

# Wimbledon Village Surgery

## Quality Report

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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 service

Good 

Are services safe?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an unannounced inspection of Wimbledon Village Surgery on 9 December 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 12 (Safe care and treatment) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focussed inspection on 18 October 2016 to check they had followed their plan and to confirm that they now meet the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Wimbledon Village Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the focussed inspection of 9 December 2015, the practice was rated as requires improvement. They were rated as requires improvement for providing safe and well led services. Following the focussed inspection of 18 October 2016 we found the practice to be good overall, and good for providing safe and effective services.

Our key findings across all the areas we inspected were as follows:

- The practice had undertaken a fire risk assessment two weeks prior to the inspection, and had a fire safety checklist in place to repeat basic checks on a quarterly basis.
- All staff had been trained in infection control.
- The practice designated Fire Marshalls had attended training on fire safety and had trained other staff at the practice.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

At the inspection carried out on 9 December 2015 we found that the practice did not have systems in place to manage and assess risk related to fire.

At the inspection on October 18 2016 we found that the practice is rated as good for providing safe services.

- The practice had carried out a fire risk assessment, and there was a schedule in place for fire safety checks to be completed quarterly.
- All fire marshals in the practice had received fire safety training.

Good



### Are services well-led?

At the inspection carried out on 9 December 2015 we found that leads in infection control and fire safety at the practice had not been trained.

At the inspection on October 18 2016 we found that the practice is rated as good for being well-led.

- The practice had ensured that all named leads had been provided with relevant training


Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b> The practice is rated as good for the care of older people.	<b>Good</b> 
<b>People with long term conditions</b> The practice is rated as good for the care of people with long-term conditions.	<b>Good</b> 
<b>Families, children and young people</b> The practice is rated as good for the care of families, children and young people	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b> The practice is rated as good for the care of working-age people (including those recently retired and students).	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b> The practice is rated as good for the care of people whose circumstances may make them vulnerable.	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b> The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).	<b>Good</b> 

# Wimbledon Village Surgery

## Detailed findings

### Why we carried out this inspection

We undertook a focussed inspection of Wimbledon Village Surgery on 18 October 2016. This is because in inspections of 4 March 2015 and 9 December 2015 the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, breaches of regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

During the comprehensive inspection carried out on 4 March 2015 and the follow up inspection of 9 December 2015, we found the practice had not assessed risk in relation to fire safety. We also found that leads in fire safety and infection control had not received relevant training.

The inspection on 16 October 2016 was carried out to determine the practice's compliance with the legal requirements and to review areas of improvement after our comprehensive inspection on 4 March 2015. We inspected the practice against two of the five questions we ask about services: is the service safe and well-led. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe as well-led would affect the rating for all the population groups we inspected against.

## Are services safe?

### Our findings

At the inspection carried out on 9 December 2015 we found that the practice did not have systems in place to manage and assess risk related to fire.

#### **Monitoring risks to patients**

On the inspection of 18 October 2016 we found that risks to patients were assessed and well managed. There were

procedures in place for monitoring and managing risks to patient and staff safety. We saw that the practice manager had recently carried out a fire risk assessment and that there was a system in place whereby checks were undertaken on the premises on a quarterly basis. The practice had also ensured that fire marshalls had been trained and they in turn had provided training to other staff in the practice.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At the inspection carried out on 9 December 2015 we found that leads in infection control and fire safety at the practice had not been trained.

### **Governance arrangements**

On the inspection of 18 October 2016 we found that the practice had an overarching governance framework which

supported the delivery of the strategy and good quality care. We found that there were lead staff in place at the practice and that all leads at the practice had received training relevant to their role. Specifically, fire marshalls had been trained and had shared learning with other staff in the practice, and all staff had been trained in infection control.