

**Agenda item: 14**

**Paper no: 13**

<b>Title of Report:</b>	<b>PCCC CQC Report March 2020</b>	
<b>Status:</b>	<b>TO NOTE</b>	
<b>Committee:</b>	<b>PCCC Part 1</b>	<b>Date:</b> 13/03/2020
<b>Venue:</b>	NWS CCG, 58 Church Street, Weybridge, Surrey KT13 8DP	

<b>Presented by:</b>	Helen Snelling, Head of Primary Care Contracting Surrey Heartlands CCG	
<b>Executive Lead sign off:</b>	Rachael Graham, Deputy Director of Contracts Non Acute and Primary Care	<b>Date:</b> 03/03/2020
<b>Author(s):</b>	Glynis McDonald, Primary Care Contracts Support Officer	

### Governance

<b>Conflict of Interest:</b> The Author considers:	None identified	✓
	<b>CONFLICT(S) NOTED</b> Name(s) of individuals with conflict: Mitigating Action(s):  •	
<b>Previous Reporting:</b> (relevant committees/ forums this paper has previously been presented to)	PCOG – February 2020	
<b>Freedom of Information:</b> The Author considers:	Not Restricted	

## Executive Summary

Attached is: <b>Summary of North West Surrey CCG GP Practice CQC Report changes:</b>				
No reports during this period				
<b>Summary of Guildford &amp; Waverley CCG GP Practice CQC report changes:</b>				
Practice	Current 29/10/2019	Previous 23/04/2015	Change	Action (see spreadsheet)
Dapdune	Good	Good	Maintained	Supporting practice with concerns raised
Guildford Rivers	Requires Improvement	Good	Declined	Supporting practice with concerns raised
<b>Summary of Surrey Downs CCG GP Practice CQC report changes:</b>				
No reports during this period.				
<b>Summary of East Surrey CCG GP Practice CQC report changes:</b>				
Practice	Current 13/11/2019	Previous 25/10/2017	Change	Action (see spreadsheet)
Holmhurst	Requires Improvement	Good	Declined	Supporting practice with concerns raised

## Implications

What is the <b>health impact/ outcome</b> and is this in line with the <b>CCGs' strategic objectives</b> ?	<ul style="list-style-type: none"> <li>Objective 1: Continue to work towards achieving sustainable systems</li> <li>Objective 2: Develop collaborative working and organisational change, at both place and scale</li> <li>Objective 3: Support the development of integrated care</li> <li>Objective 4: Support Primary Care Development in line with the NHS Long Term Plan</li> <li>Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience</li> </ul>
What is the <b>financial/ resource</b> required?	<ul style="list-style-type: none"> <li>No implication</li> </ul>
What <b>legislation, policy or other guidance</b> is relevant?	NHSE directive/Policy CCG Constitution Statutory duty

Working together across Surrey Heartlands

Is an <b>Equality Analysis</b> required?	N/A
Any <b>Patient and Public Engagement/consultation</b> required?	N/A
Potential <b>risk(s)</b> ? (including reputational)	<ul style="list-style-type: none"> <li>• Potential reputational to the practice and CCG</li> <li>• Potential risk of Primary Care Services not being delivered</li> </ul>

### Recommendation(s)

(1) **TO NOTE published reports and follow up with individual practices**

### Next Steps

(1) Primary Care Contracting team to continue reviewing CQC outcomes and following up with practices regarding their action plans recommended by CQC.

