

# Pirbright Surgery

## Quality Report

The Old Vicarage  
The Green  
Woking  
Surrey  
GU24 0JE  
Tel: 01483 474473  
Website: [www.pirbrightsurgery.co.uk](http://www.pirbrightsurgery.co.uk)

Date of inspection visit: We have not revisited the practice as part of this review because the practice was able to demonstrate that they were meeting the regulations associated with the Health and Social Care Act 2008 without the need for a visit.  
Date of publication: 11/08/2017

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



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	6
Background to Pirbright Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

At our previous comprehensive inspection at Pirbright Surgery in Woking, Surrey on 6 October 2016 we found a breach of regulations relating to the provision of safe services. The overall rating for the practice was good. Specifically, the practice was rated requires improvement for the provision of safe services and good for the provision of effective, caring, responsive and well-led services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Pirbright Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 3 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection in October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had made improvements since our last inspection. Using information provided by the practice we found the practice was now 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.

Our key findings were as follows:

- The practice had reviewed existing arrangements regarding staff training, specifically safeguarding and infection control training. We saw all staff had completed training appropriate to their job role, for example the GPs all had completed Safeguarding Children level three training.
- The practice had revised recruitment policies and processes which reflected national guidance. For example, supporting recruitment documentation which was missing during the October 2016 inspection had now all been recorded and documented correctly. Furthermore, the practice had reviewed and embedded a practice specific Disclosure and Barring Service (DBS) policy, which was supported by formal risk assessments.
- The practice had established and was now operating safe systems to assess, manage and mitigate the associated risks relating to the management of medicines. This included implementation of a standardised fridge monitoring template which was now used within the practice and dispensary.

# Summary of findings

- A formalised system had been implemented which ensured results were received for all samples sent for the cervical screening programme.
- The practice had reviewed the range of emergency medicines held on site. We saw the practice now had appropriate arrangements in place to respond to emergencies and major incidents.
- There was now an effective system in place for reporting and recording significant events. The practice had strengthened the existing significant event reporting procedure, which now included electronically recorded minutes and actions from the significant event meetings.

**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 as good for the provision of safe services.

Our last inspection in October 2016 identified concerns relating to how the practice managed and monitored risks, specifically risks associated with recruitment checks, training and medicines management.

We also saw concerns regarding how the practice recorded significant event analysis and the resulting action plans.

Furthermore, we noted that there was a limited range of emergency medicines on site; in particular there were no medicines to treat febrile convulsions or epileptic seizures.

Using information provided by the practice we found the concerns had been addressed:

- The practice had established and was now operating safe systems to assess, manage and mitigate the risks identified relating to recruitment checks and training. For example, supporting recruitment documentation which was missing during the October 2016 inspection had now all been recorded and documented correctly. Furthermore, we saw all staff had completed training appropriate to their job role, for example the GPs all had completed Safeguarding Children level three training.
- The management of medicines within the practice including the dispensary now reflected national guidance. For example, the practice had standardised protocols used to monitor fridge temperatures. We also saw the practice had embedded a new stock rotation protocol and provided staff awareness training which ensured medicines and vaccines were appropriately and safely stored in accordance with manufacturer's instructions.
- There was now an effective system in place for reporting and recording significant events. The practice had strengthened the existing significant event reporting procedure, which now included electronically recorded minutes and actions from the significant event meetings.
- The practice had reviewed the range of emergency medicines held on site. We saw the practice now had appropriate

Good



# Summary of findings

arrangements in place to respond to emergencies and major incidents. For example, the practice had added medicines to the emergency medicines store to treat febrile convulsions and epileptic seizures.

# Pirbright Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk based review inspection was completed by a CQC Inspector.

## Background to Pirbright Surgery

The practice is based in Pirbright Village and covers the adjacent villages of Brookwood, Fox Corner and parts of Normandy. The practice is part of a converted residential property. The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 3,700 patients on the practice list. The practice has a slightly higher than average number of patients from birth to 14 years old and from 30 to 49 years.

They also have a slightly lower than average number of patients from 15-24 years and 60 to 74 years old. The practice has a lower than average number of patients with long standing health conditions. The practice is located in an area that is considered to be in the least deprived centile nationally. The practice also provides GP services for the families of military personnel who are housed locally and a small travelling community.

The practice is a dispensing practice so can dispense prescriptions for registered patients who live more than one mile from the nearest pharmacy premises.

The practice has two GP partners and one salaried GP (all female). They are supported by one practice nurse, a practice manager and a small team of non-clinical staff.

