

Toft Road Surgery

Inspection report

Toft Road
Knutsford
Cheshire
WA16 9DX

Tel: <xxxx xxxxx xxxxxx>
www.toftroadsurgery.co.uk

Date of inspection visit: 7 March to 7 March 2019
Date of publication: 01/05/2019

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Toft Road Surgery on 7 March 2019 as part of our inspection programme.

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.

The overall rating for this practice was requires improvement due to concerns in providing safe and well-led services. However, the population groups were rated as good because patients were able to access timely and effective care and treatment.

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

- The systems for the management of medicines were not robust.
- The systems for managing significant events did not demonstrate that robust investigations took place and the actions and learning from incidents were effectively shared, reviewed and documented.
- The systems and processes in place to monitor and act on safeguarding concerns was not robust.

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

- The overall governance arrangements in place were limited and did not support an overview of the performance of the service.
- The practice had not undertaken risk assessments with regard to the premises.

We rated the practice as **good** for providing caring, effective and responsive services because:

- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

The area where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure the safeguarding process, systems and practice protects patients from abuse.

(Please see the specific details on action required at the end of this report).

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

- Introduce a system for the regular cleaning of carpeted areas and ensure toys in consultation rooms are cleaned regularly.
- Introduce a system to check infection control standards are being maintained in between annual audits, to record spot checks of the cleaning undertaken by the cleaners and to record when equipment such as nebulisers are cleaned.
- Introduce a system to audit patient consent to check this is being appropriately sought and recorded.
- Introduce a comprehensive programme of quality improvement and use this information about care and treatment to make improvements.
- Ensure that patient records reflect all engagements that discuss their care and treatment.
- **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

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
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 CQC inspector and the team included a second inspector, GP and pharmacist specialist advisors.

Background to Toft Road Surgery

Toft Road Surgery is located in Knutsford, Cheshire WA16 9DX.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. Toft Road Surgery is situated within the Eastern Cheshire Clinical Commissioning Group (CCG) and provides services to 9,824 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The service provider is Toft Road Surgery that has five partner GPs. There are two salaried GPs and one GP Registrar (a registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice). The practice has a team of three nurses and

a nurse manager. There was a health care assistant, a clinical pharmacist and technician. Clinicians are supported by the practice manager, deputy and reception and administrative staff.

The National General Practice Profile states that 97% of the practice population is from a white background. 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. Male life expectancy is 82 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years. The majority of patients are within the aged 5 – 64 age group. The number of patients with a long standing health condition was similar to the CCG and national averages (Practice 51%, CCG 53%, national average 51%).

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person had not ensured that the recording of significant events fully demonstrated the investigations, outcomes, subsequent action and that the actions were reviewed to ensure they had been carried out and were effective and promoted patient safety.The registered person had not ensured that medicine management systems were effective and safe. For example, the lack of effective monitoring of uncollected prescriptions and the use of extended roles for administration staff without appropriate training being provided.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met:
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Policies and procedures were not reviewed to ensure they were in line with current best practice.Internal audits were not effectively used to support improvement and mitigate risk.