

Merrow Park Surgery

Inspection report

Kingfisher Drive
Merrow
Guildford
GU4 7EP
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Date of inspection visit: 24 November 2021
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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 location

Requires Improvement 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services well-led?

Requires Improvement 

Overall summary

We carried out an announced inspection at Merrow Park Surgery on 24th November 2021. Overall, the practice is rated as requires improvement.

We rated the key questions as follows:

Safe - Requires improvement

Effective - Good

Well-led – Requires improvement

Following our previous inspection on 9 February 2016, the practice was rated as Good overall and for all key questions and population groups.

The full reports for previous inspections can be found by selecting the 'all reports' link for Merrow Park Surgery on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a comprehensive inspection undertaken in response to concerns. It focused on the safe, effective and well-led key questions.

How we carried out the inspection.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider,
- Requesting evidence from the provider.
- A short site visit.
- A staff questionnaire.

Our findings

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

Overall summary

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Staff told us they felt supported by their managers and that their well-being had been a priority during the pandemic period.
- Staff had the training and skills required for their role.

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

- Staff vaccination was not maintained in line with current Public Health England (PHE) guidance relevant to their role.
- The practice had not fully implemented its policy for reporting and recording significant events. There was limited evidence to show that lessons learnt had been identified and shared.
- Recruitment checks were not always carried out in line with regulations.
- Not all staff had the appropriate authorisations to administer medicines under patient group directions.

We rated the proactive as requires improvement for providing well-led services because:

- Systems for assessing, monitoring and improving the quality and safety of the service were not always effective.
- Leaders lacked oversight of some processes and therefore failed to identify risks when those processes did not operate as intended.
- The practice did not always act on appropriate and accurate information.

We found two breach of regulations. The provider **must**:

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

In addition, the provider **should**:

- Ensure that the system for recording and acting on safety alerts is fully embedded.
- Ensure the individual serial numbers of blank prescription stationery are tracked throughout the practice.
- Improve childhood immunisation rates so that the minimum 90% target is met for all five indicators.
- Improve cervical screening rates so that the Public Health England 80% coverage target is met.
- Ensure that induction checklists are signed off by both the new employee and the manager.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff on site and using video conferencing facilities. They completed clinical searches and records reviews on site. A second CQC inspector also attended the site visit.

Background to Merrow Park Surgery

Merrow Park Surgery is in Guildford at:

Merrow Park Surgery,

Kingfisher Drive,

Merrow,

Guildford

Surrey.

GU4 7EP

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the NHS Surrey Heartlands Clinical Commissioning Group (CCG) and delivers general medical services to a patient population of about 12,300. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in the Guildford East primary care network.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (10 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 90% white, 5.5% Asian, 2% mixed, 0.8% black and 1.7% other.

The registered population is lower than average for 20-39-year olds, and slightly higher than average for those aged 45-59 years.

There are three GP partners and four salaried GPs. There is one paramedic practitioner and one physicians associate. The practice has a team of two practice nurses, one associate practitioner and two health care assistants. The GPs are supported at the practice by the patient services team who cover administration and reception. The practice manager post was vacant on the day of the inspection and due to be taken up in January 2022.

Extended access is provided locally by a federation of GPs, where late evening and weekend appointments are available. Patients requiring a GP outside of normal working hours are advised to contact the NHS 111 service where they will be given advice or directed to the most appropriate service for their medical need.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The practice did not ensure the safe and proper management of medicines. In particular:

- Not all staff had the appropriate authorisations to administer medicines under patient group directions.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes for monitoring the service were not always effective. Management information was not always up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. In particular:

- Systems for recording, investigating, acting on and sharing the lessons from complaints and significant events were not sufficient.
- Accurate records were not maintained in relation to staff immunisations, training and infection control audits and action plans.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment checks were not always carried out in line with regulations. For example, conduct in previous employment, full employment history and photo identification.