

Suthergrey House Medical Centre

Inspection report

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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

Good 

Are services safe?

Good 

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 Suthergrey House Medical Centre on 28 November 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions: Safe, Effective and Well Led.

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 good overall. We rated the practice as requires improvement for providing Well-Led services. We rated the population group people with long-term conditions as requires improvement. We rated the other population groups as good.

We rated the practice as requires improvement for providing Well-Led services because:

- Overall QOF scores were lower than expected compared to the CCG and England averages. These were more evident in relation to the monitoring of people with long term conditions. While interventions made had shown improvements to clinical quality, the practice had not developed systems to continually monitor clinical data and staffing, so sustained improvements in line with CCG and England averages could be demonstrated.
- Overall exception reporting was lower than the CCG and England averages. The practice needed to implement systems to understand the impact of exception reporting (now replaced in 2019/20 with Personalised Care Adjustment (PCA)) on the overall QOF scores.
- The cervical cancer screening uptake was lower than expected compared to CCG and England averages.
- Some policy documents we saw needed a review and amendments.
- The practice had not developed systems to demonstrate the efficacy of measures implemented to try and improve patient satisfaction.

We rated the population group people with long-term conditions in the effective domain as requires improvement because:

- Clinical outcomes for this population group were lower than expected compared to CCG and England averages.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The practice organised and delivered services to meet patients' needs. However, patients reported they could not always access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. However, the practice needed to introduce systems to continually monitor clinical data and staffing so sustained improvements in line with CCG and England averages could be demonstrated.

We found the following areas where the provider must improve:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We found the provider **should**:

- Complete the updating of the spreadsheet of safety alerts received and acted upon.
- Implement systems to understand the impact of exception reporting (now replaced in 2019/20 with Personalised Care Adjustment (PCA)) on the overall QOF scores.
- Act to achieve the 95% WHO based target for childhood immunisations.
- Act to achieve the cervical cancer screening 80% national programme coverage measure set by Public Health England.

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

Older people	Good	
People with long-term conditions	Requires improvement	
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 lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Suthergrey House Medical Centre

Suthergrey House Medical Centre situated at 37a St Johns Road, Watford, Hertfordshire is a GP practice which provides primary medical care for approximately 10,453 patients living in Watford and surrounding areas.

Suthergrey House Medical Centre provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with large ethnic population of Asian, and smaller populations of Afro Caribbean, mixed race and Eastern European origin. Information published by Public Health England, rates the level of deprivation within the practice population group as seven on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice has five GP partners (four females and one male) and two salaried GPs both females. There is a nurse practitioner, two practice nurses, one diabetic nurse and two healthcare assistants.

There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting, midwifery, and community nursing services to patients at this practice.

The practice operates from ground level premises. There is monitored car parking outside the practice with adequate disabled parking available.

The practice is open between 8am and 6.30pm Monday to Friday. There is extended opening each week on four days from 7am until 7pm with and weekend and late evening appointments available through the Watford extended access hub.

When the practice is closed services are provided by Herts Urgent Care via 111.

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 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.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Overall QOF scores were lower than expected compared to the CCG and National averages. These were more evident in relation to the monitoring of people with long term conditions. While interventions made had shown improvements to clinical quality, the practice had not developed systems to continually monitor clinical data and staffing, so sustained improvements in line with CCG and England averages could be demonstrated.• The provider did not have a process for policy reviews and amendments.• The provider had not developed systems to demonstrate the efficacy of measures implemented to try and improve patient satisfaction. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>