

Woodlands Surgery

Inspection report

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www.woodlands-surgery.co.uk

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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 caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced inspection at Woodlands Surgery on 22 September 2021 Overall, the practice is rated as Requires Improvement.

The key questions are rated as

Safe - Requires Improvement

Effective – Requires Improvement

Caring - Good

Responsive - Good

Well-led - Requires Improvement

Following our previous inspection in February 2019 the practice was rated Requires Improvement overall and for the safe, effective and well led key questions. Caring and responsive were rated as good.

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

Why we carried out this inspection

The practice had been previously rated as Requires Improvement in February 2019. This inspection was to follow up breaches of regulation 12, 17, 18, and 19 as identified in our previous inspection.

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 all population groups.

We rated safe as Requires Improvement due to the insufficient improvements made from the previous inspection.

We rated the practice **Requires Improvement** for providing safe care because:

We found the practice had responded to some of the issues raised at the previous inspection. For example, managing patients on high risk medicines, Disclosure and Barring Service (DBS) checks undertaken for all staff, monitoring and recording the registration status of clinical staff, tracking prescription forms and pads throughout the practice. However, we found repeated breaches at this inspection. For example, there was insufficient monitoring of a small number of patients who were prescribed specific medicines, the practice was failing to follow up a small number of abnormal test results and there was a lack of monitoring of staff immunisations. We found infection control concerns that were not picked up in the infection control audit. The results from the fire risk audit, and electrical installation condition report were not always actioned in a timely manner.

We rated the practice **Requires Improvement** for providing an effective service because:

The practice had made some improvements in staff training. However, there were still gaps in training, including safeguarding and fire safety.

These areas affected all population groups, so we rated all population groups as requires improvement.

We rated the practice **Requires Improvement** for providing a well-led service because:

Although we found the provider had made some improvements, there were still breaches of regulation found. Some governance systems remained ineffective and leaders had insufficient oversight in order to identify when processes were not working as intended. The leaders in the service were unaware that some of the repeated risks identified at the last CQC inspection had not been resolved adequately.

We rated the practice **Good** for providing caring and responsive services because:

Patients received care and treatment that met their needs. Staff dealt with patients with kindness and respect and involved them in decisions about their care. The practice organised and delivered services to meet patients' needs. The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

The areas where the provider must make improvements are:

- Ensure that care and treatment is provided in a safe way.
- 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.

Overall summary

- 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 areas where the provider should make improvements are:

- Review how gaps in employment are recorded
- Review the frequency of clinical supervision
- Review equipment cleaning logs to specify equipment and the frequency of recording when equipment is cleaned
- Review and continue to monitor cervical screening to meet the Public Health England screening rate target.

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 and included one further CQC inspector. We 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 Woodlands Surgery

Woodlands Surgery provides general medical services to approximately 9,900 patients. Services are provided from Woodlands Surgery, 5 Woodlands Road, Redhill, Surrey, RH1 6EY.

There are two GP partners and four salaried GPs. There are two practice nurses, one health care assistant and one phlebotomist. GPs and nurses are supported by the practice manager and a team of reception/administration staff.

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 a branch surgery.

There are arrangements for patients to access care from an Out of Hours provider through NHS111.

Information published by Public Health England shows that deprivation within the practice population group is in the ninth highest decile (nine of 10). The lower the decile, the more deprived the practice population is relative to others. The percentage of registered patients suffering deprivation (affecting both adults and children) is significantly lower than the average for England. According to the latest available data, the ethnic make-up of the practice area is 87% white, 7.7% Asian, 2.1% black, 2.6% mixed and 0.7% Other.

Woodlands Surgery is open from Monday to Friday between 8am and 6:30pm. The practice closed at lunchtime between 12:30pm and 2pm. During this time, phone lines were open for emergencies, which were answered by a duty GP.

The practice also offered pre-bookable appointments on alternate Saturday mornings from 8:30am to 12:15pm.

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.

The practice is registered to provide:

- Maternity and midwifery services
- Surgical procedures

- Family planning
- Diagnostic and screening procedures
- Treatment of disease, disorder and injury

Further information can be accessed via the practice website: www.woodlands-surgery.co.uk

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>There were inadequate systems and processes in place 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:</p> <ul style="list-style-type: none">• The provider was unaware that some of the concerns raised from the last inspection had not been fully actioned or were working as intended.• There was a lack of monitoring of actions required to mitigate any risks. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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	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>The practice had failed to ensure care and treatment was provided in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• The practice had failed to ensure staff had received the recommended immunisations for their job role. There were no risk assessments undertaken for those not immunised in order to protect the staff member, patients or other staff members.• Test results were not always followed up appropriately in order to diagnose long term conditions. For example, diagnosis of diabetes.• Insufficient monitoring of some patients who were prescribed medicines for treatment of high blood pressure.• Fridge temperatures were not being monitored daily.• There was out of date stock found in both the nurses rooms and the treatment room.• The infection control audit was ineffective.• Not all of the actions from the Fire Risk Assessment and Electrical report had been completed. Some actions had been completed but not in a timely manner.• The document Basement - COVID-19 Hot Zone Risk Assessment was ineffective and did not cover all of the potential risks.• Low level dust was found on the skirting boards and on a spirometry case in one of the nurses rooms. Also, in this room was a broken blind and the cord was easily accessible to children. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The practice was not ensuring that all staff received appropriate training as is necessary to enable them to carry out the duties they are employed to perform.

- This is a repeated breach from the CQC inspection completed on the 2 May 2019. Gaps in training included but is not limited to basic life support, Deprivation of Liberties, infection control, General Data Protection Regulation (GDPR), preventing radicalisation, Safeguarding Vulnerable Adults and Safeguarding Children.

This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.