

# Woodlands Surgery

## Inspection 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 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 announced comprehensive inspection at Woodlands Surgery on 26 February 2019 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.**

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

- The practice could not demonstrate that they always carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Infection prevention and control (IPC) was not always well managed.
- Risk assessments had not all been completed and actions followed up as a result.
- Evidence of shared learning and completion of actions as a result of significant events and safety alerts were not always well documented.
- The practice did not always have systems for the appropriate and safe use of medicines.

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

- There were gaps in staff training, including modules that had expired and those that had not yet been completed.

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

- Governance arrangements were not always clear or well documented. For example, the practice did not have a business plan to support their priorities.
- The practice did not always follow their own policies and they were not always consistent or up to date with current processes.
- The practice did not have clear and effective processes for managing risks, issues and performance.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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.
- The practice supported patients who were carers and had allocated a member of staff as a carers lead.
- Patients found the appointment system easy to use and reported that they were mostly able to access care when they needed it.
- The practice offered services to meet patients' needs. The practice had number of young patients with learning disabilities living in local community homes. They reviewed those patients' needs with their carers regularly and organised yearly health checks.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Strengthen the processes in place to document the ongoing monitoring and actions in response to concerns about vulnerable patients.
- Review the premises and facilities provided and ensure all reasonable adjustments are made, including that all patients can raise an alarm if they require assistance.
- Continue to monitor practice performance in relation to antibiotic prescribing and child immunisation uptake rates.

## **Details of our findings**

At this inspection we found:

# Overall summary

- We received positive feedback from patients who said they were treated with compassion, dignity and respect. They commented that they were involved in their care and decisions about their treatment.
- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, some of these processes were not implemented effectively. For example; recruitment processes and ongoing monitoring of clinical registration, oversight of staff vaccinations, completion of risk assessments and subsequent action, infection control, medicines management including oversight of high risk and controlled drugs prescribing, learning and actions resulting from significant events, and safety alerts.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients found the appointment system easy to use and reported that they were mostly able to access care when they needed it.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. All staff spoke positively about working at the practice.

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager advisor.

## Background to Woodlands Surgery

Woodlands Surgery provides general medical services to approximately 11,200 patients. Services are provided from Woodlands Surgery, 5 Woodlands Road, Redhill, Surrey, RH1 6EY.

There are three GP partners and four salaried GPs (five female, two male). There is one advanced nurse practitioner, one practice nurse and two health care assistants. GPs and nurses are supported by the practice manager and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the number of patients from birth to 18 years old served by the practice is in line with the average for England. The number of patients aged 65 years and over is slightly below the England average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Woodlands Surgery is open from Monday to Friday between 8am and 6:30pm. The practice closed at lunchtime between 12:30pm and 2pm. During this time, phone lines were open for emergencies, which were answered by a duty GP.

The practice also offered pre-bookable appointments on alternate Saturday mornings from 8:30am to 12:15pm.

As part of a national initiative, GP practices in East Surrey offered additional routine and urgent GP appointments in the evenings and at the weekend for registered patients. These were available at designated local practices or at Caterham Dene Hospital.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website ([www.waysidesurgery.nhs.uk](http://www.waysidesurgery.nhs.uk)).

The practice offers a number of services for its patients including; sexual health advice and family planning, chronic disease management, minor surgery, smoking cessation, health checks and travel vaccines and advice.

Woodlands Surgery is registered with the CQC to provide the regulated activities; Treatment of disease, disorder or injury; Surgical procedures; Diagnostic and screening procedures; Maternity and midwifery services and Family Planning.

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>How the regulation was not being met:</b></p> <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>* The practice could not always demonstrate effective systems or processes to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. Including staff vaccination records, documentation of cleaning completed, and an action plan to monitor and ensure improvements were made as a result of audit.</li><li>* The practice could not demonstrate fire risk assessments and the recommended actions had not always been completed, monitored and recorded.</li><li>* The practice was unable to demonstrate an effective system for the monitoring and management of blank prescription forms and pads.</li><li>* The practice was unable to demonstrate effective systems and processes to ensure the safe management of medicines, including that information to deliver safe care and treatment was not always available to relevant staff in an accessible way, and a lack of regular audit or oversight of the patients prescribed high risk medicines and controlled drugs.</li></ul> <p><b>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**How the regulation was not being met:**

**The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:**

- \* The practice was unable to demonstrate that a DBS check was undertaken for all staff (including non-clinical staff).
- \* The practice was unable to demonstrate systems in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.
- \* The practice was unable to demonstrate evidence of proof of identity for all staff.

**This was in breach of regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:**

**The practice was not ensuring that all staff received appropriate training as is necessary to enable them to carry out the duties they are employed to perform.**

**This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

- \* The practice could not demonstrate that significant events and safety alerts were always thoroughly recorded, acted on, analysed, learning shared and then appropriately stored.

This section is primarily information for the provider

## Requirement notices

- \* The practice was unable to demonstrate effective systems to manage records relating to governance arrangements. Including; they were not ensuring that staff had access to practice policies and procedures that contained up to date information, there was not a documented vision, values and business plan.

**This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**