

Station Road Surgery

Inspection report

69 Station Road

Sidcup

Kent

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Date of inspection visit: 5 February 2020

Date of publication: 19/03/2020

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

Good 

Are services effective?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Overall summary

We carried out an announced focussed inspection of Station Road Surgery on 5 February 2020 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.

This inspection focused on the key questions effective, responsive and well-led.

Because of the assurance received from our review of information we carried forward the ratings for the key questions safe and caring.

We rated the practice as good overall with the following key question ratings:

Effective – good

Responsive– requires improvement

Well-led – good

The practice had previously been inspected 1 July 2015 and had been rated as good overall and in four of the five key questions, with well led being rated as requires improvement.

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, good for providing effective services, requires improvement for providing responsive services, and good for being well led. The practice was rated as requires improvement for all the population groups because of their rating for providing responsive services.

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

- The practice scored higher than the local and national averages for key clinical performance indicators. Clinical performance indicators – QOF, childhood immunisations, cancer screening, low exception reporting rates– provided evidence of consistent high performance in the care and treatment of patients.

- All staff were engaged in activities to monitor and improve quality and outcomes.
- There was evidence of quality improvement activity.
- Staff were receiving regular appraisals and had training and development opportunities for and beyond their roles.

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

- Complaints were appropriately managed and there was evidence of actions taken in response to complaints.
- eConsult (an online medical consultation platform) was promoted in the practice to tackle access challenges.
- The internal facilities and premises were appropriate for the services delivered. However, there was an external physical access challenge for wheelchair and pushchair users, as they had to access the practice via the staff car park, which did not have a designated pedestrian access area.
- Difficulties getting through to the practice by telephone were reflected in the GP patient survey feedback and CQC comments cards received.

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

- The practice had a clear vision and credible strategy to provide high quality sustainable care.
- The practice had a culture which drove high quality sustainable care.
- The practice had an active patient participation group.
- There were systems and processes for learning, continuous improvement and innovation.

We noted the following outstanding feature in the practice:

- The practice had consistently low rates of exception reporting in relation to the care of their patients, including for hard to reach groups of patients.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

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

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

Overall summary

- Review their website to ensure the information about clinics and services available in the practice is up to date.

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 inspection team comprised of a CQC lead inspector accompanied by a GP specialist advisor.

Background to Station Road Surgery

Station Road Surgery is in Sidcup in the London Borough of Bexley in South London. The practice has four GP partners who manage the practice which is at a single site. The practice is based in a converted house, with consulting rooms based across two floors. The practice provides services to approximately 10,100 patients. The practice has a higher than average population size of patients over the age of 75, and of patients aged between 45 and 49. The practice is based in an area of low deprivation, and the life expectancy locally is the same as national averages.

The practice is a training practice and had two registrars and a foundation year two practitioner at the time of the inspection visit. As well as the three GP partners, the practice employs one salaried GP. The GPs in the practice share lead responsibilities for specific areas (for example, safeguarding, and management of specific long term conditions). The practice employed a nurse practitioner, two practice nurses and one healthcare assistant. The practice has a practice manager, an assistant practice manager, seven receptionists and a team of three secretaries. \

The practice is contracted for Primary Medical Services (PMS) and is registered with the Care Quality Commission (CQC) for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures, family planning and diagnostic and screening procedures.

The practice provides a range of essential, enhanced and additional services including childhood vaccination and immunisation, extended hours access, Influenza and Pneumococcal Immunisations, Learning Disabilities, Minor Surgery, and Shingles Immunisation.

The practice is open five days a week. Opening hours are 8am to 6.30pm on Mondays, Wednesdays and Fridays, 8am to 7:30pm on Tuesdays and 8:00am to 6:30pm on Thursdays. Out of hours services for the practice are provided by the GP Federation that the practice is a member of.. The practice operates a booked appointment system.

Parking is available at the site and is shared by staff and patients.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Reasonable adjustments were not being made to enable service users to receive their care or treatment. In particular: Patients did not experience timely access to care and treatment as patients reported having problems getting through to the practice by telephone.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	