

# Colliers Wood Surgery

## Inspection report

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Colliers Wood  
London  
SW19 2BY

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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?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Colliers Wood Surgery on 28 November 2018.

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 rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.

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

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

We rated the practice as **good** for providing effective, caring and responsive services because:

- Patients received effective 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. Patients could access care and treatment in a timely way.

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

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

- Continue to address the below-target uptake for childhood immunisations.
- Complete appraisals for all staff.
- Continue to embed the new prescription security arrangements at the branch practice site.
- Put in place a locum information pack.
- Continue the monitoring of care outcomes for patients with hypertension, and (where necessary) take any necessary action to address below average achievement.
- Consider whether patients would find it helpful if leaflets in languages other than English and in easy read format were available in the waiting area.

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

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC inspector.

## Background to Colliers Wood Surgery

Colliers Wood Surgery provides primary medical services in Merton to approximately 10,000 patients and is one of 24 member practices in the NHS Merton Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice population is in the fifth less deprived decile with income deprivation affecting children and adults higher than national averages.

The practice operates from two sites; the main site, Colliers Wood Surgery, is located at 58 High Street, Colliers Wood, SW19 2BY and the branch site, Lavender Fields Surgery, is located at 182 Western Road, Mitcham, Surrey, CR4 3EB.

The Colliers Wood Surgery site is a converted retail and residential property over three floors. The site comprises consulting rooms, treatment room, waiting area and reception on the ground floor, with consultation rooms, waiting area and practice management facilities on the first floor and practice management facilities on the second floor. All floors are accessible by lift or stairs. Accessible facilities and baby change facilities are available.

The Lavender Fields site is a converted ground floor premises, comprising consultation rooms, patient waiting area, reception and practice management facilities. There are disabled access facilities with baby change facilities installed and step free access throughout.

The practice clinical team is made up of two full time male GP partners, two full time male regular locum GPs, one part time female regular Locum GP. In total 32 GP sessions are provided across the two practice sites. The practice employs one full time female practice nurse and one part time female healthcare assistant and one part time female clinical pharmacist. The non-clinical team consists of a practice manager and deputy practice manager, four administrative staff and eight reception staff.

The practice main site opens between 8am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8am and 6.30pm Monday to Friday. Appointments are available between 9am and 12pm and between 3pm and 6.30pm Monday to Friday. Extended hours appointments are available between 6.30pm and 8.00pm on a Monday, Tuesday and Wednesday and from 9am to 12pm on a Saturday.

The practice branch site opens between 8am and 6.30pm on a Monday, Tuesday and Thursday and between 8am and 1pm on a Wednesday and Friday. Telephone lines are

operational between these same times. Appointments are available between 9am and 12am and between 3pm and 6.30pm on a Monday, Tuesday and Thursday and between 9am and 1pm on a Wednesday and Friday. Extended hours appointments are available between 6.30pm and 8.00pm on a Thursday.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am when the practice directs patients to seek assistance from the locally agreed out of hours provider through the NHS 111 service.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, diagnostic and screening procedures and treatment of disease, disorder or injury.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p><b>In particular we found:</b></p> <ul style="list-style-type: none"><li>• The provider did not regularly review and update policies, including those for safeguarding and repeat prescribing and therefore the information contained within these policies was outdated.</li><li>• The provider had failed to put in place processes to ensure that risks in the practice were regularly assessed and that plans were put in place and followed to mitigate any risks identified.</li><li>• The provider did not have a process in place to record and monitor that all relevant staff had the appropriate indemnity cover in place.</li><li>• The provider did not have a process in place to ensure that all staff receive safeguarding training to an appropriate level, and that records were kept of this training.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p>

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

### How the regulation was not being met:

The provider had failed to ensure that care and treatment was provided in a safe way for service users; in particular:

- The provider had failed to follow its own policy in respect of completing pre-employment checks and had failed to assess or mitigate the risks of employing staff before these checks had been completed.
- The provider had failed to adequately assess and put in place arrangement to mitigate the risk of fire.
- The provider had failed to carry-out an infection prevention and control audit at its branch practice site. Infection control hazards, such as the carpet in the waiting area, were not well managed.
- The provider had failed to assess the risk of Legionella.
- The provider had failed to ensure that medicines were handled safely across both practice sites; in particular, at the branch site blank prescription stationery was not securely stored and monitored, and the temperature of the vaccines fridge was not monitored daily. Across both sites the provider had failed to ensure that the necessary legal paperwork was in place to allow the healthcare assistant to administer medicines.
- The provider had failed to ensure that the necessary monitoring information was available before issuing prescriptions of high-risk medicines.

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