

# Guildowns Group Practice

## Inspection report

Wodeland Avenue Surgery  
91-93 Wodeland Avenue  
Guildford  
Surrey  
GU2 4YP  
Tel: 01483409309  
[www.guildowns.nhs.uk](http://www.guildowns.nhs.uk)

Date of inspection visit: 10 Jan to 17 Jan 2020  
Date of publication: 09/03/2020

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?

Requires improvement



# Overall summary

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection

We carried out an announced comprehensive inspection at Guildowns Group Practice on 10, 11 and 17 December 2020 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.

**We have rated this practice as requires improvement overall and good for all population groups.**

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

- The practice did not demonstrate that they provided care in a way that kept patients and staff safe and protected them from avoidable harm.

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

- An effective service was not provided in relation to promoting positive outcomes for patients, for example childhood immunisations.
- There was not a comprehensive programme of quality improvement activity.

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

- The practice did not demonstrate that governance arrangements were operating as leaders intended.
- The practice did not have clear and effective processes for managing risk.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Feedback received from patients regarding their care and treatment and access to the service was very positive.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We found that:

- 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 organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way
- The way the practice was led and managed promoted the delivery of person-centred care.

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

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

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

The area where the provider should make improvement is:

- Continue to take action to improve uptake of cervical cancer screening.
- Review and improve monitoring of staff immunisation status in line with current Public Health England guidance.

**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>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</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>Good</b>	

## Our inspection team

Our inspection team consisted of a CQC lead inspector, a GP specialist advisor and a practice manager specialist advisor.

## Background to Guildowns Group Practice

Guildowns Group Practice is a large training practice providing services from four sites in Guildford. Three of the sites are GP surgeries and the fourth is a university medical practice. There are approximately 26,400 patients on the group practice list and patients can choose to attend any of the four surgeries. The group practice has a lower than average number of patients from birth to 14 years and 40 to 80 years. The practice has a higher than average number of patients between 15 and 29 years, this is due to providing GP care on a university site. The practice provides services to a very mixed population, including two very deprived areas and a university site.

At the time of our inspection the practice was not registering new patients at any of the four sites. This meant that students attending the university for the first time were not able to register with the practice.

The practice has nine partners and three salaried GPs (male and female). They are supported by a pharmacist, an advanced nurse practitioner, four practice nurses, two healthcare assistants/phlebotomists, a management team, administrative staff and patient services staff. Most of the clinical staff and some of the non-clinical staff work across more than one location and staff can work across all four locations if required. At the time of our inspection there were three GP registrars training with the practice.

The practice is also providing training for physician associates. (A training practice has GP trainees who are qualified doctors completing a specialisation in general practice.)

Wodeland Surgery is a purpose-built surgery and approximately 7,500 patients are registered at this location. The Oaks is a converted residential property with approximately 4,000 patients registered. Stoughton Road is a converted shop with approximately 4,500 patients registered. The Student Health Centre is a purpose-built property which is shared with other health and wellbeing services on the University of Surrey campus, with approximately 9,000 patients registered. The Oaks and Stoughton Road have higher levels of chronic illness than the other locations and The Student Health Centre patients are primarily 18-30 years old and are students and their families.

This service is provided at the following sites and during this inspection we visited all four sites:

Wodeland Surgery, 91-93 Wodeland Avenue, Guildford, Surrey, GU2 4YP.

The Oaks Surgery, Applegarth Avenue, Park Barn, Guildford, Surrey, GU2 8LZ.

Stoughton Road Surgery, 2 Stoughton Road, Guildford, Surrey, GU1 1LL.

The Student Health Centre, Stag Hill, University of Surrey, Guildford, Surrey, GU2 7XH.

When the surgeries are closed patients can be seen at the other locations. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them, although these may be offered at any of the four locations.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service NHS 111. Patients are informed how to access this service through the practice website and leaflet and by a recorded telephone message if they call the practice outside normal working hours.

For further details please see the practice 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>There was no proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• Person specific directions were not fully recorded in the patient's medical record.</li><li>• Monitoring of patients prescribed high risk medicines was not sufficient.</li></ul> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• Actions identified through risk assessments had not been completed within the specified timescale.</li><li>• Not all staff undertaking the role of fire marshal had received appropriate training to carry out the role.</li></ul> <p><b>There was insufficient assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</b></p> <ul style="list-style-type: none"><li>• There was insufficient information recorded in the most recent infection control audits to determine risk and mitigating action required.</li></ul>
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><b>The registered person had systems or processes in place that operated ineffectively in that they failed to enable 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</b></p>

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## Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.