

Grayshott Surgery

Inspection report

Boundary Road
Grayshott
Hindhead
GU26 6TY
Tel: 01428604343
www.grayshottsurgery.co.uk

Date of inspection visit: 4 May 2023
Date of publication: 12/07/2023

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 responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced, focused inspection at Grayshott Surgery on 4 May 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - not inspected, rating of good carried forward from previous inspection

Responsive - good

Well-led - requires improvement

Following our previous inspection on 5 October 2016, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Grayshott Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

- We inspected the safe, effective, responsive, and well-led questions.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A 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 found that:

Overall summary

- Risks to patients, staff and visitors were not always identified, managed or mitigated effectively.
- Patient group directions were not always appropriately authorised.
- Actions identified by infection control audits carried out had not been addressed.
- The practice did not have a current electrical installation condition report for the premises.
- There were significant gaps in staff training.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- Staff told us they felt well supported and that leaders were approachable.

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

- Ensure care and treatment is provided in a safe way to patients
- Maintain appropriate standards of hygiene for premises and equipment
- 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

The provider **should**:

- Improve uptake of childhood immunisations.
- Improve uptake of cervical screening.
- Take steps to ensure that all staff have access to regular appraisals.
- Take steps to ensure the backlog of summarising notes is cleared.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a second CQC inspector, who spoke with staff using video conferencing facilities and undertook a site visit. The team also 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 Grayshott Surgery

Grayshott Surgery is located in Hindhead at:

Boundary Road

Grayshott

Hindhead

Surrey

GU26 6TY

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Surrey Heartland Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 12,500. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, a primary care network, who work together to provide some services to the community such as first contact physiotherapists, weekend and evening appointments with GPs and nurses and a pharmacist based in the surgery

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the highest decile (10 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 2% Asian, 96% White, 0.5% Black and 1.5% Mixed.

The age distribution of the practice population mirrors the local and national averages. However, there are lower numbers of working age people and higher numbers of older people.

There is a team of 9 GPs and a physicians associate. There is a team of 3 nurses and 2 healthcare assistants. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager provide managerial oversight. The practice is a training practice and at the time of our inspection had 2 registrars attached to the practice. (A training practice has GP trainees who are qualified doctors completing a specialisation in general practice.)

The practice is open between 8 am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the primary care network, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• There was no legionella risk assessment.• There were no control of substances hazardous to health (COSHH) risk assessments in place for substances used by the practice. <p>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:</p> <ul style="list-style-type: none">• The fire risk assessment had not been carried out by a competent person and did not identify all risks.• Fire marshals had not received training for their role.• Staff had not participated in regular fire drills. <p>There was a lack of clear assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• Infection control audits were not clearly recorded and did not allow risk to be identified or managed fully. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• Patient group directions (PGDs) were not always authorised correctly.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p>

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The registered person had failed to ensure that all premises used by the service were clean. In particular:

- The GP and registrar rooms were not clean.

The registered person had failed to ensure that all premises used by the service were properly maintained. In particular:

- There was no current electrical installation condition report for the premises.

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

There was a lack of systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The provider was unaware of a lack of risk identification, management and mitigation regarding the premises.
- The provider was unaware of large backlog of tasks in the clinical system.

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

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Not all staff had completed training in accordance with practice policy including fire safety, infection control, information governance and not all non-clinical staff had completed child and adult safeguarding training