East Surrey Primary Care CQC Report March 2019

Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive	Are Services well lead	Inspection Report Date	Inspection Publication Date		Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date
Holmhurst Medical Centre	H81048	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	13/11/2019	18/12/2019	updated position	<p>The areas where the provider must make improvements are:</p> <ul style="list-style-type: none"> <li>• Ensure that care and treatment is provided in a safe way.</li> <li>1. PGDs – all now signed and system in place on TeamNet to monitor and audit to ensure all PGDs are signed</li> <li>2. Monthly audit overseen by practice management of PGDs using TeamNet</li> <li>3. Two week wait referrals – monitoring spreadsheet tracks each patient. This will also be monitored by practice management. To be completed by 31 December 2019</li> <li>• Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</li> <li>1. The practice will work proactively to increase the virtual PPG by increased awareness including greater awareness on our website and contacting patients and involving them more.</li> <li>2. The practice will conduct a survey of our patients by continuing our use of MJOG (text service), an online survey and printed survey in clinical rooms and waiting rooms.</li> <li>3. The practice will produce a strategy document to monitor quality and safety of services</li> <li>4. A programme of clinical audits will be drawn up and monitored through regular practice meetings with a second cycle audit timetable.</li> </ul> <p>The following measurements will be put in place:</p> <ol style="list-style-type: none"> <li>1. Increased PPG involvement</li> <li>2. We will review survey results in practice meetings and address any issues that arise</li> <li>3. Maintain and update strategy document</li> </ol>	21/02/2019 Feedback from practice emailed to quality team for comments.	Good	25/10/2017
Wall House Surgery	H81089	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Good	17/07/2019	23/09/2019		<p><b>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</b>                      How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:                      * The practice was unable to demonstrate effective systems and processes to ensure that information to deliver safe care and treatment was available to relevant staff in an accessible way. Including information relating to care and treatment with other services, alerts relating to child and adult safeguarding, and actions taken in response to safety alerts.                      * The practice was unable to demonstrate that the immediate and ongoing needs of patients with long-term conditions and mental health conditions were being fully assessed.                      * Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: the practice could not demonstrate that staff were up to date with child and adult safeguarding training to an appropriate level for their role. <b>Regulation 19</b></p> <p><b>HSCA (RA) Regulations 2014 Fit and proper persons employed</b>                      How the regulation was not being met: The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:                      * The practice was unable to demonstrate systems in place to ensure the registration of clinical staff was checked and regularly monitored.                      * The practice was unable to demonstrate evidence of satisfactory conduct in previous employment.</p>			
Woodlands Surgery	H81058	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	26/02/2019	02/05/2019		<p><b>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</b>                      How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:                      * * The practice could not always demonstrate effective systems or processes to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. Including staff vaccination records, documentation of cleaning completed, and an action plan to monitor and ensure improvements were made as a result of audit.                      * * The practice could not demonstrate fire risk assessments and the recommended actions had not always been completed, monitored and recorded.                      * * The practice was unable to demonstrate an effective system for the monitoring and management of blank prescription forms and pads.                      * * The practice was unable to demonstrate effective systems and processes to ensure the safe management of medicines, including that information to deliver safe care and treatment was not always available to relevant staff in an accessible way, and a lack of regular audit or oversight of the patients prescribed high risk medicines and controlled drugs. <b>Regulation 19 HSCA (RA)</b></p> <p><b>Regulations 2014 Fit and proper persons employed</b>                      How the regulation was not being met: The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:                      * * The practice was unable to demonstrate that a DBS check was undertaken for all staff (including non-clinical staff).                      * * The practice was unable to demonstrate systems in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.                      * * The practice was unable to demonstrate evidence of proof of identity for all staff. <b>Regulation 18</b></p> <p><b>HSCA (RA) Regulations 2014 Staffing</b>                      How the regulation was not being met: 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. <b>Regulation 17 HSCA (RA)</b></p> <p><b>Regulations 2014 Good governance</b>                      How the regulation was not being met:                      * * The practice could not demonstrate that significant events and safety alerts were always thoroughly recorded, acted on, analysed, learning shared and then appropriately stored.                      * * The practice was unable to demonstrate effective systems to manage records relating to governance arrangements. Including: they were not ensuring that staff had access to practice policies and procedures that contained up to date information, there was not a documented vision, values and business plan.</p>			
Birchwood Medical Practice	H81037	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	05/02/2019	11/04/2019	Provider under new profile: Part of Modality Partnership	<p><b>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</b>                      How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The practice was unable to demonstrate that staff had the appropriate authorisations in place to administer medicines including Patient Specific Directions. The practice could not always demonstrate effective systems or processes to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. <b>Regulation 17 HSCA (RA) Regulations</b></p> <p><b>2014 Good governance</b>                      How the regulation was not being met: The practice was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. The practice was unable to demonstrate effective systems and processes to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services. <b>Regulation 18 HSCA</b></p> <p><b>(RA) Regulations 2014 Staffing</b>                      How the regulation was not being met: The practice was not ensuring that all staff received regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs identified, planned for and supported. <b>Regulation 19 HSCA</b></p> <p><b>(RA) Regulations 2014 Fit and proper persons employed</b>                      How the regulation was not being met: The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular: The practice was unable to demonstrate systems in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored. The practice was unable to demonstrate they obtained evidence of satisfactory conduct in previous employment for all staff.</p>			

Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive	Are Services well lead	Inspection Report Date	Inspection Publication Date	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date										
Wayside Medical Practice	H81046	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	04/12/2018	04/02/2019	<p><b>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</b>                      How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:                      *The practice was unable to demonstrate that the risks to vulnerable patients registered at the practice were always recorded, monitored and actioned.                      *The practice was unable to demonstrate compliance with COSHH regulations.                      completion of actions from an electrical installation condition report.                      * The practice was unable to demonstrate the policy and protocol for patient safety, particularly patients in the waiting room, and oversight and clinical review of deteriorating or acutely unwell patients.                      * The practice was unable to demonstrate an effective system for the secure storage and management of blank prescription forms and pads.                      * The practice was unable to demonstrate that staff had the appropriate authorisations in place to administer medicines including Patient Group Directions or Patient Specific Directions.                      * The practice was unable to demonstrate effective systems and processes to ensure the safe management of medicines, in respect of regular audit or oversight of the patients prescribed high risk medicines and controlled drugs.                      unable to demonstrate that learning from significant events was always recorded and disseminated to appropriate staff.</p> <p><b>Regulation 19 HSCA (RA)</b></p> <p><b>Regulations 2014 Fit and proper persons employed</b>                      How the regulation was not being met: The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:                      * The practice was unable to demonstrate risk assessments for non-clinical staff who did not have a DBS check.                      practice was unable to demonstrate systems in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.                      * The practice was unable to demonstrate evidence of a signed contract, references from previous employment, full employment history, and proof of identity for all staff.</p> <p><b>Regulation 17 HSCA (RA) Regulations 2014 Good governance</b>                      How the regulation was not being met:                      * The practice was unable to demonstrate effective systems to manage records relating to governance arrangements; including a documented vision, values and business plan.                      * The practice was unable to demonstrate a programme of clinical audit and quality improvement activity to routinely review the effectiveness and appropriateness of the care provided.                      * The practice was unable demonstrate effective systems and processes to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services</p>													
Moat House Surgery	H81083	Good	Good	Good	Good	Good	Good	10/07/2019	09/09/2019														
Pond Tail Surgery	H81005	Good	Good	Good	Good	Good	Good	23/07/2019	12/09/2019														
Lingfield Surgery	H81023	Good	Good	Good	Good	Good	Good	24/04/2019	14/06/2019														
Hawthorns Surgery	H81055	Good	Good	Good	Good	Good	Good	28/03/2017	26/04/2017														
Oxted Health Centre	H81056	Good	Good	Good	Good	Good	Good	28/03/2019	23/05/2019														
Warlingham Green Medical Practice	H81119	Good	Good	Good	Good	Good	Good	20/11/2017	23/01/2018														
Elizabeth House Medical Practice	H81116	Good	Good	Good	Good	Good	Good		18/08/2017	Latest Inspection: The practice has not been revisited as part of this review because they were able to demonstrate that they were meeting the standard without the need for a visit.													
Townhill Medical Practice	H81060	Good	Good	Good	Good	Good	Good		27/06/2017	Practice has not been inspected yet: Part of Modality Partnership													
Greystone House Medical Surgery	H81030	Good	Good	Good	Good	Good	Good	19/10/2016	23/12/2016	Practice has not been inspected yet													
Smallfield Surgery	H81638	Good	Good	Good	Good	Good	Good	20/10/2016	28/11/2016	Provider under new profile: Part of Modality Partnership		Good	20/10/2016										
Caterham Valley Medical Practice	H81045	Good	Good	Good	Good	Good	Good	16/02/2016	10/06/2016														
<table border="1"> <thead> <tr> <th>Overall Rating</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Good</td> <td>11</td> </tr> <tr> <td>Requires Improvement</td> <td>5</td> </tr> <tr> <td>Inadequate</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td><b>16</b></td> </tr> </tbody> </table>														Overall Rating	Count	Good	11	Requires Improvement	5	Inadequate	0	<b>Total</b>	<b>16</b>
