

# Village Surgery

## Inspection report

The Village Surgery  
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New Malden  
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Date of inspection visit: 8 and 9 September 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Requires Improvement 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

# Overall summary

We carried out an unannounced inspection at The Village Surgery on 8 and 9 September 2021. Clinical records reviews were carried out remotely during the same two days. Overall, the practice is rated as Inadequate.

## Why we carried out this inspection

This inspection was a comprehensive responsive inspection in reaction to concerns that had been raised with CQC.

## How we carried out this 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:

- Completing clinical searches remotely;
- Requesting evidence from the provider.

## 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 Inadequate overall.

We found:

- The practice was not monitoring all patients on high risk prescription medicines as required.
- Medication reviews were not always completed or fully noted/recorded.
- The practice had no system in place to monitor MHRA alerts.
- No clinical or administrative staff had any training for COVID-19 related infection control, PPE use, testing, knowledge or protocols.
- Staff had not been completing weekly asymptomatic COVID-19 testing.
- Staff did not know how to correctly complete a lateral flow test for COVID-19.
- There were no premises risk assessments or health and safety checks or audits carried out or completed.
- There was no system for identifying, monitoring or communicating internally about vulnerable patients or safeguarding concerns.
- Four clinicians and one receptionist had not completed safeguarding training or completed it to the correct level.
- Not all emergency medicines were stocked.
- The Practice Manager did not know where policies, protocols, audits or general management records were.
- Three whistle-blowers and staff told us that the Practice Manager and/or one of the GP Partners were bullies and regularly shouted at or generally mistreated staff.

# Overall summary

- There were no detailed minutes or records of clinical meetings being held between clinical staff.
- There was no agreed business plan for the future of this practice.
- There were no recorded meetings or minutes for the PPG.
- There were no records or audits of staff surveys.
- There were no audits or records of patient survey analysis or feedback.
- There were no audits of complaints and some complaints had not been recorded as having had a response.
- There were no appraisals for any receptionists or administrative staff.
- There were no competency checks completed for any staff.
- Three receptionists and three whistle-blowers told us that there were not enough staff to cope with the administration of the practice.
- Many clinical and non-clinical staff had failed to complete mandatory training.

However, we also found that:

- There was positive feedback from patients about the care and kindness of the practice nurse.
- Prescriptions were well managed internally by staff.
- The reception area was clean and modern.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that patients' assessments, care and treatment are provided effectively.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Complete audits of complaints and use this information to drive improvements.
- Complete audits and monitoring of patient feedback and use this information to drive improvements.

On 22 September 2021, The Village Surgery was issued with an urgent notice of conditions on their registration as a service provider in respect of regulated activities, under Section 31 of the Health and Social Care Act 2008. This notice of urgent conditions of the provider's registration was given because we believed that a person will or may be exposed to the risk of harm if we did not take this action. The provider had the right to make an appeal to the First-tier Tribunal. The practice remains open with conditions that enable close monitoring of its progress and improvements.

I am also placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and assisted by another CQC inspector who both 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 Village Surgery

The Village Surgery provides primary medical services in New Malden to approximately 5,600 patients and is part of Kingston Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 12%; and for older people the practice value is 14%, which is higher than the CCG average of 13%. The practice age range of the practice's patients largely follow the same pattern as the local average. Of patients registered with the practice, the largest group by ethnicity are white (67%), followed by Asian (23%), mixed (4%), black (3%) and other non-white ethnic groups (3%).

The practice operates from a two-storey converted shop on New Malden high street. The practice is located near to public transport links and parking is available in the surrounding streets. The reception desk, waiting area, consultation rooms, practice manager's office, and an administrative room are situated on the ground floor.

Further administrative rooms are situated on the first floor. The practice has three doctors' consultation rooms and one treatment room which is also used as a nurse consultation room.

There are two full time male GPs who are partners; in addition, two female salaried GPs are employed by the practice. The practice also employs one part time female nurses. The clinical team are supported by a practice manager, seven receptionists, a secretary and a prescribing clerk. The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8.30am to 12.30am on Monday, Tuesday and Friday mornings, and until 12pm on Wednesdays and Thursdays; afternoon appointments are from 3pm until 6pm. Extended hours surgeries are offered between 6:30pm and 7:30pm on Wednesdays and Thursdays.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

## 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Leaders did not have the skills or capacity to run this practice: <ul style="list-style-type: none"><li>• There was no plan or agreed strategy in place to improve the practice;</li><li>• There was a bullying and divisive culture within the staff team at this practice;</li><li>• There had been a breakdown in the relationship between the two GP Partners;</li><li>• The management team had not completed sufficient audits or reviews of the practice to monitor productivity or consider improvements.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose  This practice did not have sufficient practices and procedures to keep people safe: <ul style="list-style-type: none"><li>• There were insufficient safeguarding systems and practices;</li><li>• Staff recruitment processes were unsafe;</li><li>• There was insufficient infection control and COVID protocols;</li><li>• Medicines were not safely managed.</li></ul>