

Village Surgery

Quality Report

The Village Surgery
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Date of inspection visit: 13 March 2017
Date of publication: 24/04/2017

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 well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Village Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Village Surgery 25 October 2016. The practice was rated as good overall. A breach of legal requirements was found relating to the Well Led domain. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breaches of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection we found that the practice had failed to ensure that an effective process was in place to distribute safety and medicines alerts to all staff, they had failed to analyse the results of the national GP patient survey and to act on areas where their performance was below average, and they had failed to assess and mitigate the risks relating to recruitment. We also identified areas where improvements should be made, which included reviewing their buddy arrangement with neighbouring practices to ensure that associated risks were identified and mitigated, taking action to reduce their exception reporting rate in areas where it was higher than average, taking action to increase the uptake of cervical screening amongst patients, reviewing how they identified patients with caring responsibilities, advertising the availability of language translation services, ensuring that longer

appointments were routinely provided to patients who would benefit from them, ensuring that full details of significant events were recorded, and monitoring the receipt and use of prescription printer sheets.

We undertook this focussed desk-based inspection on 13 March 2017 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Village Surgery on our website at www.cqc.org.uk.

Following the focussed inspection, we found the practice to be good for being well led.

Our key findings were as follows:

- The practice had reviewed the results of the national GP patient survey and had taken action in response to areas of below average achievement. They were in the process of analysing the impact of the measures they had put in place.
- The practice had processes in place to ensure that all safety and medicines alerts were distributed to relevant staff, and records were kept of the action taken in response to these alerts.
- Following the initial inspection, the practice had revised its recruitment procedure to include details

Summary of findings

about the risk assessment they would undertake to determine whether a member of staff required a Disclosure and Barring Service check. We saw evidence that this new process was being followed.

- The practice had a reciprocal arrangement with a buddy practice, which would provide clinical cover in an emergency. We saw evidence that background checks had been completed on relevant members of staff from the buddy practice.
- The practice advertised the availability of translation services and chaperones to patients in the waiting area.
- The practice routinely provided longer appointments for patients who would benefit from them.
- The practice kept a full record of significant events, and details of the event and learning were shared with staff.
- The practice had a system in place to monitor the receipt and use of prescription sheets.
- Following the initial inspection, the practice had increased the number of carers recorded on their system by 25%. They previously had 28 patients recorded as carers and this has increased to 35 patients; however, this was still less than 1% of the patient population.

- The practice had taken action to encourage patients with long-term conditions to attend for reviews. The practice provided us with a year-to-date summary of their achievement for the Quality Outcomes Framework, which showed improvements in several areas.
- The practice was in the process of trying to increase the uptake of cervical screening amongst their patients; for example, a significant proportion of their patient population spoke Arabic or Korean as their first language, and the practice had displayed information about cervical screening written in these languages.

There were two areas where the provider should make improvement:

- They should continue to monitor patient feedback and to make changes to their service to address any areas of low achievement.
- They should continue to work to ensure that patients with caring responsibilities are identified on the clinical system in order that these patients can be offered support.

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 well-led?

The practice is rated as good for being well led.

- The practice had reviewed the results of the national GP patient survey and had taken action in response to areas of below average achievement. They were in the process of analysing the impact of the measures they had put in place.
- The practice had processes in place to ensure that all safety and medicines alerts were distributed to relevant staff, and records were kept of the action taken in response to these alerts.
- Following the initial inspection, the practice had revised its recruitment procedure to ensure that it was clear about how risks would be assessed and mitigated. We saw evidence that the new process was being followed.

Good



Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk-based follow-up inspection was conducted by a CQC inspector.

Background to Village Surgery

The Village Surgery provides primary medical services in New Malden to approximately 4,800 patients and is one of 23 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 12%; and for older people the practice value is 14%, which is higher than the CCG average of 13%. The age range of the practice's patients largely follows the same pattern as the local average. Of patients registered with the practice, the largest group by ethnicity are white (67%), followed by Asian (23%), mixed (4%), black (3%) and other non-white ethnic groups (3%).

The practice operates from a two-storey converted shop on New Malden high street. The practice is located near to public transport links and parking is available in the surrounding streets. The reception desk, waiting area, consultation rooms, practice manager's office, and an administrative room are situated on the ground floor. Further administrative rooms are situated on the first floor. The practice has three doctors' consultation rooms and one treatment room which is also used as a nurse consultation room.