The practice is open between 8am and 6.30pm Monday to Friday, with the exception of Wednesday when the practice

closes at 5.30pm and cover is provided by an external service. Extended hours appointments are offered 6:30pm to 8pm on Monday and 6.30pm to 7pm Tuesday, Thursday and Friday. When the practice is closed patients are advised, through the practice website, leaflet and an answerphone message if they call the surgery, 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:

- The Old Vicarage, The Green, Woking, Surrey GU24 0JE

The practice is in the process of changing the manager who is registered with the Care Quality Commission.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The previous inspection took place on 6 October 2016 and we published a report setting out our judgements. These judgements identified a breach of regulations. 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 undertook a follow up desk based focused inspection on 3 August 2017 to follow up and assess whether the necessary changes had been made, following our inspection in October 2016. We focused on the aspects of the service where we found the provider had a breach of 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 requirements of the regulations that had previously been breached.

# Detailed findings

This report should be read in conjunction with the full inspection report.

## How we carried out this inspection

We carried out a desk-based focused inspection of Pirbright Surgery on 3 August 2017. This involved reviewing evidence provided by the practice and a range of information we hold about the practice.

- We reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulation.
- We also reviewed information provided by the practice, including evidence of the new arrangements to manage medicines, evidence of revised and updated training, recruitment documentation and information of improved systems to manage emergencies within the practice.

All were relevant to demonstrate the practice had addressed the breaches of regulation identified at the inspection in October 2016.

# Are services safe?

## Our findings

When we inspected Pirbright Surgery in October 2016, we identified concerns relating to how the practice managed and monitored risks, specifically risks associated with recruitment checks, training and medicines management.

We also saw concerns regarding how the practice recorded significant event analysis and the resulting action plans.

Furthermore, we also noted that there was a limited range of emergency medicines on site; in particular they did not have medicines to treat febrile convulsions or epileptic seizures.

We reviewed information provided by the practice and found the practice had made improvements to address the concerns previously identified.

### Safe track record and learning

At the previous inspection, we noted that the recording of the significant event analysis and subsequent action plans was difficult to follow. For the August 2017 inspection, the practice provided evidence of a much improved system used for reporting and recording significant events.

- We saw the practice had reviewed the existing significant event policy and supporting processes and undertaken a variety of improvements.
- The practice had instigated an electronic process of recording minutes and actions from significant events meetings. We saw from meeting agendas that significant events and learning was included in all practice meetings and shared with staff.
- Staff awareness training and internal communication systems had been used to promote the new recording process, from paper-based recording to electronic recording.
- We saw electronic standardised template forms were used and recorded within the practice. Furthermore, we saw the template forms contained an 'actions section' with actions discussed at meetings and designated to appropriate staff for completion.

### Overview of safety systems and processes

The practice had improved and embedded existing systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Previous concerns regarding safeguarding and infection control training had been addressed. We saw all members of staff had completed training appropriate to their job role and evidence of completed training was recorded. For example, we saw the GPs had completed Safeguarding Children level three training and all other staff (nurses, managers and support staff) had completed Safeguarding Children level two training. All practice staff had completed infection control training.
- We saw the practice had revised recruitment policies and processes which now reflected national guidance. For example, supporting recruitment documentation which was missing during the October 2016 inspection had now all been recorded and documented correctly. Furthermore, the practice had reviewed and embedded a practice specific Disclosure and Barring Service (DBS) policy, which was supported by formal risk assessments. We saw these risk assessments determined which members of practice required a DBS check.

### Medicine management

Previous concerns regarding the arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal) had been resolved. The practice had established and was now operating safe systems to assess, manage and mitigate the associated risks relating to the management of medicines.

- The practice had protocols used to monitor fridge temperatures including a standard operating procedure for recording fridge temperatures. This procedure clearly identified the safe temperature range for storage of medicines and vaccines. The protocol also contained an escalation process if fridges were out of range and a supporting incident reporting form. We saw evidence of completed fridge temperature logs which indicated safe storage of medicines and vaccines.
- We also saw the practice had embedded a new stock rotation protocol and provided staff awareness training which ensured medicines and vaccines were appropriately and safely stored in accordance with manufacturer's instructions. To sustain improvements the practice told us locum nurses had been made fully aware of the new arrangements and additional duties for managing medicines.
- The practice had improved arrangements in place to respond to emergencies and major incidents. The



## Are services safe?

practice had reviewed the range of emergency medicines held on site. We saw the practice now had appropriate arrangements in place to respond to emergencies and major incidents. For example, the practice had added medicines to the emergency medicines store to treat febrile convulsions and epileptic seizures.

These actions were now ensuring that requirements relating to safe care and treatment were being met.