

# Ware Road Surgery

## Inspection report

77 Ware Road  
Hertford  
Hertfordshire  
SG13 7EE  
Tel: 01992 414500  
[www.wareroadsurgery.co.uk](http://www.wareroadsurgery.co.uk)

Date of inspection visit: 13 December 2018  
Date of publication: 01/02/2019

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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Ware Road Surgery on 13 December 2018.

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 overall.**

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

- The practice did not have clear and effective processes for managing risks, issues and performance in some areas.
- Some receptionists had not been given guidance on identifying deteriorating or acutely unwell patients.
- The practice did not have appropriate systems in place for the safe management of emergency medicines.

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

- The practice was unable to show that all staff members had the training to carry out their roles effectively.
- The practice was unable to demonstrate how personal development plans were periodically monitored and reviewed for all staff members.
- The practice did not have a formal system in place to ensure clinicians were up-to-date with the latest clinical guidelines.

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

- The overall governance arrangements were ineffective.

- The practice did not have clear and effective processes for managing risks, issues and performance.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

- 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 areas 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.

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

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

- Continue to identify and support carers.
- Review the process in place to ensure all relevant staff members are aware of risks to deteriorating or acutely unwell patients.
- Continue to monitor the protocols in place for the safe management of clinical waste.

**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 lead inspector and included a GP specialist adviser.

## Background to Ware Road Surgery

Ware Road Surgery is located at 77 Ware Road, Hertford, SG13 7EE. The provider of the service 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 5,700 patients. Ware Road Surgery is located within the Hertfordshire local authority and is one of 55 practices serving the NHS East and North Hertfordshire Clinical Commissioning Group (CCG) area.

The practice does not employ any GP partners or salaried GPs. The clinical team is led by a long-term locum GP who provides clinical sessions five days a week. The practice has four regular locum GPs in total providing 15 sessions per week. There are two advanced nurse practitioners providing four sessions a week on Tuesdays

and Thursdays and a locum clinical pharmacist who provides two clinical sessions on Fridays. The practice employs a practice nurse, a healthcare assistant, a practice manager, an office manager, seven receptionists, two administrators, two secretaries and one prescription clerk.

Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

The CCG has commissioned an extended hours service, which operates between 6.30pm and 8pm on weeknights and from 8am to 1pm at weekends. Patients may book appointments with the service by contacting the practice.

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice's phone line being routed to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed relate to the local out-of-hours service provider via NHS 111.

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 zero to four years old and a slightly lower than average number of patients aged 65 to 84 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.

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>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 we found:</p> <p>The practice did not have a record of portable appliance testing or a major incident plan in place.</p> <p>The practice did not have a risk assessment in place to determine the range of emergency medicines held at the practice.</p> <p>The practice did not have a risk assessment in place in relation to DBS checks for non-clinical staff members. Some non-clinical staff members acted as a chaperone without a DBS check and the practice had not considered all the risks in relation to this.</p> <p>Not all staff members had completed essential training relevant to their roles, including safeguarding children, basic life support and infection prevention and control training.</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:</p>

This section is primarily information for the provider

## Requirement notices

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular in relation to the management of fire safety, health and safety and staff training and personal development plans.

The practice did not have a clear process in place to document the action taken in response to safety alerts relevant to the practice.

The practice did not have a documented process in place to monitor the cleaning of the premises.

Staff vaccinations were not in line with national guidance.

The practice did not include information about the health ombudsman when responding to complaints.

The practice did not have a system in place to monitor the use of blank prescriptions.

The practice did not have a formal system in place to ensure clinicians were up-to-date with the latest clinical guidelines.

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