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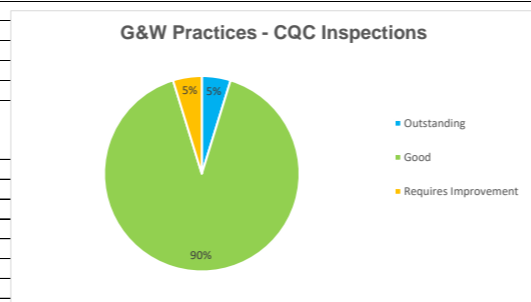
Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive	Are services well lead	Publication Date	Date of Inspection Visit	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date
Guildford Rivers Practice	H81132	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Good	16/01/2020	11/12/2019	<p>The areas where the provider <b>must</b> make improvements are::                      Ensure that care and treatment is provided in a safe way - <i>By not adequately recording safety alerts and the actions taken</i>                      Will review CAS Alert SOP to properly record and act on alerts. On receipt of an alert, it will be forwarded that day to all clinicians and the Admin Safety Alert Manager. Responsibility for action will remain with the Senior Partner/acting Senior Clinician. Alerts will be acted on day of receipt and forwarded to relevant members of the practice. A record of Alerts will continue to be placed in an Alert file (along with responses) and will be reviewed and shared at Practice Meeting and will be minuted. The file will be updated weekly  <i>By not adequately recording significant events and the actions taken.</i>                      The Practice has planned a meeting on Feb 5th at which 3 significant events that took place 2019 will be presented and open for discussion and reflection. Additionally at this meeting a new procedure for staff to initiate significant event review will be presented with a form for submission to senior management, potentially anonymously, to promote increased recording and review of potentially significant events. Review meetings will be held 6 monthly as opposed to annually.  <i>By not monitoring low risk medication reviews or recording when reviews have happened on patients and by issuing further prescriptions before reviews were completed.</i>                      A new Repeat Prescription Policy will be introduced to include and enforce that medication reviews are undertaken and recorded on the prescribing screen by clinicians. Receptionists will not be permitted to initiate paper FP10s if a review is outstanding and will record this in the message book for clinicians. Additionally all staff will have repeat prescription training added to the second tier of educational training .  <i>By not recording or completing second cycle audits</i>                      Second cycle audits will be planned as routine following initial audits and the following actions taken:                      - Ascertain the number of male patients aged 59 or over who have not had a prostate assessment since last audit in December 2018                      - Assess the current prescribing of Ranitidine by practitioners since audit in October 2019                      - Incidence of urinary infections following cervical smear appts between April 2018 - April 2019                      - Following a hand hygiene audit completed early January. Second cycle audit to be carried out late February                      Practice not monitoring Advanced Nurse Practitioner's Prescribing                      A format has been agreed for the ANP to record prescribing activity. ANP to give a written submission to Senior GP on final Thursday of each month to be discussed the following Thursday at clinician meeting                      Not completing infection prevention control audits                      See above hand hygiene audit notes and cervical smears second audits. Infection control audit of facilities and premises being undertaken and repeated annually.                      Staff had not completed all of the required training                      The practice has appointed an Education Lead who will be responsible for ensuring individual staff are aware of any training they need/outstanding. Regular feedback meetings will be held. All staff training records to be reviewed at end of February 2020.</p>	Sent to quality 21/02/2020	Good	11/12/2019
Dapdune House Surgery	H81029	Good	Good	Good	Good	Good	Good	29/11/2019	23/10/2019	<p>The areas where the provider should make improvements are:</p> <ul style="list-style-type: none"> <li>Review and continue to monitor cervical smear screening to meet the Public Health England screening rate target                      Clinicians will individually call non-attendees to discuss any immediate issues and make future appointments</li> <li>Review and continue to monitor child immunisation rates to meet World Health (WHO) targets                     <ol style="list-style-type: none"> <li>Implemented regular searches &amp; clinical lead nurse will pick up on incomplete immunisation schedule and discuss with named GP</li> <li>DNA - practice nurse is contacting the caregiver at the time of missed appointment and rebooking where