Guildowns Group Practice

Inspection report

Wodeland Avenue Surgery
91-93 Wodeland Avenue
Guildford
GU2 4YP
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Date of inspection visit: 17 May 2021
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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?	Good
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced inspection at Guildowns Group Practice between 14 and 20 May 2021. Overall, the practice is rated as requires improvement.

Safe – Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires improvement

Following our previous inspection between 10 to 17 December 2019, the practice was rated as requires improvement overall and for providing safe, effective and well-led services. The practice was rated good for providing caring and responsive services. We carried out an unannounced focused inspection on 20 August 2020 and following this inspection we issued a Regulation 12 warning notice to the provider. The practice was not rated as a result of this inspection.

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

Why we carried out this inspection

This inspection was a focused inspection looking at safe, effective and well led, with the previous ratings for caring and responsive carried forward.

We reviewed the breaches identified at the last inspection, including the warning notice issued in August 2020.

We issued a warning notice to the practice in August 2020 because:

- Recording of significant events had not been used to identify trends or drive improvement.
- There was a lack of role specific training in place for staff in new roles.
- There was a lack of adequate supervision or monitoring of staff to ensure that referrals were completed in a timely manner.

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

- The practice did not demonstrate that they provided care in a way that kept patients and staff safe and protected them from avoidable harm.

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

- An effective service was not provided in relation to promoting positive outcomes for patients, for example childhood immunisations.

Overall summary

• There was not a comprehensive programme of quality improvement activity.

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

• The practice did not demonstrate that governance arrangements were operating as leaders intended.

• The practice did not have clear and effective processes for managing risk.

We also reviewed the areas where the previous inspection identified that the provider should make an improvement by:

- Continuing to take action to improve uptake of cervical cancer screening.
- Reviewing and improving monitoring of staff immunisation status in line with current Public Health England guidance.

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 telephone and 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
- A staff questionnaire emailed to all staff.

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 have rated this practice as requires improvement overall and good for all population groups.

We found that:

- The practice was now compliant with the Regulation 12 warning notice issued in August 2020.
- The practice had made improvements in how significant events were recorded, investigated and the learning shared appropriately.

Overall summary

- The practice had made improvements in the areas identified at our December 2019 inspection. However, in some areas these improvements were not sufficient.
- Patients received effective care and treatment that met their needs.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- There were some areas of medicines management that could be improved.

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

- 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.

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

The provider **should**:

- Continue with efforts to improve the uptake of cervical cancer screening and childhood immunisations.
- Consider reviewing coding of do not resuscitate cardiopulmonary resuscitation decisions within individual patient records.
- Review and improve strategies to allow staff to give honest feedback.

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

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 GP specialist advisor who spoke with staff in person and using video conferencing facilities and completed clinical searches and records reviews. The team also included three additional CQC inspectors who undertook site visits.

Background to Guildowns Group Practice

Guildowns Group Practice is located in Guildford, Surrey at:

Wodelands Surgery,

91 – 93 Wodelands Avenue,

Guildford,

Surrey,

GU2 4YP

The practice has branch surgeries at:

Stoughton Road Surgery

2 Stoughton Road

Guildford

GU1 1LL

The Oaks Surgery

Applegarth Avenue

Park Barn

Guildford

GU2 8LZ

The Student Health Centre

Stag Hill

University of Surrey

Guildford

GU2 7XH

All four sites were visited as part of this inspection activity.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from all sites.

The practice offers services from the main practice and three branch surgeries. Patients can access services at all surgeries.

The practice is situated within the Surrey Heartlands Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 21,500. This is part of a contract held with NHS England.

The practice is part of a primary care network of four local GP practices who work collaboratively to provide primary care services.

The age distribution of the practice population has some differences to the local and national averages. Approximately 20% of the practice population is aged between 20 and 24 years of age, compared to an England average of approximately 6%. There is also a lower proportion of older people. This unusual age distribution is due to the provider offering services to the student population of a large university.

There is a team of eight GP partners and seven employed GPs who provide cover across the four sites. The practice has a team of four nurses who provide nurse led clinics including for long-term conditions. There is also a clinical pharmacist employed by the practice and four health care assistants/phlebotomists. The GPs are supported at the practice by a team of patient services and administration staff. Each site has a site lead to provide managerial oversight.

The practice is a training practice and at the time of our inspection there were two GP registrars training with the practice. (A training practice has GP trainees who are qualified doctors completing a specialisation in general practice).

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or one of the branch surgeries.

Appointments outside core opening times are provided by the practice. Late evening and weekend appointments which are booked through the practice are provided through a GP federation. The practice participates in the provision of these appointments. Out of hours services are provided through NHS 111.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems or processes in place that were operating ineffectively in that they failed to enable 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.** **The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • Policies and protocols did not always contain up to date information. • Monitoring records for emergency medicines were not easily accessible to staff. • Infection control audits were not consistent across the four sites and action plan dates were not specific. **This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **There was no proper and safe management of medicines. In particular:** • Patients prescribed medicines, including high risk medicines were not always monitored in line with current prescribing guidance. • The practice was not always prescribing in line with current patient safety alerts.

This section is primarily information for the provider

Requirement notices

- Risk assessments were not carried out when correct sharps safes were unavailable.

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:

- Staff immunisation was not maintained or recorded in line with current Public Health England guidance.
- Risk assessing new COVID-19 actions in relation to practice layout for patient safety.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.