

The London Road Surgery

Inspection report

Market House
Market Road
Wickford
SS12 0AA
Tel: 01268765533
www.thelondonroadsurgery.co.uk

Date of inspection visit: 02 November 2020 to 6
November 2020
Date of publication: 03/02/2021

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?	Good 
Are services responsive to people's needs?	Requires Improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced focused inspection at The London Road Surgery on 20 January 2020, due to the length of time since our last inspection. The practice was rated as inadequate overall. Specifically, they were rated as inadequate for safe, effective and well-led. The good rating for caring and responsive remained from the previous inspection in 2015. The practice was placed into special measures.

As a result of findings at the January 2020 inspection, we took enforcement action against the provider and issued them with a warning notice for improvement.

We carried out an announced comprehensive inspection at The London Road Surgery on 5 November 2020. At this inspection we followed up on breaches of regulations identified at a our previous inspection.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We conducted staff interviews between 2 November and 5 November 2020 and carried out a site visit on 5 November 2020.

We had scheduled an inspection to follow up on the warning notice earlier this year although this was cancelled due to the COVID-19 pandemic. Therefore, we followed up on the warning notice at this inspection. We found that improvements had been made and the provider had met most of the requirements of the warning notice. However, there were still breaches of regulation and processes were not fully effective or embedded.

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 well-led services because:

- While the practice had made some improvements since our inspection on 20 January 2020, it had not addressed all aspects of the Warning Notice.
- Leaders could not fully demonstrate that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective and not fully embedded.
- The practice did not have effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- Due to the way that complaints and incidents were approached, effective learning and service improvement was limited.

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

- The practice did not have clear systems, processes and information for staff to keep patients safe.
- The system for assessing and managing risks was not effective
- There was limited evidence that the practice learned and made improvements when things went wrong.

Overall summary

- There was a lack of assurance that staff had all the information that they needed to provide safe care and treatment.
- Processes around the monitoring of patients prescribed high risk medicines and repeat medicines did not keep people safe.

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

- The system for ensuring staff were adequately trained was not fully effective.
- There was a lack of assurance that patients' needs were assessed and delivered in line with current guidance.

These areas affected all population groups so we rated all population groups as requires improvement.

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

- Complaints were not always acknowledged in a timely manner and investigations did not always fully identify areas for service improvement and development.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

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

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

This service remains 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 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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

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 onsite and remote inspection team was led by a CQC lead inspector. The remote and onsite inspection team included a GP specialist inspector and two team inspectors.

Prior to the inspection, we carried out remote interviews with the GPs, nurse, practice manager, reception staff, patient participation group, representatives from care homes and a community matron. During our short inspection visit, we looked at records, policies, staff files and other documents that could not reasonably have been viewed remotely.

Background to The London Road Surgery

The London Road Surgery is located at Market House in Wickford. The surgery has good transport links and there is a pharmacy located nearby. There is a small car park behind the practice with some dedicated disabled spaces.

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

The London Road Surgery is situated within the Basildon and Brentwood Clinical Commissioning Group (CCG) and provides services to 12,795 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership who registered with the CQC in April 2013. The practice has three male GP partners and three female salaried GPs, in addition to, a nurse practitioner, two practice nurses and a healthcare assistant, several administration staff. They use locum GPs as required. The practice is part of a local primary care network (PCN) of GP practices.

There are higher than average number of patients aged over 65 and few patients aged between 5 and 18, than the national average. The National General Practice Profile states that 95.7% of the practice population is from a White background with the remainder of the population originating from black, Asian, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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 improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Systems for identifying patients whose blood glucose is suggestive of diabetes, were not effective. Some patients were not receiving appropriate monitoring which placed them at risk of potential harm.• The process in place for medicines reviews was not effective, as records did not demonstrate that a structured review had taken place.• The system for making changes to a patients medicine was not effective in ensuring that there was an audit trail of the change on the record.• Systems for ensuring that patients received appropriate monitoring of their health whilst taking high risk medicines were not effective.• The system for reviewing patients before prescribing medicines, other than high-risk, was not effective.• Systems for ensuring that patients were assessed and treated in line with current guidance were not sufficient. Some patient records did not contain sufficient detail or evidence to demonstrate that the patient had been assessed and treated in line with latest guidance.• There was a lack of clinical oversight of performance management, or documented action plan where performance was lower than desirable.• There was no clear programme in place for quality improvement, including clinical audit.• There was no documented vision or strategy to support the provision of good quality care. <p>There was additional evidence of poor governance. In particular:</p>

This section is primarily information for the provider

Requirement notices

- The system in place to monitor staff training was not fully effective in ensuring that staff training was up to date and relevant to their role.
- There was limited evidence that there was effective learning from incidents, alerts and complaints.
- There was limited review of patient feedback.