

# Kirby Road Surgery

## Inspection report

58 Kirby Road  
Dunstable  
LU6 3JH  
Tel: 01582609121  
www.kirbyroadsurgery.co.uk

Date of inspection visit: 26 May 2021  
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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?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

# Overall summary

We carried out an announced inspection at Kirby Road Surgery on 24 to 26 May 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective – Requires Improvement

Caring – Good

Responsive - Good

Well-led – Requires Improvement

Following our previous inspection on 25 September 2019, the practice was rated requires improvement overall, for the key questions safe and effective and the population groups. They were rated inadequate for providing well-led services. We carried out an announced focused inspection of Kirby Road Surgery on 29 January 2020, which was undertaken to follow up on a warning notice we issued to the provider in relation to Regulation 17 Good Governance.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Kirby Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This was a focused inspection to follow up on:

- The safe, effective and well-led key questions
- Any breaches of regulations or ‘shoulds’ identified in the previous inspection.

## How we carried out the inspection/review

Throughout the COVID-19 pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing and telephone calls.
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Asking patients to submit online feedback.

## Our findings

# Overall summary

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 and for the population groups Long-term conditions, Working age people (including those recently retired and students) and People experiencing poor mental health (including people with dementia). We have rated the population groups Older people, Families, children and young people and People whose circumstances make them vulnerable as good.**

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

- Nursing staff were not trained to the appropriate level for safeguarding children and young people.
- There was not a process for the ongoing checks of the registration status of clinical staff.
- The system in place for high-risk medicines monitoring was not effective. We found some patients were overdue a review.
- Actions from a safety alert had not been followed. We found patients were prescribed a combination of two medicines that was not recommended.

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

- The practice had not taken sufficient measures to improve the uptake of cervical screening which meant they remained below the 80% target set by Public Health England.
- The Personalised Care Adjustment (PCA) rate, which replaced exception reporting, was high in some areas of Quality and Outcomes Framework (QOF) and the practice were unable to provide an explanation for this.
- The percentage of patients diagnosed with chronic obstructive pulmonary disease (COPD) who had received a review was lower than local and national averages.
- Some patients diagnosed with dementia did not have a care plan in place.

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

- The provider had made improvements to the leadership of the practice. There was a new GP partnership formed. However, changes to governance structures particularly relating to policies and procedures were not fully embedded which led to the concerns with the provision of safe services.
- The practice had not fully considered the needs of patients with a hearing impairment in relation to access during the COVID-19 pandemic.
- There had not been sufficient actions implemented in response to available data, to improve the practice performance from the previous inspection in September 2019.

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

- Ensure care and treatment is provided in a safe way to patients.

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

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

- Seek ways to encourage eligible patients to have cervical cancer screening.
- Make improvements to the Personalised Care Adjustment rates in the Quality and Outcomes Framework.

# Overall summary

- Improve ways for people with a hearing impairment to access services.

**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

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Requires Improvement</b> 
<b>Families, children and young people</b>	<b>Good</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>Good</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 who spoke with staff using video conferencing facilities, telephone calls and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Kirby Road Surgery

Kirby Road Surgery is located in Dunstable at 58 Kirby Road, Dunstable, Bedfordshire, LU6 3JH.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is situated within the Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 8,860. This is part of a contract held with NHS England.

The practice is a member of a primary care network (PCN) that enables them to work with other practices in the area to deliver care.

Information published by Public Health England report deprivation within the practice population group as seven on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The age distribution of the practice population closely mirrors the local and national averages.

The practice has four GP partners, all male who are supported by a female locum GP. The nursing team consists of a practice nurse and two health care assistants, all female. There is a team of administration and reception staff all lead by a practice manager and a reception manager.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were video and telephone consultations. If the GP needs to see a patient face-to-face then an appointment is made.

The practice is open from 8.30am to 6.30pm Monday to Friday. From 8am to 8.30am there is an emergency telephone number on the practice answerphone message for patients to access a GP.

Routine appointments with a GP, practice nurse or health care assistant can also be booked through the practice for the GP Extended Access Service. This service operates on Monday to Friday evenings from 6pm to 8pm and on Saturdays and Sundays from 8.30am to 12.30pm at five local GP Practices.

When the practice is closed out of hours services are 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 were not being met. The provider must send CQC a report that says what action they are 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><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not ensure the proper and safe management of medicines. Specifically:</p> <p>We found some patients were overdue a review. For example,</p> <ul style="list-style-type: none"><li>• There were 16 patients prescribed an immunosuppressant medicine, eight of these had not had the required monitoring. Patients prescribed this medicine require regular monitoring as they can increase the risk of infections and complications.</li><li>• There were 928 patients prescribed a medicine used to treat high blood pressure, 268 of these had not had the required monitoring. Patients prescribed these medicines can develop renal impairment and high potassium levels.</li><li>• There were 151 patients prescribed an anticoagulant medicine used in preference to Warfarin, 48 of these had not had the required monitoring. Patients prescribed these medicines should be monitored for signs of bleeding or anaemia and may experience a decline in renal function.</li><li>• There were 29 patients co-prescribed Omeprazole and Clopidogrel. Patients should not be prescribed these medicines together as the Omeprazole can reduce the efficacy of Clopidogrel.</li></ul> <p>Some patients diagnosed with dementia did not have a care plan in place. There were 57 patients coded as having dementia. Five of these patients records were reviewed and two did not have a care plan in place.</p> <p>Nurses working in the practice had been trained to level 2 for safeguarding children rather than level 3. The</p>

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## Requirement notices

intercollegiate guidance Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff published in January 2019, states practice nurses should be trained to level 3.

NMC and GMC registration checks were not completed each time they were renewed (annually). This meant that the practice was not assured their clinical staff were appropriately registered.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.