

Ware Road Surgery

Inspection report


42 Castle Street
Hertford
Hertfordshire
SG14 1HH
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Website: www.wareroadsurgery.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

Inadequate 

Are services safe?	Inadequate 
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 Ware Road Surgery on 13 December 2018. Overall the practice was rated as requires improvement and requirement notices were issued.

The report from our inspection in December 2018 can be found by selecting the 'all reports' link for Ware Road Surgery on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Ware Road Surgery on 21 January 2020. This inspection was undertaken to follow up requirement notices we issued to the provider. We found the practice had not complied with the requirement notices previously issued.

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 inadequate overall and requires improvement for the population groups.

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

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- The systems and process for the ongoing monitoring of infection prevent and control required strengthening.
- The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation.

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

- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- There was no system of ongoing clinical and internal audit to monitor the effectiveness of clinical care.

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

- The results from the latest National GP Patient Survey published in July 2019 showed the practice was performing lower than local and national averages for several indicators.
- Information about how to complain was not readily available at the practice.

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

- The overall governance arrangements were ineffective.
- The provider did not have clear and effective processes for managing risk, issues and performance.

The areas where the provider **must** make improvements as they are in breach of a regulations 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 final section of this report for specific details of the action we require the provider to take.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 adviser, a practice manager specialist adviser and a CQC inspection manager.

Background to Ware Road Surgery

Ware Road Surgery moved into temporary premises at 42 Castle Street, Hertford, SG14 1HH in April 2019. The premises are shared with another GP practice. The provider of Ware Road Surgery is Generating Healthcare Ltd. Generating Healthcare Ltd is a Federation of 15 NHS GP practices in Hertfordshire which covers approximately 120,000 patients and is managed by a team of GPs as well as practice managers who have the responsibility for developing the organisation.

The contract to run Ware Road Surgery was awarded to Generating Healthcare Ltd from 1 April 2017. We did not visit any of the other locations as part of this inspection.

The practice is registered with the CQC to carry out the following regulated activities; diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Services are provided on an Alternative Provider Medical Services (APMS) contract (a nationally agreed contract) to approximately 4,472 patients. Patients at Ware Road Surgery are in the process of registering at neighbouring practices as the service is due to close on 31 March 2020.

The practice does not employ any GP partners or salaried GPs. The clinical team is led by a long-term locum GP and the practice has three regular locum GPs in total providing 13 sessions per week. There is one regular locum advanced nurse practitioner providing two sessions a week and two locum practice nurses. The practice employs a healthcare assistant, a practice manager, an office manager and nine administration and reception staff members.

The age of the practice population served is comparable to local and national averages. The practice has a slightly higher than average number of patients aged from zero to four years old and a slightly lower than average number of patients aged from 65 to 74 years old. The practice population is predominantly white British and has a black and minority ethnic population of approximately 5% (2011 census). National data indicates the area is one of low deprivation.

The Out of Hours service 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>The provider 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>The practice had no oversight of fire, health and safety and infection prevention and control measures and systems for the premises or safety of staff and patients.</p> <p>Clinical equipment had not been checked within the previous 12 months as recommended by the manufacturers.</p> <p>Not all staff members had completed essential training such as safeguarding, fire safety, health and safety, basic life support and infection prevention and control.</p> <p>The practice did not have a business continuity plan in place and were unable to demonstrate what emergency steps would be taken in event of an emergency with the premises, such as a power cut or flood.</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>

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>How the regulation was not being met:</p> <p>There were no comprehensive systems or processes that enabled the provider to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

Requirement notices

There was no system of ongoing clinical and internal audit to monitor the effectiveness of clinical care.

Not all non-clinical staff members with direct patient contact had received the recommended vaccinations.

Not all reception staff members had received formal training or guidance on identifying patients who were deteriorating or acutely unwell.

Performance for cervical screening was below the national minimum target.

The practice did not have a formal policy in place to monitor patient attendance to two week wait cancer referral appointments.

Blank prescription stationery was not stored securely.

The nurses did not have appropriate authorisation in place to administer medicines.

The practice did not have arrangements in place to ensure the non-medical prescriber received formal clinical supervision or peer review.

The system in place to ensure up-to-date patient testing results were in place prior to prescribing high risk medicines or medicines which require monitoring was not effective.

The practice had no systems or documented process in place to safely store and monitor controlled drugs.

The practice did not have a documented system in place to monitor emergency medicine stock levels and expiry dates.

The practice was unable to demonstrate how they assessed the skills and competence of all staff members including locums.

The practice had not taken sufficient action to address the decline in performance in relation to the 2019 National GP Patient Survey results.

Information for patients about how to make a complaint was not readily available at the practice.

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