

# Giffard Drive Surgery

## Inspection report

68 Giffard Drive  
Cove  
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced focused inspection at Giffard Drive Surgery on 10 October 2019 as part of our inspection programme. (Previous comprehensive inspection October 2014)

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions Effective and Well led. We did not check whether this practice was providing Safe, Caring and Responsive services at this inspection because our monitoring of the practice indicated no significant change since the last inspection.

**The ratings of Good for the key questions of Safe and Caring and Outstanding for Responsive have been carried forward from the last inspection. The population group ratings of outstanding (with the exception of families, children and young people) have also been carried over from the previous inspection.**

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 good overall. The service was rated as good for providing effective services and requires improvement for providing well led services. The population group families, children and young people has been rated as requires improvement.**

We found that:

- Patients received effective care and treatment that met their needs.
- Childhood immunisation rates were below the 90% minimum target for uptake and cervical screening was below the 80% national target. The practice had established recall and patient engagement processes which were due to be reviewed by the lead nurse.

- Staff received training to support them in their role. However, some essential training for GPs was overdue, such as health and safety training.
- There were some governance arrangements that required a review and some risks that had not been identified by the practice, such as no monitoring of consent seeking process, gaps in recruitment documentation and care plans not being routinely reviewed or updated.
- Staff told us they felt supported by the management and leadership teams.

Areas where the practice **must** improve:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Details of the specific action required is shown at the end of this report (please see the requirement notices section).

Areas where the provider **should** improve:

- Continue to improve the uptake of cervical cytology screening and childhood immunisations.
- Review training monitoring processes and consider how training requirements are circulated and undertaken in a timely way.
- Consider review processes for established care plans to ensure they remain up to date. Also consider how these can be shared to ensure patients receive effective and appropriate care from external stakeholders.
- Review monitoring processes of emergency medicine stock to include checking of expiry dates.

**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.

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP Specialist Advisor and a second CQC inspector.

## Background to Giffard Drive Surgery

Giffard Drive Surgery is a purpose-built GP practice, located in Farnborough, Hampshire. It provides general medical services to approximately 9,487 patients and is part of North East Hampshire and Farnham clinical commissioning group (CCG). The practice is also part of a federation of North East Hampshire CCG practices and in July 2019, became part of the Farnborough primary care network with five other practices in Farnborough.

The practice has a large and diverse workforce, including six GP partners (three female, three male) and one salaried GP (female). Between them, they provide a whole time equivalent (WTE) of 5.38 full time GPs. They are also a training practice and have one GP trainee currently working in the practice.

Other healthcare professionals include a nursing team (four practice nurses, two health care assistants and one phlebotomist) and a musculo-skeletal practitioner (who is employed by the local federation).

The day-to-day running of the practice is undertaken by a full-time practice manager and an office manager. They are supported by three administrators, a medical secretary and eight reception staff.

The practice is registered with the CQC to undertake the following regulated activities: Diagnostic and screening procedures, Family planning, Midwifery and maternity services, Surgical procedures and Treatment of disease, disorder or injury.

According to national statistics, the population is diverse with 14% of patients deriving from black and minority backgrounds. This includes a large population of Nepalese patients. The area has a low level of deprivation, although there are pockets of high deprivation within the practice boundary.

Giffard Drive Surgery has been inspected before. You can view the previous reports by selecting the “all reports” link for Giffard Drive Surgery on the CQC website.

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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 201</p> <p><b>How the regulation was not being met:</b></p> <p>There were inconsistent systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• There was no monitoring of consent seeking processes.</li><li>• Patient records did not contain all the information required to ensure safe repeat prescribing of (some) high risk medicines.</li><li>• Histology results were not routinely followed up (monitored), to ensure a result was received for each sample sent.</li><li>• Patient group directions had not all been authorised and/or signed at the appropriate time.</li></ul>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons.</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person's recruitment procedures did not ensure that only persons of good character were employed.</p>

This section is primarily information for the provider

## Requirement notices

Recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed. In particular:

- There was no documented DBS risk assessment of staff employed who were waiting for their DBS checks to come through.
- There was no recorded assessment of staff physical or mental health needs to identify any reasonable adjustments to their work or role.