

# The Molebridge Practice

## Quality Report

North Leatherhead Medical Centre  
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Leatherhead  
Surrey  
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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

Good



Are services safe?

Requires improvement



Are services responsive to people's needs?

Good



# Key findings

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## Letter from the Chief Inspector of General Practice

### Letter from the Chief Inspector of General Practice

Our previous follow-up inspection at The Molebridge Practice on 3 August 2017 found breaches of regulations relating to the safe and responsive delivery of services. The overall rating for the practice was requires improvement. Consequently we rated all population groups as requires improvement.

The practice had been previously inspected in August 2015, November 2015 and March 2016. The full comprehensive reports on the previous inspections can be found by selecting the

'all reports' link for The Molebridge Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced follow-up inspection carried out on 21 March 2018 to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made. This report covers our findings in relation to only those requirements found within the safe and responsive domains. At this inspection, we found the practice had made improvements but remains as required improvement for providing safe services.

Overall the practice is now rated as Good.

### Our key findings were as follows:

- The practice had re-engaged with patients through re-establishing the patient participation group and linking with a local Leatherhead social media page and the local resident association.
- Patient comments in relation to appointments had been reviewed and a new appointment system put in place to provide more on the day appointments.
- The practice had started to review fire safety precautions and had completed some quick fixes. A full risk assessment had been planned for 22 March 2018. However, this meant that at the time of the inspection the concerns raised from our last inspection had not been fully addressed.

There were also areas of practice where the provider needs to make improvements.

### Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients. By ensuring that actions required from the planned full fire risk assessment are implemented.

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

# 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 provider is now rated as good overall. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider is now rated as good overall. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider is now rated as good overall. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider is now rated as good overall. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider is now rated as good overall. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider is now rated as good overall. The population group ratings have been updated to reflect this.

Good



# The Molebridge Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector.

## Background to The Molebridge Practice

The Molebridge Practice is situated in Leatherhead, Surrey. The Molebridge Practice provides general medical services to approximately 6,200 registered patients. The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the national average. Care is provided to patients living in residential and nursing home facilities and a local hospice.

Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average.

At the time of the inspection the two GP partners were in the process of retiring and two new partners were registering with CQC. The practice manager had also left and a new practice manager had been recruited. One of the old GP partners was registered as the Registered Manager and we were told that the new practice manager would take over this position. Two new salaried GPs had also been recruited but were yet to start work. Patients were being supported by long term locum GPs.

The practice employs a team of two nurse practitioners, a practice nurse, a part time paramedic and two health care assistants. The practice was supported by a team of reception and administration staff.

Services are provided via a Primary Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following premises, and patients can attend any of the two practice premises. For this inspection we only visited the Fetcham Medical Centre.

North Leatherhead Medical Centre, 148 - 152 Kingston Road, Leatherhead, Surrey, KT22 7PZ.

#### Opening Times

Monday and Tuesday 8am to 1pm

Wednesday 1pm to 6.30pm

Thursday 1pm to 7pm

Friday 7.30am to 1pm

And

Fetcham Medical Centre, 3 Cannonside, Fetcham, Leatherhead, Surrey, KT22 9LE.

#### Opening Times

Monday, Tuesday and Friday 1pm to 6.30pm

Wednesday 7.30am to 1pm

Thursday 8am to 1pm

During the times when one of the premises is closed, patients are able to access appointments from the other premises and evening appointments from the local hub providing extended hours from 6pm to 9pm during weekdays and weekend appointments between 9am to 1pm.

There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website.

# Detailed findings

## Why we carried out this inspection

The practice had been previously inspected in August 2015, November 2015 and March 2016.

During our announced comprehensive inspection in August 2015, we had identified number of concerns and placed the provider into special measures for six months. Following the inspection the practice had sent us an action plan detailing what they would do to address the breaches identified. The comprehensive inspection of this service was carried under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We carried out an announced follow-up inspection in November 2015 and March 2016 to check and confirm that

the provider had followed their action plan. The provider had made significant improvement and was removed from special measures after the March 2016 inspection but was rated as requires improvement.

We carried out a further follow-up inspection in August 2017 to assess whether the necessary changes had been made, following our inspection in March 2016. We found that not all of our concerns had been addressed and the practice remained as required improvement.

This inspection in March 2018 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to review the breaches identified and update the ratings provided under the Care Act 2014. This report should be read in conjunction with the full inspection reports of CQC visits. The reports on the previous inspections can be found by selecting the 'all reports' link for The Molebridge Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Are services safe?

