

# Upton Road Surgery

## Inspection report

Ground Floor Colne House  
21 Upton Road  
Watford  
Hertfordshire  
WD18 0JP

Date of inspection visit: 12 December 2018  
Date of publication: 13/02/2019

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

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 Upton Road Surgery on 12 December 2018. We gave the practice 48 hours notice of the inspection. We carried out this inspection due to concerns which had come into the Commission from a number of different sources.

We had previously inspected the practice on 24 August 2016 and had rated the practice as 'Good'. Since our last inspection some significant changes had taken place at the practice which included the practice taking over a substance misuse service. This had happened at short notice for the practice and had been in place at the practice since 1 October 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 inadequate overall.**

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

- The practice did not have clear systems and processes to keep patients safe.
- Staff were not being safely recruited.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not learn and make improvements when things went wrong.
- The premises were not safe and suitable for staff, patients and visitors to use.

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

- Improvement was needed in how staff were developed and supported at the practice.
- Consent was not being sought appropriately or in line with legal requirements.
- The practice had not responded to the care and treatment needs of people who resided in a care home which had been aligned to the practice. These patients had not been treated with dignity or respect.
- There was limited evidence in relation to how patients could feedback on how the practice was run.

- The practice had not made the changes it needed to in order to respond to the needs of the additional substance misuse service it had recently taken over.

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

- There was no clear governance structure in place at the practice. Roles and responsibilities were not clearly defined.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice lacked a clear vision and there was no credible strategy in place.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Improve the uptake of patients for the national cancer screening programme.
- Improve the monitoring and review of patients suffering with diabetes, as highlighted in the Quality and Outcomes Framework data for 2017/18.

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

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

# Overall summary

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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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.**

**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>Good</b>                  |
| <b>Families, children and young people</b>                                     | <b>Good</b>                  |
| <b>Working age people (including those recently retired and students)</b>      | <b>Good</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>Good</b>                  |

## Our inspection team

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

## Background to Upton Road Surgery

Upton Road Surgery provides a range of primary medical services from its premises at ground floor, Colne House, 21 Upton Road, Watford, Hertfordshire, WD18 0JP. The practice does not own the building which is shared with other providers of healthcare services. In October 2018, the practice took over a substance misuse service for approximately 600 patients, many of whom are homeless. At the time of our inspection, this service was being provided from an area at the rear of the premises and was operating as a 'branch surgery' according to the partners of Upton Road Surgery. This new addition to the practice had not been adequately planned for and was having a significant impact on the practice as a whole. However, we were informed that due to the nature of this service and continuity of treatment required for patients, the provider had agreed to begin provision of this service within a short timescale.

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

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 7,956 patients. The practice is part of the Hertfordshire Clinical Commissioning Group (CCG).

The clinical team includes three female GP partners, one female salaried GP, two practice nurses, one healthcare assistant, one healthcare assistant/receptionist combined role and one phlebotomist/receptionist combined role. (A phlebotomist is a specialised clinical support worker who collects blood from patients for examination) and eight other administration and reception staff (including two in combined roles).

There was no practice manager in post at the time of our inspection. We were told that the office manager was managing the practice with assistance from a business manager who was not based in the UK. There was no clear governance structure in place at the time of this inspection.

The practice is staffed with the doors and phone lines open from 8.30am to 6.30pm Monday to Friday. There is no lunchtime closure at the practice. There is extended opening one day each week on varying days until 9pm for GP appointments and 8.30pm for healthcare assistant appointments. Appointments are available from 9am to

midday and 4pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. An out of hours service for when the practice is closed is provided by Herts Urgent Care.

The practice serves a population of approximately 7,956. The area served is slightly less deprived compared to

England as a whole. The practice population is mostly white British with a considerable South Asian community and some Central and Eastern European communities. The practice serves an above average population of those aged from 0 to 4 years and 25 to 49 years. There is a lower than average population of those aged 50 years and over.

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<br>Family planning services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br><b>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:</b><br><br>Two staff members with no current DBS in place.<br><br>No system to ensure that recruitment checks were completed as required and no oversight of these.<br><br>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

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

Diagnostic and screening procedures  
Family planning services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The provider had failed to ensure the proper and safe management of medicines; The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper. The provider had not ensured the safe storage of medicines. The cold chain was not being safely managed at the practice.
- The provider did not have a safe system in place to ensure that MHRA and other safety alerts received into the practice were seen and acted upon by relevant clinicians.
- There was a lack of effective clinical audits at the practice which put patients at risk of unsafe care and treatment.
- The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:
- The provider had not ensured the safety of patients using the substance misuse service due to a lack of modifications to the premises.
- This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider had failed to ensure there was effective governance and leadership at the practice therefore increasing risks to patients and persons employed.**

This section is primarily information for the provider

## Enforcement actions

There were no quality assurance systems in place to monitor the quality of care and treatment delivered across the practice.

There was no effective monitoring of staff recruitment, performance or training.

The systems in place for recording and acting on significant events, incidents, accidents and complaints was inadequate. There was no clear recording process for these.

Risks were not being safely managed and assessed.