

The Elms Surgery

Inspection report

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Watford
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Date of inspection visit: 28 November 2022
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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 comprehensive inspection at The Elms Surgery on 28 November 2022. Overall, the practice is rated as requires improvement.

The ratings for each key question are:

- Safe - requires improvement.
- Effective – requires improvement.
- Caring – good.
- Responsive – good.
- Well-led – requires improvement.

Following our previous inspection on 19 January 2017, the practice was rated good overall and for all key questions and population groups.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for The Elms Surgery on our website at www.cqc.org.uk.

Why we carried out this inspection

The Elms Surgery registered a different location with CQC in September 2018. This was our first inspection of the service since the practice had moved location.

We inspected The Elms Surgery as part of our regulatory functions under the Health and Social Care Act 2008.

We carried out this inspection to check the service was providing safe, effective, caring, responsive and well-led services from the new location. The inspection therefore focused on all of these key questions. The inspection included a review of areas where the provider should make improvements that had been identified at our last inspection.

How we carried out the inspection

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 facilities
- completing clinical searches and reviewing patient records on the practice’s patient records system to identify issues and clarify actions taken by the provider
- requesting evidence from the provider
- a site visit
- requesting and reviewing feedback from staff and patients who work at or use the service.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- what we found when we inspected
- information from our ongoing monitoring of data about services
- information from the provider, patients, the public and other organisations.

We found that:

- The practice had not always identified and managed risks effectively to keep patients and staff safe and protected from avoidable harm. For example, in relation to safeguarding adults and children, infection prevention and control, medical emergencies, fire safety, recruitment checks, staff vaccinations and the safe and appropriate use of medicines.
- Not all clinical staff felt they had the support they needed when they needed it, for example to discuss more complex patients and share learning.
- People were supported to live healthier lives and were involved in managing and improving their own health. More patients felt they were involved in decisions about their care and treatment as much as they wanted to be than at our last inspection.
- The number of patients screened for cervical cancer remained below the national target.
- Patients told us staff treated them with kindness, compassion, dignity and respect.
- Patients could access care and treatment in a timely way. More patients said it was easy to get through to the practice by telephone and were satisfied with the appointment times available at The Elms Surgery than the average for the area or for England.
- The way the practice was led and managed meant not all staff were aware of the practice's values and vision or understood their role in achieving them. Not all staff felt they were involved in the development of the practice or that they had opportunity to share their views about the planning and delivery of services.
- Not all staff were aware of who the practice's Freedom to Speak Up Guardian was or how they could contact them if they needed to.
- Policies and procedures had not always been updated to show changes made, for example in relation to fire procedures.
- Leaders were not always clear about the practice's requirements and documents sometimes gave differing information about how often tests of systems and staff training should be completed, for example in relation to fire safety.

We found a breach of regulations. The provider **must**:

- establish and operate effective systems and processes to make sure they meet the fundamental standards of care.

More detail is contained in the requirement notice section at the end of this report.

We also found the following areas where the provider could improve and **should**:

Overall summary

- continue to monitor, and take actions to improve, the uptake of childhood immunisations
- consider different ways for people to provide feedback about the service, including complaints and patient surveys, and take action to make it easy for people to do so
- take steps to improve staffs' knowledge of the Freedom to Speak Up Guardian and how to contact them if needed
- take steps to improve access to information, for example for carers, on the practice's website
- identify and support carers.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection was led by a CQC inspector. The inspection team included a second CQC inspector and a GP specialist advisor.

The inspectors spoke with staff using video conferencing facilities and undertook a site visit.

The GP specialist advisor spoke with staff using video conferencing facilities and completed clinical searches and reviews of patient records without visiting the location.

Background to The Elms Surgery

The Elms Surgery is located in a converted residential property in Watford at:

The Elms Surgery

38 The Avenue

Watford

Hertfordshire

WD17 4NS

The provider is registered with CQC to deliver the following regulated activities: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury from this location.

The practice is situated within the NHS Hertfordshire and West Essex Integrated Care Board (ICB) and delivers general medical services to a patient population of about 8,000. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as the Central Watford Primary Care Network (PCN). The PCN includes 3 providers of GP services working together to address local priorities in patient care.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the ninth lowest decile (9 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 72% White, 19% Asian, 5% Black, 4% Mixed and 1% Other.

There are more patients of working age and significantly fewer older people registered at the practice than the averages for the ICB and England.

The clinical team at the practice includes 1 male GP, 3 female GPs, 3 physician associates, 1 practice nurse, 1 clinical pharmacist and 2 healthcare assistants.

Non-clinical staff include a team of 7 reception and administration staff. The practice manager provides managerial oversight and is supported by an administration manager and a reception manager.

The practice is open between 8am and 6.30pm on Mondays to Fridays, excluding bank holidays.

As part of the Watford Extended Access service, patients registered with The Elms Surgery can access evening or weekend appointments at any of the GP practices in the group.

When the practice is closed, patients can access support, treatment and advice from the NHS 111 service.

Patients can book appointments online, or by telephoning or visiting the practice.

The practice offers face-to-face and telephone consultations. Home visits are available for patients who were unable to go to the practice.

The practice offers urgent, or 'same day', appointments and patients can pre-book an appointment up to 4 weeks in advance. Patients can also self-book into a flu vaccine clinic.

Appointments are available with doctors, practice nurses, healthcare assistants, a pharmacist or a physician associate.

Patients can request prescriptions online, or by visiting or emailing the practice.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Not all staff had completed training in line with the practice's requirements, including in safeguarding children and adults, infection prevention and control, basic life support and fire safety awareness.• The practice's processes for sharing information with other health and social care professionals to identify and support adults and children at risk of significant harm in a timely way were inconsistent.• Recruitment checks for new staff were not always completed in line with regulations and the practice's policy.• The practice could not demonstrate they always sought assurances that staff employed were suitable for the role.• The practice could not demonstrate staff had immunisations in line with national guidance and the practice's policy.

Requirement notices

- Fire safety systems, including fire alarms and fire drills, had not been tested regularly to check they were in working order.
- The practice's documents were inconsistent about how frequently checks of the fire safety systems were needed.
- The practice's fire risk assessment had not been adequately updated to reflect the current systems and procedures, for example the location of the fire assembly point.
- Records showed periods of 5 and 6 weeks when there was no record that the weekly checks of the oxygen and defibrillator had been done.
- The practice had not always responded to safety alerts to protect patients affected by them.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- The practice did not demonstrate they had implemented effective measures to improve the uptake of cervical screening.
- Not all clinical staff felt they had the support they needed to discuss more complex patients and share learning.
- The practice did not assure us they understood when they would need to contact the NHS England and Improvement Area Team Controlled Drugs Accountable Officer, and how they would contact them.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.