## Our findings

**At our previous inspection on 3 August 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of fire safety procedures, carrying out regular smoke alarm checks and the safety of electrical portable equipment needed improving.**

**These arrangements had improved but there were still outstanding actions when we undertook a follow up inspection on 21 March 2018. The practice continues to be rated as requires improvement for providing safe services.**

### Safety systems and processes

During our inspection in August 2017 we found the practice did not have satisfactory fire safety procedures in place for monitoring and managing risks to patient and staff safety at Fetcham Medical Centre. During this inspection we saw that some actions had taken place to address the concerns previously found. However, the practice was aware that a more detailed fire risk assessment was required to ensure that risks to patient and staff safety was adequately addresses.

The practice had undertaken a fire risk assessment in September 2017. This did not cover some of the concerns raised at our previous inspection. The practice had implemented the actions required from the initial assessment. For example, portable appliance testing had been carried out on all electrical equipment in October 2017, new fire exit signs had been implemented, fire exit doors were clear and unlocked during working hours and the internal fire risk assessment had been reviewed. However, the initial fire risk assessment did not address the concerns raised at the inspection in August 2017.

We spoke with the interim practice manager who informed us that a more in depth risk assessment had been planned with an external company for 22 March 2018. The interim practice manager was aware that further work may be required which would possibly include fitting fire alarms (currently only smoke alarms were fitted), reviewing any structural changes that may be required and updating the internal fire risk assessment and the recording of fire evacuations.

After the inspection the provider sent us the report of the fire risk assessment completed 22 March 2018 and the actions required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 3 August 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of reviewing patient feedback regarding the appointments booking system and improve the availability of appointments as well seeking feedback from patients which was then acted upon, needed improving.**

**These arrangements had significantly improved when we undertook a follow up inspection on 21 March 2018. The practice is now rated as good for providing responsive services.**

### Timely access to the service

The practice at North Leatherhead Medical Centre was open from 8.00am to 1pm on three days (Monday, Tuesday and Friday) each week and from 1pm to 6.30pm on two days (Wednesday and Thursday) each week. The practice at Fetcham Medical Centre was open from between 8am to 1pm two days (Wednesday and Thursday) each week and from 1pm to 6.30pm on three days (Monday, Tuesday and Friday) each week. During the time when one of the two sites was closed, services were provided from the practice's other site.

Services were available between 8am and 6.30pm on each weekday across the two practice locations. The practice provided extended hours appointments on two mornings between 7.30am to 8am each week and one evening between 6.30pm and 7pm each week.

We saw the practice had displayed information on opening hours on a colour coded poster on the front door, inside the waiting areas and on the practice website.

The practice was also participating in a local initiative which enabled patients to access evening appointments until 9pm and weekend appointments 9am until 1pm. These appointments were run from separate locations in Leatherhead, Epsom and on the Downs.

The practice had recently changed the appointment booking system to improve patient access to appointments. Previously patients who requested an on the day appointment were required to leave their details to be triaged. Once triaged by a partner GP or the duty

clinician the receptionist would be informed of the decision who would then contact the patient. If required the patient might be offered an on the day appointment, a telephone consultation or a future appointment. The practice had decided to remove this system in February 2018.

The new system meant that patients who called for an on the day appointment was able to be offered an appointment without being triaged first. Once full any urgent appointments were then offered with the duty doctor. Advanced on line appointments were also available to patients who could choose which GP they wished to see to on their chosen day. The new appointment system was being closely monitored by the interim practice manager. We viewed the appointment system and saw there were appointments available for that afternoon with both of the GPs.

Reception staff we spoke with told us that they felt they were offering a better service for patients and had more daily appointments that could be used. They told us that they believed patients had benefited from the new system.

The practice ensured that two GPs were available every day and that a duty GP was also available. The practice was aware that recruiting salaried GPs was a priority for patients' continuity of care. They told us they had recruited two new GPs with start dates in April 2018 and May 2018. They also ensured that the same locum GPs were used and told us that several of the locums had been seeing patients at the practice for over six months.

The practice had re-started the patient participation group (PPG). Seven patients had agreed to become part of the PPG and the first meeting had been organised for the end of March 2018. The first meeting was planned to agree terms of reference, give an update on what is happening with the practice and to give the opportunity for the PPG to give patient feedback. The interim practice manager told us meetings would continue every four to six weeks.

The practice had looked at other ways to engage with their patients. The practice was in the process of putting their details, including patient surveys, on a local Leatherhead face book page. The practice was aware that many of their patients had signed to this page and felt it would increase patient contact. The practice was also looking to create a newsletter for the local residents association. There were

# Are services responsive to people's needs?

(for example, to feedback?)

also plans in April 2018 for a new internal patient survey.  
We noted that the practice website had information in the form of a letter from one of partners explaining the changes in partnership.



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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  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:  Review and improve the systems in place to effectively monitor and ensure fire safety procedures at Fetcham Medical Centre.  This is a continued breach.  Regulation 12(1)