

# Dr P Kerr & Partners

## Quality Report

The Wall House Surgery  
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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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr P Kerr and Partners on 17 August 2016. The overall rating for the practice was Good. However, during this inspection we found a breach of legal requirements and the provider was rated as requires improvement under the safe domain, this was due to the fire alarms not being tested on a regular basis and prescription stationary not being managed safely. Following this inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that blank prescriptions forms used in printers were tracked and securely stored.
- Ensuring the fire alarms were tested on a regular basis.

We undertook this announced desk based inspection on 5 January 2017. This was to confirm the practice had carried out their action plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 17 August 2016. Our review of the evidence has determined that the provider was now meeting all requirements and is now rated as good under the safe domain.

Our key findings across the areas we inspected for this inspection were as follows:-

- Printers had been installed with a lock for the printer drawer which held prescription forms and the key was kept separately in a secure location. Serial numbers of prescriptions forms were tracked by the practice at all times.
- The fire marshal undertook weekly fire alarm testing. An external company had completed an annual fire risk assessment in November 2016 and a new fire evacuation plan had been created. The practice undertook their own weekly fire risk assessment..

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection published on the 7 October 2016, by selecting the 'all reports' link for Dr P Kerr and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

At our previous inspection in August 2016 the practice had been rated as requires improvement for providing safe services. We found the provider had failed to ensure that blank prescription forms used in the practices printers were securely stored or tracked and that fire alarms had not been regularly tested.

At this focussed, desk based, inspection in January 2017, we found printers now had a lockable drawer for prescription forms with the key kept in a separate secure location. Serial numbers of prescriptions forms were tracked by the practice at all times. Dedicated members of staff were tasked with maintaining stock levels of prescriptions in printers and recording the serial numbers.

The practice's fire marshal undertook weekly fire alarm testing and in their absence the deputy fire marshal undertook this duty. An external company had completed an up to date fire risk assessment. The practice also undertook their own weekly fire risk assessments. We saw that records were kept to show that weekly fire alarm tests and fire risk assessments had been undertaken.

**Good**



# Dr P Kerr & Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr P Kerr & Partners

Dr P Kerr and Partners offers personal medical services to the population of Reigate, Surrey and the surrounding area. There are approximately 16,000 registered patients.

Dr P Kerr and Partners is situated in two large converted residential buildings with a connecting modern reception and waiting area. The ground floor has full disabled entrance access with two large seated waiting areas. Most of the GP consulting rooms and treatment rooms are located on the ground floor with four GPs rooms being available on the first floor. Staff offices and facilities are also located on the first floor. There is a toilet for patients with disabilities on the ground floor, which has baby changing facilities.

Dr P Kerr and Partners is a training practice for FY2 doctors. (FY2 doctors are newly qualified doctors who are placed with a practice for four months and will have their own surgery where they see patients).

Dr P Kerr and Partners is run by five partner GPs (two male and two female). The practice is also supported by four GP associates (three female and one male), an advanced nurse practitioner, a lead nurse and three practice nurses, two healthcare assistants and a phlebotomist. The practice also has a team of receptionists and administrative staff, a finance manager, a patient services manager and a practice manager.

The practice runs a number of services for its patients including asthma reviews, child immunisation, diabetes reviews, new patient checks and holiday vaccines and advice.

Services are provided from:-

The Wall House Surgery, Yorke Road, Reigate, Surrey, RH2 9HG

Opening Hours are:-

Monday to Friday 8am to 6.30pm

Saturday 8.30am to 1pm

During the times when the practice is closed, the practice has arrangements for patients to access care from an Out of Hours provider. The number was advertised on the practice's website and through the practice's answer phone message.

The practice population has a higher number of patients aged between birth and 14, 35 to 49 and over 85 years of age than the national and local clinical commissioning group (CCG) average. The practice population shows a lower number of patients aged 15 to 34 and 55 to 74 years of age than the national and local clinical commissioning group (CCG) average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr P Kerr and Partners on 17 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires

# Detailed findings

improvement in the safe domain. The full comprehensive report following the August 2016 inspection can be found by selecting the 'all reports' link for Dr P Kerr and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a desk-based focused inspection of Dr P Kerr and Partners on 5 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a desk-based focused inspection Dr P Kerr and Partners on 5 January 2017. This involved reviewing:

- Photographic evidence sent to us by the provider of printers with a lockable drawer.
- Our review of tracking documents for the recording of prescriptions serial numbers which were signed.
- Our review of a new protocol for prescription.
- Our review of an annual fire risk assessment completed by an external company in November 2016.
- Our review of the provider records of weekly fire alarm tests and weekly fire risk assessment which they had completed since our last inspection.

# Are services safe?

## Our findings

### Overview of safety systems and processes

At the comprehensive inspection in 17 August 2016 we found the provider had failed to ensure that blank prescription forms used in the practice's printers were securely stored or had a tracking system.

At this focused inspection in 5 January 2017 we found the provider had addressed our concerns. All of the practice's printers now had a lockable drawer for prescription forms. The key was kept in a separate secure location so could not be accessed by non practice staff. Serial numbers of prescriptions forms were tracked at all times and dedicated members of staff were tasked with maintaining stock levels of prescriptions in printers and recording the serial numbers. A new prescription protocol had been created and all staff were made aware of the changes required.

### Monitoring risks to patients

At the comprehensive inspection in August 2016 we found the provider had procedures in place for monitoring and managing risks to patient and staff safety. However, we noted that the regular testing of the fire alarm was not taking place.

At this focused inspection in January 2017 we saw evidence that the practice's fire marshal undertook weekly fire alarm testing and in their absence the deputy fire marshal undertook this duty. An external company had completed an annual fire risk assessment in November 2016. The practice also undertook their own weekly fire risk assessment which covered things such as ensuring fire exits were clear and accessible at all times. We saw recorded evidence of weekly fire alarm tests and the weekly assessments completed.