

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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires improvement overall

(There has been no previous inspection under this legal entity)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Wayside Medical Practice on 4 December 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our inspection programme. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- 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, completion of risk assessments and subsequent actions, medicines management including oversight of high risk and controlled drugs to ensure safe prescribing.
- 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 accommodated additional services within the practice building such as community midwives, speech and language therapists and chiropody.

- Governance arrangements were not always clear or well documented. For example, evidence of shared learning from significant events, a programme of quality improvement activity and a documented business plan.
- 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.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the clinical tools used to identify older patients who were living with moderate or severe frailty.
- Review patient care plans to consider using templates as per best practice guidelines.
- Review and strengthen the processes for documenting staff training records to ensure they are accurate and up to date.
- Review the systems and processes used to record the monitoring of patients' health, in relation to the use of medicines including high risk medicines.
- Review and strengthen the documentation available to patients wishing to make a complaint to ensure they are relevant and specific to the practice.

We saw one area of outstanding practice:

- The practice had a number of additional services available for registered patients experiencing poor mental health. These included a psychologist, and a wellbeing advisor who were based at the practice and could be booked for an appointment directly. The practice also supported a medium secure psychiatric hospital for young males aged between 18 and 65 years detained under the Mental Health Act 1983. The lead GP provided the service to 52 patients with a weekly ward round and had undertaken enhanced specialist training

Overall summary

to support the role. We heard that the hospital had plans to expand with an increase of 28 beds and the GP planned to continue their support. We noted that the indicators for this population group were in line with or above local and England averages, with little or no exception reporting.

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

| | | |
|--|-------------|---|
| 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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager advisor.

Background to Wayside Medical Practice

Wayside Medical Practice provides general medical services to approximately 4,740 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.

Services are provided from Wayside Medical Practice, Kings Road Horley RH6 7AD.

This is a single-handed practice with one full time GP (male) and locums who provide additional cover. There is also one advanced nurse prescriber, 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.

Wayside Medical Practice is open from Monday to Friday between 8am and 6:30pm. The practice phone lines are closed at lunchtime between 12:30pm and 1:30pm, except for emergencies.

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 (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.

Wayside Medical Practice 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>How the regulation was not being met: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> <p>The practice was unable to demonstrate that the risks to vulnerable patients registered at the practice were always recorded, monitored and actioned.* The practice was unable to demonstrate compliance with COSHH regulations.* The practice was unable to demonstrate completion of actions from an electrical installation condition report.* The practice was unable to demonstrate that fire drills had been completed and documented.* The practice was unable to demonstrate the policy and protocol for patient safety, particularly patients in the waiting room, and oversight and clinical review of deteriorating or acutely unwell patients.* The practice was unable to demonstrate an effective system for the secure storage and management of blank prescription forms and pads* The practice was unable to demonstrate that staff had the appropriate authorisations in place to administer medicines including Patient Group Directions or Patient Specific Directions.* The practice was unable to demonstrate effective systems and processes to ensure the safe management of medicines, in respect of regular audit or oversight of the patients prescribed high risk medicines and controlled drugs.* The practice was unable to demonstrate that learning from significant events was always recorded and disseminated to appropriate staff.This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 risk assessments for non-clinical staff who did not have a DBS check. * 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 a signed contract, references from previous employment, full employment history, and 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 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: * The practice was unable to demonstrate effective systems to manage records relating to governance arrangements; including a documented vision, values and business plan. * The practice was unable to demonstrate a programme of clinical audit and quality improvement activity to routinely review the effectiveness and appropriateness of the care provided. * The practice was unable to demonstrate effective systems and processes to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services. This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.