

# Kingsbury Court Surgery

## Inspection report

Church Street

Dunstable

Bedfordshire

LU5 4RS

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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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Kingsbury Court Surgery on 9 January 2019 as part of our inspection programme. Our inspection team was led by a CQC inspector and included a GP specialist advisor and practice manager specialist advisor.

At the last inspection in August 2016 we rated the practice as good overall.

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.

## The practice is rated as requires improvement overall.

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

- There were insufficient systems around the prescribing of medicines that required additional monitoring.
- The practice did not hold all recommended emergency medicines needed to deal with a range of medical emergencies.
- Infection control procedures needed strengthening.
- Children who attended A&E did not routinely receive follow up from the practice. This could mean safeguarding concerns were not identified.
- A security risk assessment had not been completed. There was no evidence that fire drills had been conducted. A fire risk assessment had been completed however, this required strengthening.

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

- There was no evidence of regular medicine reviews for patients requiring repeat prescriptions.
- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets.

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

- Patients were supported, treated with dignity and respect and were involved as partners in their care.

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

- The practice was aware of the limited availability of GP appointments and had some plans in place to address this. However, some plans had not been implemented at the time of inspection such as recruitment of a further advanced nurse practitioner.
- Patients told us there was sometimes difficulty in making an appointment.
- The practice learnt from complaints and when things went wrong. However, written responses were not given to complaints and patients were not given information to enable them to escalate complaints to the Parliamentary and Health Service Ombudsman.

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

- The leadership, governance and culture of the practice promoted the delivery of high quality person-centred care, however some systems were ineffective.
- Clinicians did not receive formal clinical supervision. There was no evidence of audits of prescribing for non-medical prescribers.
- Key policies, such as a whistleblowing policy, were not in place or had not been reviewed.

The areas where the provider **must** make improvements as they are in breach of 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.

There were areas where the provider **should** make improvements are:

- Proactively identify carers and ensure they are given appropriate support.

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

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor and practice manager specialist advisor.

## Background to Kingsbury Court Surgery

Kingsbury Court Surgery provides a range of primary medical services, including minor surgical procedures from its location at Church Street, Dunstable, Bedfordshire, LU5 4RS. It is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 8,500 patients with a slightly higher than national average population of patients aged over 65 years. The practice population is 89% white British.

The practice supports three local care homes.

Information published by Public Health England rates the level of deprivation within the practice population group as seven 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 three male GP partners and one male salaried GP. At the time of our inspection, one of the GP's was working in a non-clinical capacity due to a suspension from the GP Register. The practice also employs two female practice nurses, one of which also works as a community matron providing home visits to

patients unable to attend the practice. The clinical team also includes a health care assistant. The team is supported by a practice manager and a team of non-clinical, administrative staff. The practice also hosts midwifery clinics, a psychiatric clinic and a psychotherapy clinic on a weekly basis.

The practice operates from a two-storey purpose built property, with disabled access throughout. Patient consultations and treatments take place on the ground floor level. There is a small car park outside the surgery, with limited disabled parking available.

Kingsbury Court Surgery is open from 8am to 6.30pm on Monday to Friday with extended availability for telephone consultations on Mondays until 8pm. When the practice is closed, out of hours services can be 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, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating 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:</p> <ul style="list-style-type: none"><li>• Key policies were not in place at the time of inspection. The practice did not have a whistleblowing policy, governance policy, bullying and harassment policy or business development plan.</li><li>• The lack of GP availability was affecting patient access and continuity of care. There was a heavy use of locum staff.</li><li>• Written responses to complaints were not given. Patients were not given information to refer complaints to the Parliamentary and Health Service Ombudsman.</li><li>• Administration meeting minutes were not circulated or available to staff.</li></ul>

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</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> <ul style="list-style-type: none"><li>• The system for checking the monitoring of medicines that required review was not safe. Blood results for patients being prescribed high risk medicines were not checked prior to prescribing. Medicine reviews were not routinely carried out prior to prescribing.</li><li>• The practice did not hold all recommended emergency medicines. There was no risk assessment in place to mitigate the risks of this decision.</li><li>• There was no system to ensure medicines were being taken by people in vulnerable groups such as those suffering from a mental health illness.</li><li>• Children who had not attended appointments or had high attendances to A&amp;E were not routinely followed up. Child immunisation rates were below the World Health Organisation target.</li><li>• The systems around infection prevention and control (IPC) required improvement.</li><li>• There were no audits of prescribing practice for the independent nurse prescriber. There was no clinical supervision to ensure competency.</li><li>• Patient Group Directions were not all appropriately signed by clinicians.</li><li>• A risk assessment of the security of the premises had not been completed.</li></ul>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

- At the time of inspection, a fire drill had not taken place in over two years. A fire risk assessment had been completed however, this needed strengthening, there was no associated action plan.
- There was no oversight of safety alerts and Medicines and Healthcare products Regulatory Agency (MHRA) alerts received by the practice.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.