzzard locality. This was safely set up within 48 hours with a full standard operating procedure in place that included access criteria, personal protective equipment (PPE) and enhanced cleaning. (A 'red hub' is a modified unit used for all patients showing signs of COVID-19 in a particular area needing to be seen by a health care professional throughout the pandemic.)

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

- The population groups of working age patients and patients experiencing poor mental health have been rated requires improvement due to low clinical indicators regarding completion of mental health care plans and low cervical screening uptake. However, the other population groups have been rated good because patients were able to access effective services.
- Patients with long-term conditions were reviewed as appropriate. Records we looked at showed that patients were treated in line with national guidance.

Overall summary

- Patients with a diagnosis of diabetes, or a possible diagnosis of diabetes, were reviewed following abnormal blood results.
- Staff referred patients to secondary care and local resources as appropriate.
- The practice held a health fair where 26 stalls were set up to provide information on local health, fitness, volunteer and support initiatives. Approximately 400 people from the local population attended. The practice received positive feedback from the community.
- Care was co-ordinated with community providers through twice weekly meetings.
- The practice had a thorough system of audits that were shared with staff and used to drive practice improvements.
- Staff were supported through monthly supervision meetings to access training and increase their skills.

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

- The practice had taken action to address the GP Survey results that were below local and national averages, however, survey results had declined further.
- Patients told us they were treated with care and compassion.
- Staff we spoke with showed a strong commitment to patient care.
- The practice had identified approximately 2% of the population as carers and offered appropriate support.
- The practice offered extensive support to isolated patients within the COVID-19 pandemic where they telephoned all vulnerable or shielding patients each month. Support for these patients was personalised with staff organising medicines deliveries, food packages and befriending services. This process also enabled them to identify patients who needed further referrals, for example, to safeguarding teams. The practice was using the lessons learnt from the COVID-19 pandemic to influence the winter planning and flu vaccination programme where they were focusing on these vulnerable patients and ensuring they were vaccinated safely and efficiently.

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

- Results from the GP Patient survey were below local and national averages, although many of these indicators had improved since the 2018 survey. The practice had action plans in place to address these indicators.
- The practice had increased their clinical team and number of appointments offered. They had plans to further increase their clinical team by February 2021.
- Patient feedback had improved since the last inspection, however, some patients told us they were still experiencing difficulties accessing appointments.
- The practice had conducted several patient feedback exercises, such as surveys, to seek patients views for the purpose of evaluating and improving services for patients. They showed that patient satisfaction levels had improved.
- The practice has identified that patients were struggling to manage prescriptions and access medicines efficiently. They had therefore set up a Prescription Clerk Team to support patients with prescription concerns. The team had a dedicated telephone line, consultation room and aligned GP.
- Complaints were managed in a timely way and used to determine improvement activity.

We rated the practice as requires improvement for providing well-led services because:

- Clinical indicators in some areas had deteriorated since the previous inspection. Plans to improve these indicators had yet to be embedded into practice and impact on patient outcomes.
- Improvement plans regarding low GP patient survey results had not improved patient satisfaction.
- The leadership, governance and culture of the practice promoted the delivery of high-quality person-centred care.
- Staff told us that leaders were approachable and supportive. They were able to raise concerns and suggestions and confident this would be addressed.

Overall summary

- Staff were proud to work at the practice and were supported with their personal and professional development.
- The practice had a very active Patient Participation Group who were involved in all recruitment processes, process mapping and practice improvements.
- The lead GP wrote a monthly column in the local newspaper to inform the public of the improvements at the practice. This article was also used to inform patients of local initiatives during the COVID-19 pandemic.
- Risks to patient safety were appropriately managed including management of safety alerts, management of patients with long term conditions, patients prescribed high risk medicines and emergency medicines.
- The practice involved patients in all processes within the practice. For example, patients were on all interview panels and process mapping meetings. We saw evidence that patient suggestions shaped and improved practice. For example, the pathology pathway had been altered to ensure that all communication following pathology results came from a clinician rather than an administrator.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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

- Continue to improve cervical screening uptake.
- Continue to improve the numbers of patients receiving mental health care planning.
- Continue to improve GP patient survey results and patient satisfaction.

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

| | |
|--|---|
| 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 inspector and included a GP specialist advisor.

Background to Leighton Road Surgery

Leighton Road Surgery provides a range of primary medical services, including minor surgical procedures from its location at 1 Leighton Road, Linslade, Bedfordshire, LU7 1LB and its branch surgery Grovebury Road Surgery, Unit 6, 7, 8 Ridgeway Court, Grovebury Road, Leighton Buzzard, Bedfordshire, LU7 4SF. We were informed that most of the patient care is based at the branch surgery as it is a bigger site and therefore, we only visited this site as part of the inspection. It is part of the NHS Central Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England. Since the July 2019 inspection, the practice have merged with East London Foundation Trust (ELFT) and are in the process of adjusting their CQC registration. The practice receive corporate support from ELFT and align to ELFT processes however, the day to day running of the practice is the responsibility of the practice manager.

The practice is part of the Leighton Buzzard Primary Care Network with two other practices in the locality. They work together to provide services for the population of Leighton Buzzard and the surrounding villages.

The practice serves a population of approximately 20,300 patients with slightly higher than national average number of children under four years old and lower than average number of patients over 75 years. The practice population is 95% white British.

The practice is a training practice and employs registrars. A registrar is a fully qualified and registered doctor who is completing further training to become a GP. The practice also supports nursing students.

Information published by Public Health England rates the level of deprivation within the practice population group as nine 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 five salaried GPs and a bank of regular locum GPs. Once registered, the partnership will consist of a medical director and an executive lead. The practice also employs three minor illness nurses, nine female practice nurses, and a team of healthcare assistants. The practice also employ a pharmacy technician, an off-site pharmacist, a complex care matron, a dispenser and a paramedic. The team is supported by a practice manager and a team of non-clinical, administrative staff including a patient liaison manager.

The Leighton Road site is a two-storey building where consultations take place on the ground floor. There is disabled access and a car park outside the building. The Grovebury Road site is a large two-storey building with consultation rooms on both floors with disabled access, including wheelchair lifts, throughout.

Leighton Road Surgery is open from 8am to 5.30pm on Monday to Friday. Grovebury Road Surgery is open from 8am to 6.30pm. The practice offers extended opening hours on Tuesdays from 6.30pm to 8pm and one Saturday a month from 8am to 2pm at the Grovebury Road branch.

When the practice is closed, out of hours services are 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, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.