Waterbeach Surgery

Inspection report

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Date of inspection visit: 7 Nov 2019
Date of publication: 08/01/2020

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?	**Inadequate**
Are services caring?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as Inadequate overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Waterbeach Surgery on 7 November 2019 as part of our inspection programme.

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 concluded that:

- People were not adequately protected from avoidable harm.
- The leadership, governance and culture of the practice did not assure the delivery of high quality care.
- Some legal requirements were not met.

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

- We found the practice's systems, processes and practices for safeguarding patients were inconsistent. In addition to this, the practice told us they did not hold multi-disciplinary team meetings with other services. The practice did not evidence any other means for sharing information with other health professionals.
- The practice did not provide evidence they had oversight of all staff vaccinations in line with current Public Health England guidance.
- We found that fire and health and safety risk assessments had not been completed for the practice premises. In addition to this, we found potential hazards relating to fire safety and health and safety on the day of the inspection.
- The practice manager had completed an infection control audit prior to the inspection in September 2019 and had identified a number of risks but no actions had been taken. In addition to this, we found additional areas of potential infection control risks on the day of the inspection.
- The practice's coding of medical records did not support safe care for patients. The practice coded patients records as having care plans completed. However, when we reviewed patient records we found that no documented care plans had been recorded on any of the records we reviewed. In addition to this, the practice did not code medicine reviews on the patient record system and therefore could not demonstrate how people received structured review of their medicines to determine it remained safe and effective to continue with them.
- The practice did not have a system in place for monitoring urgent and non-urgent cancer referrals.
- The practice did not have a system in place to manage patient safety alerts.
- The practice had higher levels of antibiotic prescribing compared with CCG and England averages. The practice reviewed the financial impact of this, and had completed a CCG-led audit, but no actions had been taken to try and improve the prescribing rate and improve patient outcomes.

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

- We found a number of examples where clinical coding was missing from patient records or the clinical coding applied was not accurate.
- The practice's Quality Outcomes Framework (QOF) performance for some long-term and mental health indicators were below CCG and England averages. The practice did not have any plans in place to improve this at the time of the inspection.
- The practice's data showed that 81.3% of patients diagnosed with dementia and 67.6% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan. However, we found that care plans were not documented on the practice's patient record system for any patients that we reviewed and the practice told us these were only completed verbally.
- The practice's uptake of cervical screening was below the 80% target rate; the practice were aware of this data but had no plan in place at the time of inspection to improve it.

Overall summary

- The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis was below the CCG and England averages. The practice were aware of this data but had no plan in place at the time of inspection to improve it.
- The practice had completed 10 health checks for patients diagnosed with a learning disability, out of 22 eligible patients (45%). The practice were aware of this data but had no plan in place at the time of inspection to improve it.
- We found that the practice did not have a quality improvement program in place to monitor and improve the quality of care provided to patients.

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

- The practice manager and lead GP told us the practice did not have a carers register and were unable to tell us how many carers the practice had identified. However, during the inspection an administrative member of staff informed us there were 53 (approximately 0.9% of the practice population) patients coded as carers. The accuracy of the coding of these patients was not known.
- A treatment room did not have any signage on the door advising of its use, nor did it have anything to suggest if it was occupied or free. The treatment room did not have a curtain and therefore did not ensure privacy.

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

- Patient feedback through the NHS Choices and feedback on the day of the inspection was negative in relation to accessing the practice. Feedback through the National GP Patient Survey were generally in line with CCG and England averages, however some indicators were below. The practice were aware of this feedback but had taken no actions to improve patient satisfaction.
- The practice did not record verbal complaints and they told us they did not analyse trends of complaints. The practice therefore missed the opportunity to identify themes and take action as required.

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

- We found a lack of leadership capacity and capability with no succession plan, vision or strategy to provide high quality sustainable care.
- We found the governance systems and management oversight did not ensure that services were safe or that the quality of those services was effectively managed.
- The practice could not evidence that risks, issues and performance were managed.
- The practice had not acted upon negative feedback from patients regarding accessing the practice by telephone and routine appointments.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

I am placing this service 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.

Special measures will give people who use the service the reassurance that the care they get should improve.

Following our announced comprehensive inspection we took urgent action to suspend Dr Ranam Al Ghazzi's CQC registration which prevented the provider from delivering regulated activities. A new provider is now carrying on the regulated activities from the location.

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

Our inspection team

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

Background to Waterbeach Surgery

Waterbeach Surgery provides services to a population of approximately 5,670 patients. The practice is contracted to provide General Medical Services (GMS) by Cambridgeshire and Peterborough Clinical Commissioning Group.

The provider, Dr Ranam Al Ghazzi, is a single-handed provider. There are two part-time salaried GPs at the practice, two practice nurses and two health care assistants, who are also phlebotomists. There is a practice manager and an office manager who are supported by a team of reception and administrative staff who undertook various duties.

The provider had previously offered a dispensary service, however this was closed in September 2019 prior to our inspection.

The practice provides a range of clinics and services, detailed in this report, and opened between the hours of 8:30am and 6pm weekdays, with a lunchtime administrative closure between 1pm to 3pm. The practice duty doctor could be contacted during this time. Early morning appointments are available Wednesday mornings from 6.45am to 8am and Wednesday evenings from 6.30pm to 7.45pm.

The practice also offers extended access appointments on evenings and weekends through a Federation of local practices. In addition to this, outside of practice opening hours, a service was provided by another health care provider, Herts Urgent Care, via the NHS 111 service.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The practice did not evidence an effective system for acting upon patient and medicine safety alerts. • We found the coding of medical records did not ensure there was a process of completing structured medicine reviews. • On the day of the inspection we found a number of fire safety concerns. • On the day of the inspection we found a number of significant health and safety and infection control concerns. • There was no failsafe system for urgent cancer referrals and the practice told us they did not actively follow up on referrals.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The practice had coded patient records as care plans being completed. However, when we reviewed these patient's records we found that no care plans had been recorded on any of the records we reviewed. • We reviewed patient consultation records and found a number of discrepancies with the coding of medical records. • We were told by the lead GP and practice manager that the practice did not hold MDT meetings. The practice could not evidence any other means for sharing information with other health professionals.

This section is primarily information for the provider

Enforcement actions

- The practice were aware of performance data lower than CCG and England averages (such as Quality Outcomes Framework and cervical screening) but failed to evidence actions taken to improve.
- The practice had higher levels of antibiotic prescribing compared with CCG and England averages, the practice had completed an audit on this but no actions had been taken to improve the prescribing rate.
- The practice did not provide evidence of sharing or dissemination of learning of the three significant events that we reviewed.
- The practice told us there was no system in place to manage blank prescription pads.