There are two full time male GPs who are partners; in addition, one part time female salaried GP is employed by the practice. In total 20 GP sessions are available per week. The practice also employs two part time female nurses. The clinical team is supported by a practice manager, a deputy practice manager, seven receptionists/administrators, a secretary, a prescribing clerk, and a part time IT specialist.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8.30am to 12.30am on Monday, Tuesday and Friday mornings, and until 12pm on Wednesdays and Thursdays; afternoon appointments are from 3pm until 6pm. Extended hours surgeries are offered between 6:30pm and 7:30pm on Wednesdays and Thursdays.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Why we carried out this inspection

We undertook a focussed inspection of Village Surgery on 13 March 2017. This is because the service had been identified as not meeting one of the legal requirements associated with the Health and Social Care Act 2008. From April 2015 the regulatory requirements the provider needs

Detailed findings

to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, a breach of regulation 17 (Good governance) was identified.

During the comprehensive inspection carried out on 25 October 2016 we found that the practice had failed to ensure that an effective process was in place to distribute safety and medicines alerts to all staff, they had failed to analyse the results of the national GP patient survey and to act on areas where their performance was below average, and they had failed to assess and mitigate the risks relating to recruitment. We also identified areas where improvements should be made, which included reviewing their buddy arrangement with neighbouring practices to ensure that associated risks were identified and mitigated, taking action to reduce their exception reporting rate in areas where it was higher than average, taking action to increase the uptake of cervical screening amongst patients, reviewing how they identified patients with caring responsibilities, advertising the availability of language translation services, ensuring that longer appointments were routinely provided to patients who would benefit from them, ensuring that full details of significant events were recorded, and monitoring the receipt and use of prescription printer sheets.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 25 October 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service well led.

How we carried out this inspection

We carried out a desk-based focused inspection of Village Surgery on 13 March 2017. This involved reviewing evidence that the practice had:

- An effective process in place for distributing safety and medicines alerts to relevant staff.
- Reviewed the results of the NHS GP Patient Survey results and taken action to address areas of low achievement.
- Risk assessed their recruitment processes and completed all necessary background checks on staff.
- Taken action to improve outcomes for patients, including reducing their exception reporting rate and increasing the uptake of cervical screening.
- Reviewed their arrangements for identifying patients with caring responsibilities.
- Advertised the availability of translation services and chaperones.
- Made all staff aware of their new significant event recording form, and are recording details of all significant events.
- Made all staff aware of their new prescription form protocol and that they are keeping records of prescription sheets received and allocated.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 25 October 2016 we rated the practice as requires improvement for being well led as they had failed to ensure that an effective process was in place to distribute safety and medicines alerts to all staff, they had failed to analyse the results of the national GP patient survey and to act on areas where their performance was below average, and they had failed to assess and mitigate the risks of employing staff without a completed Disclosure and Barring Service (DBS) check and allowing staff from a buddy practice to see their patients (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

These arrangements had significantly improved when we undertook a follow up inspection on 13 March 2017. The practice is now rated as good for being well led.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Processes were in place to distribute safety and medicines alerts to all relevant staff. A record was kept of the alerts distributed and the action taken as a result.
- An understanding of the performance of the practice was maintained. Following the initial inspection, the practice had conducted a full review of the national GP Patient Survey, which involved all staff. They had also put measures in place to address areas where they had scored below average. At the time of the follow-up inspection, updated GP Patient Survey results had not yet been published; however, the practice had taken steps to measure the impact of some of the measures they had introduced. For example:
 - The practice had scored below average for the percentage of patients who found it easy to get

through to the practice by phone. In response to this, the practice had increased their promotion of online appointment booking by asking reception staff to make patients aware of this facility, advertising it in their practice leaflet, and adding information about it to their recorded telephone message. As a result, the proportion of patients at the practice who were registered for online services had increased from 1% to 6%.

- In response to below average scores relating to patients feeling that they had enough time during appointments and that they were treated with care and concern, the practice had changed its appointment system to ensure that “catch-up” slots were available during each clinic. This allowed staff to spend longer with patients when needed without causing other patients’ appointments to run late.
- The practice had taken action to analyse and mitigate risks relating to the recruitment of staff. At the time of the initial inspection we found that the practice’s recruitment process was unclear about whether they would conduct a Disclosure and Barring Service (DBS) check on new staff before they began work at the practice. We were told by the practice that they would conduct a risk assessment for each member of staff to determine whether their role required a DBS check to be completed; however, no records were kept of this. Following the inspection, the practice updated their recruitment policy to include the criteria for a DBS check being required. During the re-inspection, the practice provided evidence that they were completing and recording risk assessments as part of the recruitment of new members of staff, to determine whether a DBS check was needed. At the initial inspection we also found that the practice had not conducted background checks on staff from their buddy practice, which provided clinical cover when required. As part of the follow-up inspection, the practice provided evidence that appropriate background checks had been completed.