Wimbledon Village Surgery

Quality Report

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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	Requires improvement
Are services safe?	**Requires improvement**
Are services well-led?	**Requires improvement**

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 4 March 2015. Breaches of legal requirements were found. Specifically, breaches of regulation 12(2)(a)(c), relating to the provision of safe care and treatment and regulation 18(2)(a), relating to staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the comprehensive inspection, the practice wrote to us to inform us that in their consideration, no further action was necessary following the comprehensive inspection. CQC subsequently informed the provider that as breaches of regulations had been identified, we would expect services to respond to areas of concern and to make required improvements. We advised the provider that the service would be re-inspected to review compliance with the regulations breached.

We undertook this unannounced focussed inspection on 9 December 2015 to confirm that the practice now met the legal requirements. This report covers our findings in relation to those requirements and also where improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Wimbledon Village Surgery on our website at www.cqc.org.uk.

Overall the practice is rated as requires improvement. Specifically, following the focussed inspection we found the practice to be requires improvement for both providing safe services and well-led services. As the practice remains rated as requires improvement overall, the ratings for the population groups have not changed. Therefore, it remains requires improvement for providing services for older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings across all the areas we inspected were as follows:

- Significant event systems in the practice ensured information about safety was recorded, monitored, appropriately reviewed and addressed.
- There were appropriate arrangements in place to support the health care assistant to provide immunisations.

Summary of findings

- Some risks to patients were not fully assessed or mitigated, specifically those for infection control and fire.
- The practice had a number of policies and procedures to govern activity which were accessible to staff.
- The practice held regular staff and partnership meetings.
- Most staff felt supported by the partners and management and there were strategies in place which had improved communication in the practice.
- Staff had received inductions, annual appraisals and personal development plans.
- The practice had did not have an active Patient Participation Group (PPG), but there was evidence that feedback from patients was analysed and acted on.

However, there were areas where the practice must make improvements:

- Ensure that the practice has assessed the risks in relation to fire safety.
- Ensure that leads in infection control and fire safety have received appropriate training for their roles.

The practice should also:

- Ensure that there are formalised systems in place to improve communication with the practice nursing team, including involvement in practice and clinical meetings.
- Establish an active Patient Participation Group (PPG) or alternative systems for engaging formally with service users.
- Act on improvements identified in the infection control audit dated December 2014.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

There was evidence that there were adequate significant event processes in place and that lessons were learned and communicated to staff to support improvement. Risks to patients and staff in relation to infection control had been assessed, although there was limited evidence of action taken to make improvements in order to reduce infection control risk further. Fire safety in the practice was not fully assured. There was some evidence of improvements in fire procedures including a fire drill and a named fire marshal. However, fire risk had not been assessed, and the fire officer who had provided training to the rest of the practice team had not been trained to provide this whilst in their current role.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

The partners were able to describe the vision for the practice and discussions about future direction had taken place informally amongst the partners. Not all staff were clear about the vision and the strategy for the practice. The practice had a number of policies and procedures to govern activity which were accessible to all staff. Governance systems were in place to monitor staffing, performance and to identify and manage some risks, although performance and risk were not routinely discussed in partnership meetings. Leads in infection control and fire prevention did not have the appropriate training in their personnel files to carry out these duties.

Non-clinical staff had received inductions, regular appraisals and attended staff meetings. However, there were no structured staff meetings in place for the practice nursing team. Strategies were in place to improve communications between the partners, practice manager and the reception and administrative staff, which had improved since the previous inspection. The practice did not have an active Patient Participation Group (PPG), as this had been difficult to recruit to, but there was evidence that the practice were acting on patient feedback from the NHS Friends and Family Test.

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 practice is rated as requires improvement for the care of older people.

Requires improvement

People with long term conditions
The practice is rated as requires improvement for the care of people with long-term conditions.

Requires improvement

Families, children and young people
The practice is rated as requires improvement for the care of families, children and young people.

Requires improvement

Working age people (including those recently retired and students)
The practice is rated as requires improvement for the care of working age people (including those recently retired and students).

