

# Packers

## Quality Report

Christchurch Road  
Virginia Water  
Surrey  
GU25 4RL

Tel: 01344 842951

Website: [www.packerssurgeryvirginiawater.co.uk](http://www.packerssurgeryvirginiawater.co.uk)

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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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous focused inspection at Packers on 7 June 2016 found breaches of regulation relating to the safe delivery of services. The overall rating for the practice was good. Specifically, we found the practice to require improvement for provision of safe service. It was good for providing effective, caring, responsive and well led services. Consequently we rated all population groups as good. The previous inspection reports can be found by selecting the 'all reports' link for Packers on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 21 June 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 7 June 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 21 June 2017 we found the practice was meeting the regulations that had previously been breached. We have amended the rating

for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is rated as good.

Our key findings were as follows:

- The practice had demonstrated improvement and all the areas of concerns from the previous inspection had been resolved.
- The practice had carried out remedial work to ensure fire safety in the premises.
- All staff had undertaken the fire safety awareness training.
- A satisfactory electrical installation condition report was issued in June 2017.
- We found the practice was not carrying out water temperature checks in the premises. However, the practice had responded proactively and informed us a day after the inspection that they had taken urgent steps to ensure the effective management of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had introduced effective monitoring system to ensure that accurate training records were kept of all training undertaken by staff.

# Summary of findings

- We saw evidence that the practice held monthly clinical team meetings and practice team meetings. We saw minutes were kept of all meetings to aid learning and information sharing.

- The practice had demonstrated improvement in governance arrangements.

**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?**

The practice had taken appropriate action and is now rated good for the provision of safe services.

- At the inspection on 21 June 2017, we found the practice had made improvements.
- Risks to patients were assessed and there were procedures in place for monitoring and managing risks to patient and staff safety.
- All the areas of concerns identified in the risk assessments for fire, electrical and water safety had been resolved.

**Good**



# Packers

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to Packers

Packers is a long standing family practice which is located on the Wentworth Estate, at the end of a parade of shops in Virginia Water. It is sometimes known as Virginia Water

Medical Practice. The building was purpose built in 1975, originally with an accommodation suite above the practice rooms. The downstairs has two consulting rooms, a reception and waiting area and offices used by administration staff. There is a treatment room on the first floor which is accessed via a separate staircase, with a separate waiting room. There is no lift and no room to install a lift, the building has limited scope for any further development. The practice is considering plans to extend the premises to meet increasing patient demand.

The surgery is located at:

Christchurch Road

Virginia Water

Surrey

GU25 4RL

There are approximately 4,820 patients registered at the practice. Statistics show very little income deprivation among the registered population. The registered population is lower than average for 15-34 year olds and

higher than average for those aged 45-59 and 80 and over. There is a lower proportion of adults with a long standing health condition (43% compared to national average of 54%).

The practice has two partners (one male and one female), both doctors work full time. There is a practice nurse and a health care assistant. The practice manager leads an administration and reception team of eight staff.

The practice is open from 8am to 6.30pm from Monday to Friday. Appointments and open surgery take place between 8am and 12.15pm and 2.30pm to 6pm. Telephone lines are open from 8am to 6.30pm, with urgent calls only answered between 1pm and 2pm by the practice.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

## Why we carried out this inspection

We carried out a previous comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 7 June 2016 and we published a report setting out our judgements. These judgements identified one breach of regulation. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up focussed inspection on 21 June 2017 to follow up and assess whether the necessary changes had been made, following our inspection in June

## Detailed findings

2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulation that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

## How we carried out this inspection

Prior to the inspection we contacted the North West Surrey Clinical Commissioning Group, NHS England area team and the local Healthwatch to seek their feedback about the service provided by Packers. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced focused visit on 21 June 2017.

During our visit we undertook observations of the environment and spoke with practice manager.

This report should be read in conjunction with the previous inspection report of CQC visit on 7 June 2016.

# Are services safe?

## Our findings

When we inspected the practice in June 2016, we found that although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Risk assessments had recently taken place for fire, electrical and water safety and there were a large number of actions required to address issues raised. We asked the provider to take action to address identified concerns with:

- Fire safety as identified in the fire risk assessment, including enhanced training of staff in fire safety procedures.
- Electrical safety as identified in the electrical installation condition report.

### Monitoring risks to patients

At the June 2017 inspection, the practice informed us they had taken steps to address the issues. For example, the practice had reviewed and improved the fire safety arrangements at the premises.

- The practice had installed an electronic fire detection and alarm system. Emergency lighting had been fitted in the premises.
- The practice had replaced all internal doors and glass above the doors as per fire safety standards.
- The practice was carrying out weekly fire safety checks. This included carrying out regular smoke alarm checks and fire drills.
- Fire safety awareness training was carried out on 30 March 2017.

- The practice fire safety and evacuation procedure had been updated in February 2017.
- A national security inspectorate had issued a fire safety gold certificate of compliance on 31 March 2017.
- A fire safety risk assessment had been carried out by an external contractor in June 2016. The practice had addressed all high risk issues identified during the previous risk assessment. The practice had carried out an internal fire risk assessment in April 2017.
- The practice had taken steps to address electrical safety concerns identified in the previous electrical installation condition report issued in June 2016. We saw evidence that the practice had carried out remedial work regarding the fixed wiring of the premises and a new satisfactory electrical installation condition report was issued in June 2017.
- Portable electrical equipment was last checked in June 2016. We saw evidence that a next portable appliance test had been booked for 12 July 2017.
- The practice had carried out legionella risk assessment on 18 May 2016 which was valid for two years. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). On the day of inspection we found that the practice had carried out remedial work to address the low level risk identified during the previous risk assessment. However, we noted that the practice was not carrying out water temperature checks and nominated person did not undertake the relevant training. We received additional information from the practice a day after the inspection and saw evidence that the practice had put systems in place to ensure regular monitoring of water temperature checks and nominated person had completed the relevant training.