

# The Garden City Practice

## Inspection report

Birdcroft Road  
Welwyn Garden City  
AL8 6EH

Tel:  
[www.gardencitypractice.nhs.uk](http://www.gardencitypractice.nhs.uk)

Date of inspection visit: 15 September 2022  
Date of publication: 21/11/2022

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

<b>Overall rating for this location</b>	<b>Requires Improvement</b>	
Are services safe?	<b>Requires Improvement</b>	
Are services effective?	<b>Requires Improvement</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Requires Improvement</b>	

# Overall summary

We carried out an announced comprehensive inspection at The Garden City Practice on 15 September 2022. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Requires Improvement

Caring - Good

Responsive - Good

Well-led - Requires Improvement

The full reports for previous inspections can be found by selecting the 'all reports' link for The Garden City Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

## Our findings

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.

We have rated the practice as **Requires Improvement** for providing safe services because:

- The practice's systems and processes did not always keep people safe and safeguarded from harm.

# Overall summary

- Risk assessments were not always supported with a clear record of actions taken.
- The practice's systems for the appropriate and safe use of medicines, including medication reviews required improvement.
- Improvements were needed to the practice's system for recording and acting on safety alerts.

We have rated the practice as **Requires Improvement** for providing effective services because:

- Patients' needs were assessed, but care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Improvements in performance related to cervical screening were required.
- Staff did not always have the training and skills to provide care.

We have rated the practice as **Good** for providing caring services because:

- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.
- National GP Patient survey results were in line with local and England averages.

We have rated the practice as **Good** for providing responsive services because:

- The practice organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.

We have rated the practice as **Requires Improvement** for providing well-led services because:

- The practice had a vision and strategy that required strengthening to provide high quality sustainable care.
- Governance structures were not always in place. We found gaps for managing risks, issues and performance.
- Systems and processes for learning, continuous quality improvement and innovation, required strengthening.

We found one breach of regulations. The provider must:

- 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)

In addition, the provider **should**:

- Review and strengthen the medication review processes.
- Continue to embed Duty of Candour processes.
- Improve cervical cancer screening uptake in line with national targets.
- Continue to develop telephone systems to meet patient demand.
- Embed and ensure staff understand the vision, values and strategy.
- Develop staff access to an external Freedom to Speak Up Guardian for the practice.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector and second inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to The Garden City Practice

The Garden City Practice is located in Welwyn Garden City, Hertfordshire. The practice is situated within the Hertfordshire and West Essex Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a population of approximately 11,679. This is part of a contract with NHS England. The practice operates from one site. The practice is part of a wider network of GP practices within the Welwyn Garden City Primary Care Network (PCN). The practice provides training to doctors studying to become GPs.

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

Information published by Public Health England shows that deprivation within the practice population group is in the second highest decile (nine of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 4.3% Asian, 90.3% White, 2.3% Black, 2.5% Mixed, and 0.6% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of six GPs who provide clinical services at the practice. There are two nurse practitioners, one practice nurse including two nurse prescribers who provide nurse led clinics for long-term conditions. They are supported by a trainee nursing associate. In addition, the practice employs three part time social prescribers. A care co-ordinator, two physiotherapists, two clinical pharmacists and two registered mental health nurses provide additional services through the local Primary Care Network. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager provide managerial oversight.

The practice is open between 8.30am to 6.30pm Monday to Friday. Staff are available in the practice from 8.00am. Phone lines are managed by another provider between 8am and 8.30am but if required the practice can be contacted via the by-pass number if a patient needs urgent assessment. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Ephedra Healthcare Ltd, where late evening and weekend appointments are available.

When the service is closed patients can call NHS 111 for advice and treatment through a local out of hours service.

The practice operates from a two-story premises. Patient consultations and treatments take place on the ground floor. The first floor is mainly used by administrative and managerial staff. There are parking spaces for disabled people outside the surgery. There are also parking bays available nearby.

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 were not being met. The provider must send CQC a report that says what action they are 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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></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"><li>• Fire risk assessments had not been conducted within the recommended timeframe.</li><li>• Risk assessments were not always supported with a clear record of actions taken.</li></ul> <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"><li>• There were gaps in the levels of safeguarding training for staff appropriate for their roles.</li><li>• There were gaps in the system to demonstrate the recording of competence for non-medical prescribers.</li></ul> <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none"><li>• Appraisal for non clinical staff had not been undertaken on a regular basis.</li><li>• There were gaps in mandatory training for staff.</li></ul>

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# Requirement notices

- The provider did not have an effective programme of targeted quality improvement, clinical audit activities were limited to one cycle only.

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