

# Dr P Kerr & Partners

## Inspection report

The Wall House  
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RH2 9HG  
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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



# Overall summary

We carried out an announced comprehensive inspection at Dr P Kerr & Partners (The Wall House Surgery) on 17 July 2019 as part of our inspection programme.

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.

## Overall this practice is rated as **requires improvement**.

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

- Information from correspondence was not always shared and actioned within the practice effectively.
- The practice did not always have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Appropriate recruitment checks and the ongoing monitoring of the registration of clinical staff was not always completed.
- The practice could not always evidence the completion of actions resulting from safety alerts.

We rated this practice as **requires improvement** for providing effective services because:

- The practice could not demonstrate that the immediate and ongoing needs of patients with long-term conditions and mental health conditions were being fully assessed.
- The practice childhood immunisation uptake rates had not all met World Health Organisation (WHO) targets.

These areas affected people with long term conditions; families, children and young people; and people experiencing poor mental health, so we rated these population groups as requires improvement. The population groups of older people, working age people, and people whose circumstances make them vulnerable were rated as good.

At this inspection our key findings were:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had plans in place to improve their service to meet patients' needs.
- Patients found the appointment system easy to use and reported that they were mostly able to access care when they needed it.
- Staff worked well together as a team. There was a culture of working together for a common aim.
- The practice had a paediatric advanced nurse practitioner who offered and delivered a variety of services for families, children and young people to meet their needs. The practice was also breastfeeding friendly and had a GP infant feeding champion who promoted improvements to infant feeding education across primary care. Patients we spoke with were positive about the services offered for families and children.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Ensure that care and treatment is provided in a safe way.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Review and improve the storage of completed staff induction checklists.
- Continue to develop and document the practice strategy and business plan.

## Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

**Dr Rosie Benneworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Dr P Kerr & Partners

Dr P Kerr & Partners (The Wall House Surgery) is located at The Wall House, Yorke Road, Reigate, Surrey, RH2 9HG. The practice has good transport links and there is a pharmacy nearby.

Dr P Kerr & Partners (The Wall House Surgery) is registered with the CQC to provide the regulated activities; Treatment of disease, disorder or injury; Surgical procedures; Diagnostic and screening procedures; Maternity and midwifery services and Family planning.

The practice is situated in the NHS East Surrey Clinical Commissioning Group (CCG) and provides services to 20,350 patients under the terms of a general medical services (GMS) contract. The practice also provides care and treatment for the residents who are registered at the practice and who live in nearby care homes, which serve individuals with a diagnosis of dementia or who have nursing care needs. The practice runs a number of services for its patients including; sexual health advice and family planning, chronic disease management, smoking cessation, health checks and travel vaccines and advice.

There are five GP partners and eight salaried GPs (eight female, five male). The practice had also recruited an additional salaried GP who would start in September 2019. There is one advanced nurse practitioner, four

practice nurses, and two health care assistants. GPs and nurses are supported by the business manager, the practice operations manager and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the number of patients from birth to 18 years old served by the practice is slightly above the national average. The number of patients aged 85 years and over is comparable to the national average. The National General Practice Profile states that 94% of the practice population is from a white background with a further 6% of the population originating from black, Asian, mixed or other non-white ethnic groups. Information published by Public Health England rates the level of deprivation within the practice population group as ten, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is above the national average of 79 years. Female life expectancy is above the national average of 83 years.

Dr P Kerr & Partners (The Wall House Surgery) is open from Monday to Friday between 8am and 6:30pm. The practice offered extended opening hours on Tuesday and Wednesday mornings from 7:30am and the practice was also open on Saturdays from 8:30am to 1pm.

As part of a national initiative, GP practices in East Surrey offered additional routine and urgent GP appointments in the evenings and at the weekend for registered patients. These were available at designated local practices or at Caterham Dene Hospital.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website ([www.wallhousesurgery.nhs.uk](http://www.wallhousesurgery.nhs.uk)).

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>* The practice was unable to demonstrate effective systems and processes to ensure that information to deliver safe care and treatment was available to relevant staff in an accessible way. Including information relating to care and treatment with other services, alerts relating to child and adult safeguarding, and actions taken in response to safety alerts.</li><li>* The practice was unable to demonstrate that the immediate and ongoing needs of patients with long-term conditions and mental health conditions were being fully assessed.</li><li>* Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: the practice could not demonstrate that staff were up to date with child and adult safeguarding training to an appropriate level for their role.</li></ul> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

- \* The practice was unable to demonstrate systems in place to ensure the registration of clinical staff was checked and regularly monitored.
- \* The practice was unable to demonstrate evidence of satisfactory conduct in previous employment.

This was in breach of regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.