

# Yellow Practice

## Inspection report

The Health Centre  
Rodney Road  
Walton-on-thames  
KT12 3LB  
Tel: 01932414136

Date of inspection visit: 18 - 21 October 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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# Overall summary

We carried out an announced inspection at Yellow Practice from 18 October to 21 October 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 - Inadequate

At our previous inspection in May 2019 we identified breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued a requirement notice. The practice was rated as requires improvement for providing safe services. It was rated as good overall and good for providing effective, caring, responsive and well led services. Following our inspection we were provided with an action plan detailing how the practice planned to make the required improvements.

The full reports for previous inspections can be found by selecting the 'all reports' link for Yellow Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this comprehensive follow-up inspection to confirm that the service now met the legal requirements in relation to those breaches of regulation and to ensure sufficient improvements had been made. We looked at whether the practice was providing safe, effective, caring, responsive and well-led services in response to concerns about the practice.

## How we carried out the inspection/review

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 the 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 .

# Overall summary

## 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.**

**We rated the practice as inadequate for providing well led services due to insufficient improvements made since our previous inspection and newly identified breaches of regulation.**

We found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect.
- Patients prescribed methotrexate (an immune-system suppressant) were now appropriately monitored.
- Clinical staff now complied with the practice policy of 'bare below the elbows'.
- Clinical waste was now appropriately segregated.
- The monitoring of fridge temperatures continued to fail to ensure the safe storage of medicines.
- The security of blank prescription forms was still not in line with current guidance.
- Patient Group Directions (PGDs) continued to be incorrectly completed and did not ensure the safe administration of those medicines to selected patients.
- There was a lack of monitoring of staff immunisations.
- Infection prevention control audits were invalid as staff lacked the knowledge and understanding to accurately complete them.
- Recruitment records were incomplete and did not ensure the safe recruitment of staff.
- The practice had failed to identify or assess the risks associated with the Control of Substances Hazardous to Health (COSHH).
- Organisational policies did not always contain accurate or up to date information to ensure appropriate guidance for staff.
- Staff had not recently undergone appraisal or interim performance review.
- Significant event reporting processes were not clearly understood or implemented.
- Processes for identifying and managing risk were not always clear or working as intended.
- Practice premises were poorly maintained and presented potential risks to staff and patients.
- Leaders had insufficient oversight in order to identify when processes were not working as intended.

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

- Ensure that care and treatment is provided in a safe way.
- Ensure all premises and equipment used by the service provider is fit for use.
- 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:

- Develop confidentiality sharing agreements with all co-located services.
- Undertake completed two-cycle clinical audits to enhance monitoring of care and treatment outcomes.

# Overall summary

**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

## Our inspection team

Our inspection team was led by a CQC lead inspector, supported by a second 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 using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Yellow Practice

Yellow Practice is located in Walton on Thames and offers general medical services to approximately 4,400 patients. The premises are owned by a third-party organisation who are responsible for the maintenance of the building. The building is shared with two other GP practices and a number of other health services.

The practice has a higher than average number of patients over 65 years when compared to the England average. Deprivation amongst children and older people is low when compared to the population nationally. According to the latest available data, the ethnic make-up of the practice area is 90% White, 5% Asian, 3% Mixed, 1% Black and 1% Other.

The practice is part of NHS North West Surrey Clinical Commissioning Group. The practice is a teaching practice; at the time of our inspection there were six students attached to the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors who are qualified doctors but have not yet completed specialist training as a GP).

Yellow Practice is an individual GP (female) supported by a long-term locum GP (male). They are supported by one locum practice nurse, one treatment room nurse, a clinical pharmacist and a health care assistant, a practice manager and a team of administrative/reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered from 7.30am to 8am on Wednesday mornings. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with national guidance, most GP appointments are initially telephone consultations. Patients are assessed over the telephone to determine if the GP needs to see the patient face-to-face.

The practice is part of a federation of GP practices that offers evening appointments until 9pm and weekend appointments from 9am until 12pm. These appointments are run from locations in Walton-on-Thames, Chertsey, Ashford, Sunbury-on-Thames and Woking.

For further details about the practice please see the practice website: [www.yellowpracticewalton.nhs.uk](http://www.yellowpracticewalton.nhs.uk)

The practice is registered with CQC to provide the following regulated activities; Diagnostic and screening procedures, Treatment of disease, disorder or injury, Maternity and midwifery services and Family planning services.

The service is provided from the following location:

Yellow Practice  
The Health Centre  
Rodney Road  
Walton-on-Thames  
KT12 3LB

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 Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure premises were suitable for the purpose for which they are being used and were properly maintained. In particular:</p> <p>The premises were subject to identified health and safety concerns.</p> <p>The premises presented risks to the safety of staff and patients including a recent infestation of flies within the practice and significant water leaks in the roof above patient record storage areas.</p> <p>This was in breach of Regulation 15 (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
Maternity and midwifery services Treatment of disease, disorder or injury Family planning services Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider 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"><li>• The monitoring of fridge temperatures failed to ensure the safe storage of medicines.</li><li>• The security of blank prescription forms was not in line with current guidance.</li><li>• Patient group directions were incorrectly completed.</li><li>• There was a lack of monitoring of staff immunisations.</li><li>• Infection prevention control audits were invalid as staff lacked the knowledge and understanding to accurately complete them.</li><li>• Recruitment records were incomplete and did not ensure the safe recruitment of staff.</li><li>• The practice had failed to assess the risks associated with the Control of Substances Hazardous to Health (COSHH);</li><li>• Significant event reporting processes were not clearly understood or implemented.</li><li>• Processes for identifying and managing risks were not always clear or working as intended.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Warning Notice issued.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was failing to assess, monitor and improve the quality and safety of the services provided in carrying on of the regulated activity; failing to ensure there were effective systems and processes in place to assess, monitor</p>

## Enforcement actions

and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:

- Insufficient improvement had been made to address the breaches of regulation identified within our previous inspection.
- Leaders were unable to demonstrate that governance processes, risk management, performance, and strategic planning ensured high quality and sustainable care.
- Processes for identifying and managing risk were not always clear or working as intended.
- Leaders had insufficient oversight in order to identify when processes were not working as intended. For example, the inaccuracy of Infection prevention and control audits.
- In some instances leaders lacked the knowledge and capacity to ensure the implementation of processes which met regulatory and current best practice guidance. For example, in the completion of PGDs.
- Organisational policies did not always contain accurate or up to date information to ensure appropriate guidance for staff.
- Staff had not recently undergone appraisal or interim performance review.
- Significant event reporting processes were not clearly understood or implemented.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Warning Notice issued.