

# Village Surgery

## Inspection report

The Village Surgery  
157 High Street  
New Malden  
KT3 4BH  
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[www.villagesurgerynewmalden.co.uk](http://www.villagesurgerynewmalden.co.uk)

Date of inspection visit: 25 February 2022  
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Inadequate 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

# Overall summary

We carried out an unannounced inspection at The Village Surgery on 25 February 2022. Clinical records reviews were carried out remotely during the same day. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Inadequate

Responsive - Requires Improvement

Well-led - Inadequate

Following our previous inspection on 8 and 9 September 2021, the practice was rated Inadequate overall and for all key questions but caring and responsive. The full reports for previous inspections can be found by selecting the 'all reports' link for The Village Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

This inspection was a comprehensive inspection to follow-up on concerns identified during our inspection on 8 and 9 September 2021. At that inspection we rated the practice as inadequate overall and served the provider with a Notice of Decision with conditions placed on the registration. We followed up on the areas below which were identified at the last inspection:

- The practice was not monitoring all patients on high risk prescription medicines as required.
- Medication reviews were not always completed or fully noted/recorded.
- The practice had no system in place to monitor MHRA alerts.
- No clinical or administrative staff had any training for COVID-19 related infection control, PPE use, testing, knowledge or protocols.
- Staff had not been completing weekly asymptomatic COVID-19 testing.
- Staff did not know how to correctly complete a lateral flow test for COVID-19.
- There were no premises risk assessments or health and safety checks or audits carried out or completed.
- There was no system for identifying, monitoring or communicating internally about vulnerable patients or safeguarding concerns.
- Four clinicians and one receptionist had not completed safeguarding training or completed it to the correct level.
- Not all emergency medicines were stocked.
- The Practice Manager did not know where policies, protocols, audits or general management records were.
- Three whistle-blowers and staff told us that the Practice Manager and/or one of the GP Partners were bullies and regularly shouted at or generally mistreated staff.
- There were no detailed minutes or records of clinical meetings being held between clinical staff.
- There was no agreed business plan for the future of this practice.
- There were no recorded meetings or minutes for the PPG.
- There were no records or audits of staff surveys.
- There were no audits or records of patient survey analysis or feedback.
- There were no audits of complaints and some complaints had not been recorded as having had a response.
- There were no appraisals for any receptionists or administrative staff.
- There were no competency checks completed for any staff.

# Overall summary

- Three receptionists and three whistle-blowers told us that there were not enough staff to cope with the administration of the practice.
- Many clinical and non-clinical staff had failed to complete mandatory training.

We found breaches of regulations. The provider was told to:

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

The provider was advised to:

- Complete audits of complaints and use this information to drive improvements.
- Complete audits and monitoring of patient feedback and use this information to drive improvements.

On 22 September 2021, The Village Surgery was issued with an urgent notice of conditions on their registration as a service provider in respect of regulated activities, under Section 31 of the Health and Social Care Act 2008. This notice of urgent suspension of the provider's registration was given because we believed that a person would or could be exposed to the risk of harm if we did not take this action. The provider had the right to make an appeal to the First-tier Tribunal. The practice remained open with conditions that enable close monitoring of its progress and improvements.

## How we carried out this inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements. This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- 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.

## We have rated this practice as Inadequate overall

We found that:

- The practice was still not monitoring all patients on high risk prescription medicines as required.
- There were hundreds of overdue medication reviews.

# Overall summary

- There were hundreds of overdue monitoring actions for patients with long-term conditions such as diabetes and hypertension.
- The practice had actioned MHRA alerts but still did not have a system to ensure their clinical records evidenced this.
- Some clinical and administrative staff had completed training for COVID-19 related infection control, PPE use, testing, knowledge or protocols.
- Records of weekly asymptomatic COVID-19 staff testing were unorganised and had gaps.
- There were limited premises risk assessments which had not addressed concerns we identified.
- Staff did not know how to support non-English speakers to communicate with the service.
- All clinical treatment rooms were stocked with expired clinical equipment or items.
- All clinical treatment rooms had clinical waste management issues such as overflowing bins or undated disposal containers.
- There was still no system for identifying, monitoring or communicating internally about vulnerable patients or safeguarding concerns.
- Two clinicians and one non-clinical staff member had not completed safeguarding training or completed it to the correct level.
- Not all emergency medicines were stocked.
- The Practice Manager did not know where policies, protocols, audits or general management records were.
- Staff told us that the management team were divided and difficult to communicate with.
- There were records of clinical meetings being held between clinical staff.
- There was no agreed business plan for the future of this practice.
- There were recorded meetings or minutes for the PPG.
- There were records and audits of staff surveys.
- There were no audits or records of patient survey analysis or feedback.
- There were no audits of complaints and some complaints had not been recorded as having had a response.
- Some significant incidents were unresolved and there was no audit or evidence of learning and follow up actions.
- There were appraisals or 1:1s for some staff but we found five staff who had not had received them.
- There were no competency checks completed for any staff although some staff had had 1:1s.
- Clinical and non-clinical staff had failed to complete mandatory training.

We found breaches of regulations. The provider **must**:

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

The provider **should**:

- Ensure that all patients that do not speak English are supported to access the service;
- Ensure that reception staff demonstrate a caring and supportive attitude to patients.

This service was placed in special measures in September 2021. Insufficient improvements have been made such that there remains a rating of inadequate for The Village Surgery. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

# Overall summary

**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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team comprised of an additional CQC inspector, an inspection manager and a CQC Pharmacist specialist who all undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Village Surgery

The Village Surgery is located in New Malden at:

The Village Surgery

157 High Street

New Malden

Surrey

KT34BH

The Village Surgery provides primary medical services in New Malden to approximately 5,600 patients and is part of Kingston Clinical Commissioning Group (CCG). 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 and surgical procedures.

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 12%; and for older people the practice value is 14%, which is higher than the CCG average of 13%. The practice age range of the practice's patients largely follow the same pattern as the local average. Of patients registered with the practice, the largest group by ethnicity are white (67%), followed by Asian (23%), mixed (4%), black (3%) and other non-white ethnic groups (3%).

The practice operates from a two-storey converted shop on New Malden high street. The practice is located near to public transport links and parking is available in the surrounding streets. The reception desk, waiting area, consultation rooms, practice manager's office, and an administrative room are situated on the ground floor.

Further administrative rooms are situated on the first floor. The practice has three doctors' consultation rooms and one treatment room which is also used as a nurse consultation room.

There are two full time male GPs who are partners; in addition, two female salaried GPs are employed by the practice. The practice also employs one nurse and a pharmacist. The clinical team are supported by a practice manager, trainee practice manager, seven receptionists, a secretary and a prescribing clerk. The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8.30am to 12.30am on Monday, Tuesday and Friday mornings, and until 12pm on Wednesdays and Thursdays; afternoon appointments are from 3pm until 6pm. Extended hours surgeries are offered between 6:30pm and 7:30pm on Wednesdays and Thursdays.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.