Requires improvement

People whose circumstances may make them vulnerable
The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

Requires improvement

People experiencing poor mental health (including people with dementia)
The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

Requires improvement

Wimbledon Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a further CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Why we carried out this inspection

We undertook an unannounced focussed inspection of Wimbledon Village Surgery on 9 December 2015. This is because we had had some concerns highlighted to us and the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008 at an inspection on 4 March 2015. From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, breaches of regulation 12(2)(a)(c) Safe Care and Treatment and regulation 18(2)(a) Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified at our last inspection.

At our comprehensive inspection on 4 March 2015, we found that there was insufficient evidence to demonstrate the training and assessment of competency for the healthcare assistant's role in administering vaccinations. The practice had not carried out a comprehensive fire risk assessment and staff had not received fire training. The use of a large generator in the front office had not been risk assessed. We also found that staff had not received training in infection control and the infection control audit carried out in December 2014 by NHS England had not been acted on.

We also found that the practice did not have a documented vision or strategy and staff were not aware of the vision and strategy for the practice. Policies and procedures were not easily accessible to staff, including safeguarding policies. The practice was carrying out staff meetings but topics discussed such as significant incidents and actions agreed were not always clearly recorded or disseminated to relevant staff. We found that induction training had not been consistently implemented for all new staff and staff were not always involved in the appraisal process. We found that the Patient Participation Group (PPG) was inactive at the time of the inspection. Several staff told us that there was a negative culture within the practice and they expressed a low level of job satisfaction.

After the comprehensive inspection, the practice wrote to us to inform us that in their consideration, no further action was necessary following the comprehensive inspection. CQC subsequently informed the provider that as breaches of regulations had been identified, we would expect services to respond to areas of concern and to make required improvements. We advised the provider that the service would be re-inspected to review compliance with the regulations breached.

The inspection on 9 December 2015 was carried out to determine the practice's compliance with the legal requirements and to review areas of improvement after our comprehensive inspection on 4 March 2015. We inspected the practice against two of the five questions we ask about services: is the service safe and well-led. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including

Detailed findings

those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe and well-led would affect the rating for all the population groups we inspected against.

During the inspection we spoke with four GPs including the three GP partners, a practice nurse, the health care assistant, the practice manager and seven administrative and reception staff. All but two staff that were interviewed on the day of the inspection were accompanied by a colleague, as requested by the registered manager in the practice. The interview with the registered manager was also tape recorded. It is not usual practice for staff to be accompanied in these interviews or for interviews to be tape recorded. The practice had two members of staff off sick on the day of the unannounced inspection and the practice had experienced two days of power outage, one day prior to the inspection, which the registered manager told us had impacted on the normal functioning of the practice.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

Significant events and findings from them were shared with non-clinical staff during the two monthly reception and administrative staff meetings. We saw staff meeting minutes which confirmed this and some staff reported that lessons learnt and actions taken were discussed with them after incidents had occurred, For example, staff confirmed they were reminded about the system for booking patients for a home visit, as they must be triaged by a GP first.

Reliable safety systems and processes including safeguarding

Members of staff were aware how to access the practice's safeguarding policies and procedures and we were shown a folder on the desktop on every computer which contained these policies. Policies were also available in a folder in the reception area. Policies specific to safeguarding had not been updated to reflect the change in safeguarding lead GP for the practice, although the named GP had changed only two months prior to the inspection. Most staff we spoke with were not sure who the new lead for safeguarding was.

Medicines management

The practice had adequate systems in place to support the health care assistant to administer vaccinations in line with guidance for Patient Specific Directions (PSDs). PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. We were shown the practice's home visit action forms which detailed the patient's name and date of birth. The health care assistant reported that electronic alerts on individual patient records were used to request the health care assistant to carry out a home visit for vaccinations. We saw evidence of training for an immunisation update and evidence of training in the treatment of anaphylaxis in July 2015. The health care assistant confirmed that they carried an anaphylaxis pack on home visits and had received training in using this, in the event of an emergency.

