

Attenborough Surgery

Inspection report

Bushey Medical Centre
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Bushey
Hertfordshire
WD23 2NN
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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services well-led?

Good



Overall summary

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: safe, effective and well-led.

Because of the assurance received from our review of information we carried forward the ratings for the following key questions: caring and responsive.

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 good overall.

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

- Appropriate standards of cleanliness and hygiene were not always met because some infection prevention and control measures were lacking.
- The practice's systems for the appropriate and safe use of medicines, including medicines optimisation, were not always comprehensive.
- The system for acting on safety alerts was not comprehensive.
- Although not part of the requirement notice due to the practice's immediate actions or the level of concern, there were some issues that contributed to the requires improvement rating for the safe key question. They included those relating to: DBS checks, staff awareness of the process for following up children who were regular attenders of accident and emergency (A+E) departments, staff vaccinations, Legionella risk assessment, and the monitoring and security of prescription stationery.

Please see the final section of this report for specific details of our concerns.

We rated the practice as good for providing effective and well-led services because:

- Patients received effective care and treatment that met their needs. The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The way the practice was led and managed promoted the delivery of high quality, person-centred care and an inclusive, supportive environment for staff. There was a focus on continuous learning and improvement at all levels of the organisation. Where we identified any concerns during our inspection, the practice took action to respond or plans of action were developed to ensure any issues were resolved.

The area where the provider must make improvements is:

- Ensure care and treatment is provided in a safe way to patients.

Please see the final section of this report for specific details of the action we require the provider to take.

The areas where the provider should make improvements are:

- Continue to strengthen policies, systems and processes at the practice. Especially those in relation to following up children who are regular attenders of accident and emergency (A+E) departments, Legionella risk assessment, water temperatures, the monitoring and security of prescription stationery, and encouraging women to attend for their cervical screening and patients to engage in national cancer screening programmes.
- Implement a comprehensive system of staff related processes to include all staff receiving the required vaccinations, an annual appraisal, completing all essential training at the appropriate level for their roles, completing a Disclosure and Barring Service (DBS) check where required and staff being provided with access to a Freedom to Speak Up Guardian.
- Make information about the complaints process and procedure readily available and accessible throughout the practice and on the practice's website.
- Develop a targeted and coordinated approach to engage with hard to reach communities, including providing health education and promotion materials and practice communications in formats they'd more easily understand.

Overall summary

- Take steps so the programme of clinical audit regularly results in demonstrable improvement to the care provided to patients.

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	Good	
People with long-term conditions	Good	
Families, children and young people	Requires improvement	
Working age people (including those recently retired and students)	Good	
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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser, and a CQC hospitals inspector in a shadowing role.

Background to Attenborough Surgery

Attenborough Surgery provides a range of primary medical services from its premises at Bushey Medical Centre, London Road, Bushey, Hertfordshire, WD23 2NN, and Holywell Surgery, 83b Tolpits Lane, Watford, Hertfordshire, WD18 6NT, and Carpenders Park Surgery, Harrow Way, Carpenders Park, Hertfordshire, WD19 5EU. We visited Bushey Medical Centre and Holywell Surgery as part of this inspection.

The practice is part of the Watford Extended Access GP federation. The practice is also in the early stages of participating in a Primary Care Network (PCN). (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare to patients).

The provider is registered with CQC to deliver five Regulated Activities. These are: diagnostic and screening procedures; maternity and midwifery services; family planning services; surgical procedures; and treatment of disease, disorder or injury. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract) to approximately 24,073 patients. The practice has two registered managers in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice is within the Hertfordshire local authority and is one of 59 practices serving the NHS Herts Valleys Clinical Commissioning Group (CCG).

The practice team consists of three female and three male GP partners, three female and three male salaried GPs and one female retainer GP. There is an advanced nurse practitioner (also a prescriber), six practice nurses, an assistant practitioner, a healthcare assistant, a phlebotomist, a practice manager, two deputy practice managers, 34 secretarial, administration and reception staff, one maintenance worker and one cleaner. A clinical pharmacist and a social prescriber were directly employed by the practice to work for the Primary Care Network.

The practice serves a slightly below average population of those aged 65 years and over. The practice population is predominantly white British and has a Black and minority ethnic (BME) population of approximately 16.9% (2011 census), most of whom are from south Asian communities. Information published by Public Health England rates the level of deprivation within the practice population as nine. This is measured on a scale of one to 10, where level one represents the highest levels of deprivation and level 10 the lowest.

An out of hours service for when the practice is closed is 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>There was no proper assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated. In particular:</p> <p>Some medical consumables at one surgery were beyond their expiry dates. The infection control audits completed had not identified these. There was no adhered to appropriate process in place to monitor the expiry of medical consumables.</p> <p>There was no proper and safe management of medicines. In particular:</p> <p>Some medicines in one emergency kit at one surgery were beyond their expiry dates. Medicines prescribed to individual patients were contained in the emergency medicines supplies at two surgeries. The practice's protocol for replacing medicines used in an emergency was insufficient.</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>There was no comprehensive and embedded process in place at the practice to ensure the appropriate action was identified, completed and recorded in response to safety alerts including Medicines and Healthcare products Regulatory Agency (MHRA) alerts, and on an ongoing basis.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>