

Wheatfield Surgery

Inspection report

60 Wheatfield Road
Lewsey Farm
Luton
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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?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Wheatfield Road Surgery on 07 August 2019. We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

At the last inspection in March 2016 we rated the practice as good overall.

Our judgement of the quality of care at this service is based 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 practice is rated as requires improvement overall.

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

- The system to manage medicines that required additional monitoring was ineffective and blood testing was not completed within the recommended timeframes.
- The practice had a process in place to manage safety alerts however, we saw evidence of one alert that had not been acted on. Shortly following the inspection, we received evidence that the process had been reviewed.
- Clinical staff were not all trained to the appropriate level in adult or children's safeguarding. However, staff were able to explain their role in safeguarding including how to recognise abuse and how to escalate concerns
- The practice had completed a legionella risk assessment however, remedial actions that had been identified to mitigate the risk of legionella had not been completed.
- Patient Group Directions that ensure vaccinations are given appropriately by the nursing team had not been signed by the necessary clinical staff.

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

- Exception reporting was high in some areas, particularly within long term conditions. The practice was not pro-active in following up these patients.
- Child immunisation rates were lower than WHO targets of 90%
- There were gaps in the training of some staff members.

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

- Patients told us they were treated with kindness and compassion.
- The practice had identified 1.5% of their practice population as carers and had appropriate resources in place to support carers.

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

- GP patient survey results for responsive indicators were below the local and national averages however, the practice had completed a patient satisfaction project and recently restructured their appointment system.
- Patients told us that there was difficulty accessing the practice via the telephone. The practice was in the process of creating an action plan to address this concern.
- Complaints were managed in an effective and timely manner however; response letters did not always contain information of how to escalate concerns to the parliamentary and health service ombudsman.

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

- The practice had not identified that medicines that requires monitoring were not appropriately managed despite using a monthly reporting tool.
- The practice did not have full oversight of actions that needed completing following risk assessments.

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

- Continue to review the dressings and single-use equipment that is stored in GP consultation rooms to ensure this remains in-date.

The areas where the provider **must** make improvements as they are in breach of regulation are:

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

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated
Care

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

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

Background to Wheatfield Surgery

Wheatfield Surgery provides a range of primary medical services, including minor surgical procedures from its location at 60 Wheatfield Road, Lewsey Farm, Luton, Beds, LU4 0TR. It is part of the NHS Central Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 13,000 patients with slightly higher than national average number of patients under the age of 18 years. The practice population is 74% white British and 12% Asian.

The practice is a training practice and employs GP registrars. A GP registrar is a fully qualified and registered doctor who is completing further training to become a GP.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of six GP partners (two female / four male). The practice also employs a female advanced nurse practitioner, three female practice nurses, and two female healthcare assistants. The team is supported by a practice manager and a team of non-clinical, administrative staff.

Wheatfield Surgery is a two-storey building where consultations take place on the ground floor. There is disabled access and a car park outside the building.

Wheatfield Surgery is open from 8am to 8pm on Monday to Friday. When the practice is closed, out of hours services are accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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	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:</p> <ul style="list-style-type: none">• The system to manage medicines that need additional monitoring was ineffective and blood testing was not completed prior to prescribing.• There was gaps in oversight of safety alerts and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts received by the practice.• Patient Group Directions for nursing staff to give vaccinations and immunisations were not all appropriately signed by GP's or the nursing team.• Recommended actions from the legionella risk assessment, including monthly water temperature checks had not been completed.• Not all staff had completed training in safeguarding, basic life support and mental health awareness.• Practice nurses had not been trained to level three in safeguarding. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>