Cleanliness and infection control

The practice had made some improvements since the comprehensive inspection. Most non-clinical staff had received infection control training from the practice nurse, who was the lead for infection control in the practice. All staff we spoke with who attended this were aware of their responsibilities in relation to infection control such as hand washing and dealing with spillages. However, there was no confirmation in training files that the practice nurse had completed infection control training to be able to carry out this lead role and no training record to indicate which staff had received infection control training in the practice. Subsequent to the inspection, the registered manager wrote to us to advise that that they were the infection control lead and not the practice nurse.

The practice had replaced the staff toilet seat which had been identified as a concern from the previous inspection. Clinical staff, including the infection control lead, were familiar with the findings of the last infection control audit completed in December 2014 by NHS England, however no action had been taken to implement any other improvements recommended from this audit as the partners did not feel any significant changes were required.

Monitoring safety and responding to risk

The practice had addressed some concerns identified from the previous inspection. The practice no longer kept oil or petrol next to the back-up generator behind the reception area. A number of practice staff informed us they had used the generator two days prior to our focussed inspection due to a power outage, in order to power the telephone lines. Staff confirmed the generator was used outside but stored inside the practice when it was not required.

The practice did not have clear systems in place to manage and assess risk related to fire, although there had been some improvements. The practice had an identified fire folder which we viewed. A number of staff we spoke with confirmed the practice had carried out a fire drill since the previous inspection, however there was no record or log of this to identify when this had last occurred. The practice had appointed a fire marshal and fire officers. One of the fire officers told us they were a fire marshal. This fire officer spoken with had provided fire training to staff and they reported that they had health and safety experience from previous employment; however there were no assurances in place that they had received fire training to safely carry out this role. Some non-clinical staff we spoke with had received fire training since the previous inspection and we

Requires improvement

Are services safe?

were told this had occurred during a staff meeting from the fire marshal for the practice. We saw evidence that the training had occurred but there was no record of who had received fire training. The practice had a fire risk assessment template that could be used to adequately assess the risks of fire for the premises. However, this proforma had not been used to carry out a comprehensive risk assessment, so the practice had not established whether potential risks had been identified or mitigated.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice had been required to actively follow their disaster recovery plan two days prior to the inspection due to a power outage. We spoke to the lead for significant events who confirmed that the plan worked well, however to ensure learning from the incident, they intended to discuss the actions they took, to review where improvements could be made for future occurrences. The practice reported they had experienced three incidents of power outages in the last two years due to local electric supply problems.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and Strategy

There was a mission statement visible in the front of the policies and procedures file in the reception area for staff to refer to. From discussions with GPs, the practice had a vision to deliver high quality care and promote good outcomes for patients, particularly wanting to retain their personal GP list of patients for continuity of care. GPs felt this was a particular strength of the service that the surgery delivered.

The three GP partners expressed different views on the vision and future direction for the practice. The partners and practice manager discussed plans for the future direction of the practice, however we were told that these were frequently informal discussions. The practice did not have a formally documented strategy or supporting business plan. One of the partners told us that due to the current climate of change and uncertainty, their strategy was to wait and see what would be most appropriate for the practice. Some short-term objectives were discussed between the practice manager and partners and the office manager, such as implementing the online booking system. Practice staff we spoke with were not aware of the future vision or plans for the practice and this was not discussed in staff meetings.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the service and good quality care. A number of governance arrangements were in place to enable the service to operate effectively.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There were named staff in lead roles, although the safeguarding lead had recently changed and not all clinical and non-clinical staff were aware who the current lead for safeguarding was.
- There was no evidence that leads for infection control and fire safety had undertaken appropriate training to undertake these roles.
- The practice had a number of policies and procedures in place to govern activity that were available on the practice's shared drive on the computer system. There was a shortcut available for policies and procedures including a shortcut for safeguarding policies on the desktop of every computer in the practice. Staff we spoke with knew how to access this information should it be required.
- One of the partners was the Clinical Commissioning Group (CCG) lead for the practice and attended regular CCG meetings as well as local quality committee meeting groups. There was an understanding of the performance of the practice from review of benchmarking data from the CCG.
- The practice manager attended practice management forums and locality practice management meetings in order to ensure governance of the practice was in line with other practices.
- Partnership meetings with the partners and practice manager were held monthly and we saw minutes of these, where staffing and finances were discussed. There was no record in the minutes of governance discussions relating to performance, quality and risk had occurred during these meetings. We were told by the GPs that the practice did not have an identified Quality and Outcomes Framework (QOF) lead due to operating a personal list approach for their patients, whereby all GPs ensured that their patients were monitored effectively. The practice provided data for three months from September 2015 to November 2015 inclusive which showed that the total number of patients consulted by each of the three partners from their personal patient lists were 84%, 63% and 40% respectively.
- The practice nurses were not formally involved in clinical meetings at the practice but attended multidisciplinary meetings monthly.
- There were arrangements for identifying, recording and managing incidents. The practice did not have a comprehensive approach for identifying and mitigating safety risks. For example, risks relating to fire had not been adequately assessed.

