

Alexandra Road Surgery

Inspection report

Alexandra Road
Lowestoft
Suffolk
NR32 1PL
Tel: 01502526060
www.alexandracrestviewsurgeries.co.uk

Date of inspection visit: 20/08/2019
Date of publication: N/A (DRAFT)

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?

Good 

Are services effective?

Requires improvement 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Alexandra Road Surgery on 20 August 2019 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 11 October 2018.

At the last inspection we rated the practice as requires improvement for providing safe and effective services because:

- There were out of date medicines on the emergency trolley and in clinical rooms.
- Quality and Outcomes Framework (QOF) data was lower than local and national averages for people with long-term conditions and people experiencing poor mental health (including people with dementia).

At this inspection, we found that the provider had not fully addressed these areas; Quality and Outcomes Framework (QOF) data had improved but was still lower than local and national averages for people with diabetes and exception reporting rates were higher than local and national averages and had increased for some indicators relating to people experiencing poor mental health.

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 Requires improvement overall.

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

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.

We rated the practice as **Requires improvement** for providing effective, caring and well-led services because:

- The service had not sufficiently improved the quality of care provided to people with long term conditions.

- Uptake rates for the cervical screening programme were below the national target.
- Exception reporting rates were higher than local and national averages and had increased in some areas in 2018/19.
- Childhood immunisation rates were below the national target rate in all four indicators.
- GP patient survey data related to the provision of caring services was lower than local and national averages and had fallen since the last survey.
- The practice had a clear vision, but that vision was not supported by a credible strategy.

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

- Whilst patients could access care and treatment in a timely way in an emergency, the way the practice organised and delivered services did not meet patients' needs. This was reflected in significantly lower national GP patient survey data which had fallen since the last survey.

These areas affected all population groups, so we rated all population groups as **Inadequate**.

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).

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

- Improve the system for monitoring test results to ensure timely review and action.

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

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- 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 Requires improvement overall.

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- The practice provided care in a way that kept patients safe and protected them from avoidable harm.

We rated the practice as **Requires improvement** for providing effective, caring and well-led services because:

- The service had not sufficiently improved the quality of care provided to people with long term conditions.

- Uptake rates for the cervical screening programme were below the national target.
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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 inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Alexandra Road Surgery

- The name of the registered provider is Alexandra Road Surgery. The service operates from two sites; Alexandra Road Surgery, Alexandra Road, Lowestoft, Suffolk, NR32 1PL and Crestview Medical Centre, 141 Crestview Drive, Lowestoft, Suffolk, NR32 4TW.
- The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury.
- Alexandra Road Surgery is situated within the Great Yarmouth and Waveney Clinical Commissioning Group (CCG) and provides services to 15,500 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 website for the practice is
- The practice clinical team consists of two GP partners (both male), one salaried GP (male), long term locum GPs, four nurse practitioners, five practice nurses, four healthcare assistants and a clinical pharmacist. The practice non-clinical team is led by a practice manager supported by a deputy practice manager, three department managers and a team of 29 administrative staff.
- The practice is a teaching practice for medical students.
- The practice is open from 8am to 6.30pm Monday to Friday and offers extended hours appointments on Monday, Thursday and Friday evenings and additional appointments through a local improved access scheme.
- When the practice was closed patients were directed to access out of hours services via NHS 111.
- The most recent data available from Public Health England showed the practice has a lower than average number of patients aged between 24 to 44 and a higher than average number of patients aged between 65 and 84. Income deprivation affecting children and older people is higher than the CCG and national average. Life expectancy for patients at the practice is comparable to the national average.

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 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>How the regulation was not being met...</p> <p>The provider did not establish and operate effectively systems and process to assess, monitor and improve the quality of the services provided to service users (including the quality of the experience of service users in receiving those services).</p> <ul style="list-style-type: none">• The service had not sufficiently improved the quality of care provided to people with long term conditions.• Uptake rates for the cervical screening programme were below the national target.• Exception reporting rates were higher than local and national averages and had increased in some areas in 2018/19.• Childhood immunisation rates were below the national target rate in all four indicators.• GP patient survey data related to the provision of caring services was lower than local and national averages and had fallen since the last survey.• The way the practice organised and delivered services did not meet patients' needs, reflected in significantly lower national GP patient survey data which had fallen since the last survey.