

Woodlands Surgery

Quality Report

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Redhill
Surrey
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Date of inspection visit: 5 September 2017

Date of publication: 23/10/2017

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 safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodlands Surgery on 11 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Woodlands Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 5 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice had ensured that oxygen was available to deal with medical emergencies.
- The practice had ensured that recruitment arrangements included all necessary employment checks for all staff, including locums.

- The practice had ensured that all practice specific policies and procedures were in place and up to date.
- The practice had ensured that learning from all complaints and safety incidents was shared appropriately to support improvement.
- The practice had ensured that action plans had been appropriately implemented in relation to infection control and legionella risk assessments.
- The practice had taken action to ensure the nursing team were formally involved in clinical team meetings.
- The practice had taken action to increase the uptake for cervical screening by employing an additional nurse and making contact with eligible patients.
- The practice had implemented a new system to improve telephone access, demonstrating improved patient satisfaction in the national GP patient survey (from 66% to 78% of patients finding it easy to get through by phone).

The practice had reviewed the practice website to ensure that information for patients was up to date.

Summary of findings

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 safe?

In the October 2016 inspection it was identified that there was a system in place for reporting significant events, however when things went wrong lessons learned were not always communicated widely enough to support improvement. In September 2017 we found that significant events were a standing agenda item at team meetings where all significant events were discussed and action to ensure improvements was shared.

In the October 2016 inspection we found that not all practice policies were easily accessible or up to date. In September 2017 we found that policies were accessible to staff in hard copy in a shared folder in a central location. We also saw that these policies were available on a shared drive on the computer. The policies we viewed were up to date.

In the October 2016 inspection we found that while risks were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. In September 2017 we found that action had been taken to address these risks, including ensuring that recruitment checks were complete and that plans were in place to implement and monitor actions identified by risk assessments.

In October 2016 the practice had not ensured that oxygen was available to deal with medical emergencies. In September 2017 the practice was found to have reviewed their risk assessment and that oxygen was available, with appropriate signage and safety checks in place.

Good



Are services well-led?

In the October 2016 inspection the leadership structure of the practice was clear and staff felt supported by management, however it was noted that the nursing team was not fully integrated into the clinical team and did not attend clinical meetings. In September 2017 minutes of clinical meetings reflected that nursing staff were in regular attendance.

In the October 2016 inspection we found that not all practice policies were easily accessible or up to date. In September 2017 we found that policies were accessible to staff in a shared folder on the computer system in a paper form in a communal office area. Policies were up to date and regularly reviewed.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety and well-led identified at out inspection on 11 October 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at out inspection on 11 October 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at out inspection on 11 October 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at out inspection on 11 October 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at out inspection on 11 October 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at out inspection on 11 October 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Woodlands Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC inspector.

Background to Woodlands Surgery

Woodlands Surgery is based in a converted residential property in Redhill. The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS East Surrey Clinical Commissioning Group (CCG).

At the time of our inspection there were approximately 11,200 patients on the practice list. The practice has a higher than average number of patients aged from birth to nine years, 30 to 49 years and a slightly lower than average number of patients from 15 to 25 years and over 55 years.

The practice also has a lower than average number of patients with long standing health conditions. Deprivation amongst children and older people is low when compared to the population nationally and comparable with the CCG.

Overall the practice is in the second least deprived decile nationally. The practice provides GP services to one large nursing home and several small residential communities for patients experiencing poor mental health.

The practice has three GP partners, one full time salaried GP and two part time salaried GPs (three male and three

female). They are supported by two practice nurses, two healthcare assistants, a practice manager, an assistant practice manager and a team of administration and reception staff.

The practice is open between 8.30am and 6.30pm from Monday to Friday and offers extended hours appointments on Saturday mornings between 8:50am and 11am. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

Woodlands Surgery

5 Woodlands Road

Redhill

Surrey

RH1 6EY

Why we carried out this inspection

We undertook a comprehensive inspection of Woodlands Surgery on 11 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 11 October 2016 can be found by selecting the 'all reports' link for Woodlands Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Woodlands Surgery on 5 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Woodlands Surgery on 5 September 2017. This involved reviewing evidence that:

- Equipment was available to deal with medical emergencies.
- Policies and procedures had been updated and were accessible.

- Recruitment processes were adequate and consistent for all staff including locums.
- Learning from complaints and safety incidents was shared appropriately to support improvement.
- Action plans relating to risk assessments had been implemented and that regular monitoring was taking place.

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 11 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of action taken in response to risk, learning from significant events and access to up to date policies were not adequate.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the October 2016 inspection it was identified that staff were not always aware of the outcome of significant events that they had been involved in and that learning from incidents was not always shared. During the September 2017 inspection we viewed minutes of meetings and found that all significant events were discussed at staff meetings, including the identification of potential improvements. For example, we viewed one incident where a patient had been told by a secondary care provider that monthly treatment was moving to three monthly. However, this had not been communicated with the practice and resulted in the patient making a three monthly appointment when the treatment dosage given had been one for monthly treatments. As a result, the practice agreed that all patients having regular treatment would be reminded of the timescale for each subsequent appointment. The discussion about this incident was recorded in the meeting minutes which were shared with all staff, including those not in attendance.

Overview of safety systems and process

At the October 2016 inspection infection control audits had been undertaken but there were no clear plans in place to ensure that any actions identified were completed. At the

September 2017 inspection we saw that plans were in place with regular review dates implemented. For example, the audit had identified that not all taps within the clinical areas were lever operated. Records indicated that taps were being replaced as required and that replacement was undertaken within the context of discussions with the local Clinical Commissioning Group about general building changes.

At the October 2016 inspection it was identified that not all appropriate recruitment checks had been undertaken prior to employment. At the September 2017 inspection, we reviewed three staff personnel files including one of a locum GP who had worked at the practice. We found that all appropriate employment checks had been undertaken including verification of identification, checks of clinical registrations and the uptake of appropriate references. In addition, where verbal references had been obtained the practice had recorded this on a form.

Monitoring risks to patients

At the October 2016 inspection the practice had a variety of risk assessments in place to monitor safety of the premises. However, it was noted that there were no clear action plans in place to ensure that any identified actions were completed. At the September 2017 inspection we saw that action plans had been implemented and that monitoring was in place. For example, monthly checks of water temperatures had been carried out to ensure that the water temperatures were in range as identified in the legionella risk assessment.

Arrangements to deal with emergencies and major incidents

At the October 2016 inspection it was identified that the practice did not have access to oxygen which is considered essential in dealing with certain medical emergencies. At the September 2017 inspection we found that the practice now had oxygen on site, including a spare cylinder and both adult and child masks.

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 11 October 2016, we rated the practice as requires improvement for providing well-led services as the governance arrangements were not adequate in relation to the management of policies or mitigating actions relating to risk assessments.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 5 September 2017. The practice is now rated as good for being well-led.

Governance arrangements

At the October 2016 inspection we found that some policies were not available or contained out of date information. For example, the adult safeguarding policy was not available and the recruitment policy contained out of date information.

At the September 2017 inspection we found that policies were available to staff in a paper file kept in a central place in the practice and electronically on the shared drive on the computer system. We saw that policy updates were discussed at staff meetings and that email updates were also shared with staff. We viewed a copy of the adult safeguarding policy and saw that the recruitment policy had been updated to include current, relevant information.

At the October 2016 inspection we found that there was no clear oversight to monitor the outcomes of risk assessments and ensure that mitigating actions were implemented.

At the September 2017 inspection we found that mitigating actions were implemented in relation to assessed risks. For example, the practice had implemented monthly water temperature checks in relation to the legionella risk assessment.