Leadership, openness and transparency

There was evidence of a stable partnership in the practice as the partners had been in place for some years. All staff we spoke with reported that they felt able to approach the partners with concerns.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Most staff felt they were able to raise issues during team meetings. However, some staff reported that they were unclear as to whether or not their concerns or suggestions would be addressed, although no specific examples were reported. Most staff told us they felt supported by the partners and practice manager, and that communications had improved between the management team and practice staff since the office manager position had been introduced in April 2015. The office manager role was to act as a central point for administrative and reception staff so they were able to flag up any concerns or suggestions and the office manager was able to feedback any communications that were relevant to staff.

The office manager met with the practice manager daily to keep abreast of current issues. Issues were raised during monthly meetings with the practice manager and partners, which were minuted. For example, in the most recent meeting, the partners had planned to speak to staff about one of the practice's leave policies, following staff feedback.

The GPs ran informal daily clinical meetings, formal weekly clinical meetings and monthly partnership meetings. The practice manager and office manager met with the administrative and reception teams approximately every two months. However, there was no regular formalised staff meeting for practice nurses to attend. The practice nurses did not attend the weekly clinical meetings with GPs.

There was evidence that all but one staff member had received face to face appraisals within the last 12 months, and staff we spoke with confirmed this. Staff confirmed that they were supported to attend training and were provided with development plans. Staff we spoke with confirmed they had received adequate inductions from the practice and we saw evidence of induction checklists in personnel files. Planned appraisals and human resources issues were regularly discussed in the partnership meetings.

Seeking and acting on feedback from patients, the public and staff

The practice had some mechanisms for utilising and gathering feedback from patients, the public and staff. Staff were able to feedback during appraisals and during staff meetings. The practice had attempted to implement a Patient Participation Group (PPG); however one of the partners told us that it was very difficult recruiting patients as it did not appear to be a priority for their patient population. The practice had promoted the group on their website however there was minimal evidence this was actively promoted in the waiting area.

The practice website provided an online facility for the NHS Friends and Family Test (FFT) and FFT facilities were available in the practice waiting area. The practice used the FFT as the main route for gathering patient feedback and there was evidence that this information had been analysed and acted on by the partners. The practice showed us the FFT data gathered since December 2014. Since the last inspection from April 2015 to the end of November 2015, the practice had received 126 responses. The majority of these comments were positive, however they found that 11% of patients were dissatisfied, namely due to difficulty securing appointments. One of the partners told us that they led on reviewing the NHS FFT feedback and concerns about appointments had led to the implementation of online booking. We saw evidence that the online booking service had been discussed in the partners meetings and the staff meeting with reception and administrative staff.

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 were not being met. The provider must send CQC a report that says what action they are 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met** We found that people who use the services and others were not protected against the risk of unsafe care and treatment because: a comprehensive risk assessment for fire safety had not been carried out. This was in breach of regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met** We found that staff were not adequately supported because there was no evidence to demonstrate that leads for infection control and fire safety had received appropriate training. As a consequence of this there was no evidence that staff in the practice had received suitable training in either infection control or fire safety. This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.