

# Merrow Park Surgery

## Inspection report

Kingfisher Drive  
Merrow  
Guildford  
GU4 7EP  
Tel: 01483503331  
www.merrowparksurgery.co.uk

Date of inspection visit: 14 June 2023  
Date of publication: 05/07/2023

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 to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Overall summary

We carried out an announced focused inspection at Merrow Park Surgery on 14 June 2023. Overall, the practice is rated as good.

Safe - good

Effective - good

Caring - good

Responsive - good

Well-led - good

Following our previous inspection on 24 November 2021, the practice was rated requires improvement overall and for providing safe and well led services.

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](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up on breaches of regulations 12 Safe care and treatment, 17 Good governance and 19 Fit and proper persons employed from our previous inspection.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

## 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.

At our last inspection the practice was rated as requires improvement because:

# Overall summary

- 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.
- 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.

At this inspection we found that:

- The practice required all staff members to provide evidence of their immunisation status. This was recorded into a spreadsheet. Risk assessments had been completed for those staff members whose immunisation was not known or had declined the immunisation.
- The recording of significant events, complaints and safety alerts was clear and detailed. We saw minutes to meetings where these were discussed for wider learning.
- The staff recruitment files we reviewed contained all of the required information.
- Staff had appropriate authorisations to administer medicines under patient group directions.
- Systems were in place to monitor training and infection control audits and action plans.
- Systems for assessing, monitoring and improving the quality and safety of the services were effective.
- Leaders had oversight of the processes and procedures operating in the practice and were assured that these were operating as intended.
- The practice was acting on appropriate and accurate information.
- There was effective and open communication and information sharing amongst the staff team. There were regular management, clinical and team meetings and staff felt motivated to contribute to driving improvement within the practice.
- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- There were adequate systems to assess, monitor and manage risks to patient safety.
- The practice had systems for the appropriate and safe use of medicines, including medicines optimisation and high risk medicines.
- 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 way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- There was evidence of systems and processes for learning and continuous improvement.
- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

We saw the following outstanding practice:

Leaders in the practice had focused on staff well-being and introduced a number of new initiatives. For example, a well being day where staff received a day off without having to use annual leave if their birthday fell on a working day. Personalised birthday cards from the partners and a shout out board where compliments about the surgery and individuals were displayed for all staff to see. The practice had rewritten their vision and values with involvement from all leaders and staff. The practice had run a competition amongst the staff and leaders to design a new logo for the practice. Staff we spoke with told us this had a notable impact on staff well-being and morale in the practice.

# Overall summary

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The Inspector spoke with staff using video conferencing facilities. The CQC lead inspector and a second CQC inspector undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and reviewed records without visiting the location.

## Background to Merrow Park Surgery

Merrow Park Surgery is in Guildford at:

Merrow Park Surgery,

Kingfisher Drive,

Merrow,

Guildford,

Surrey.

GU4 7EP

Further information about the practice can be found on their website: [www.merrowparksurgery.co.uk](http://www.merrowparksurgery.co.uk)

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 are two physicians associates. The practice has a team of two practice nurses, one associate practitioner, two health care assistants and a health and wellbeing coach. The practice manager provides managerial oversight. In his absence, the partners provide daily, rostered management cover, communicated to all staff. The GP's are supported at the practice by an office manager, a patient services team manager, a data administrator, a referral administrator and the patient services team.

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.