

Wayside Medical Practice



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 well-led?	Requires Improvement	

Overall summary

We carried out an announced follow up inspection at Wayside Medical Practice on 29 September 2021. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective – Requires improvement

Caring – Not inspected

Responsive – Not inspected

Well-led - Requires improvement

Following our previous inspection on 20 January 2020, the practice was rated requires improvement overall and requires improvement for safe and effective key questions. It was rated as good for caring and responsive and inadequate for well led. All six population groups were rated as requires improvement.

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

Why we carried out this inspection.

This inspection was a follow-up inspection that focused on:-

- Safe, effective and well-led key questions
- Breaches of regulations 12 Safe care and treatment, 17 Good governance and 18 Staffing.
- Areas we said the practice should improve

How we carried out the inspection.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 and requires improvement for the safe, effective and well led key questions. All six population groups are rated as requires improvement.

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The premises were clean and hygienic, and the practice had put enhanced infection control measures in place during the Covid-19 pandemic.
- Staff told us they felt supported by their managers and that their well-being had been a priority during the pandemic period.
- Staff had the training and skills required for their role.
- Recruitment checks were undertaken in line with regulations.

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

- Further to our inspections in December 2018 and January 2020 insufficient improvements had been made to the safe and proper management of high risk medicines.
- The system for recording and acting on drug safety alerts was not always effective.
- Test results were not always followed up appropriately in order to diagnose long term conditions. For example, diabetes.
- Staff did not always have the information they needed to deliver safe care and treatment.

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

- Patients' needs were not always assessed and care and treatment was not always delivered in line with current guidance.
- Insufficient improvements had been made in relation to some quality and outcomes framework indicators and childhood immunisations.

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

- Leaders had not sufficiently addressed concerns raised at our previous two inspections in relation to the monitoring of high-risk medicines.
- Systems and processes were not operating as leaders intended. For example, the system for recording and acting on safety alerts.
- The practice did not always maintain accurate and complete patient records.

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

- Ensure safe care and treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider **should**:

Overall summary

- Maintain a central record of all staff training.
- Improve the uptake for cervical screening to ensure at least 80% coverage in line with the national target.
- Maintain a log of significant events to enable actions to be monitored and trends to be identified.
- Maintain accurate records of staff vaccination in line with current Public Health England (PHE) guidance.
- Re-establish systems for gathering and acting on patient feedback.
- Develop and implement a plan for audit and quality improvement.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a second inspector and a GP specialist advisor who was also present on site and who undertook clinical searches of the practice's information system and spoke with the GP.

Background to Wayside Medical Practice

Wayside Medical Practice provides general medical services to approximately 5,700 patients. The practice also provides care and treatment for the residents who are registered at the practice and who live in nearby care homes, which serve individuals with a diagnosis of dementia or who have nursing care needs. They also provide GP services to a local medium and low secure hospital for male patients.

Services are provided from Wayside Medical Practice which is a purpose-built building co-located with other healthcare organisations. This is a single-handed practice with one full time GP (male) and regular locum GPs who provide additional cover. There is also one advanced nurse practitioner, one practice nurse and one healthcare assistant. 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 slightly below the average for England. The number of patients aged 65 years and over is above the England average. The percentage of registered patients suffering deprivation (affecting both adults and children) is slightly lower than the average for England.

According to the latest available data, the ethnic make-up of the practice area is 4% Asian, 93% White, 1% Black, and 2% Mixed and 0.6% other.

For further details please see the practice website: www.waysidesurgery.nhs.uk

Patients requiring a GP outside of normal working hours are advised to contact the NHS 111 service where they will be given advice or directed to the most appropriate service for their medical need.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning, and surgical procedures.

Enforcement actions

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

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- There were insufficient arrangements to ensure the safe and proper management of high risk medicines.

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

- Systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients were not always effective. For example, ensuring compliance with all relevant patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Complete and contemporaneous records in respect of each patient were not always maintained.