possible</li> <li>PN attending "Call to Action" workshop (13/02/20) aimed at improving child immunisations across Surrey. Feedback will be given to lead GP and action taken where relevant</li> </ol> </li> <li>Review if minutes of the Business Area meetings would be beneficial to record and send to all staff                      These meetings have no formal agenda and practice opinion is no minutes are required. Business area leads all have LM responsibilities and ensure feedback/updates to staff. Focusses on task setting/tracking of relevant and immediate issues</li> <li>Review the contract for the external cleaning company in the storage of cleaning equipment                      MD of the cleaning company has confirmed clean mop heads are used daily and missing buckets will be replaced as a priority                      Quality feedback: How do the practice check actions are shared and implemented</li> </ul>	Email sent to practice requesting action plan 02/12/2019 Action plan received 20/12/2019 Feedback received from quality	Good	23/04/2015
East Horsley Medical Practice	H81084	Good	Good	Good	Good	Good	Good	18/11/2019	10/09/2019	<p>The areas where the provider <b>should</b> make improvements are:</p> <ul style="list-style-type: none"> <li>Review the significant event log and reporting practices so that all incidents have been recorded and logged appropriately, and that all opportunities for learning are reviewed.                      East Horsley has a robust "significant event" procedure. Any learning event is written up on a significant event form . This form is taken to the monthly partners meeting and discussed. If any changes within the practice need to be made they will be implemented at the time (if urgent) or after the meeting. All discussions are minuted. All staff are informed of changes via internal email, staff meeting or in person. All staff are aware of the system and any member of staff can record an event if they feel it necessary. There is an "up-to-date" significant event policy available to all staff both online and in hard copy format in the PM office. All significant events are reviewed at an annual meeting to assess if implemented changes are working or if further improvement is required.                      Following the CQC inspection there is now an excel spreadsheet showing any events waiting to be recorded in writing and whether to be allocated as a learning event.</li> <li>Continue to review and improve the uptake of cervical smears.                      Practice does not agree with the CQC figures provided and state they consistently meet the 80% QOF target. There is a dedicated resource and streamlined process in place to achieve these targets.</li> <li>Improve the care and treatment of families, children and young people in relation to the uptake of childhood immunisations.                      Again, the practice does not agree with the figures provided by CQC and are currently challenging this with them. EMIS searches continue to show their figures are above90%</li> <li>Take action to improve diabetes exception reporting                      CQC provided a figure of 30.6% and practice disputes this based on EMIS reporting figures (2018/19) shows 14%. Diabetes lead (Dr Murtagh) continues to try and reduce exception reporting                      Quality feedback: Concerns about disparity between the practice data and CQC data.</li> </ul>	Email sent to practice requesting action plan 02/12/2019 Action plan received 18/12/2019 Feedback received from quality	Good	17/09/2015
Shere Surgery/Dispensary	H81077	Good	Good	Good	Good	Good	Good	04/11/2019	25/09/2019	<p>The areas where the provider <b>should</b> make improvements are:</p> <ul style="list-style-type: none"> <li>Continue to review and improve ways to increase uptake for cervical screening to be in line with Public Health England's target of 80%</li> <li>Review immunisation status for all staff and record in a central location</li> </ul>	21/02/2020 - Reminder sent to practice for action plan	Good	10/12/2015

Guildford and Waverley Primary Care CQC Report March 2020

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Cranleigh Medical Practice	H81052	Good						25/10/2019	07/08/2019	<p>The areas where the provider <b>should</b> make improvements are:</p> <ul style="list-style-type: none"> <li>Continue to review and improve ways to increase uptake for cervical screening to be in line with Public Health England's target of 80% The CCG Coverage rate is 72.4% and CMP Coverage is 72.5% so the practice are above the CCG rate. Nationally coverage rates have been falling but Cranleigh continue to write to all our patients and verbally encourage them to book when we see pop-ups on EMIS. They offer appointments at different times of the day and different days of the week.</li> <li>Review immunisation status for all staff and record in a central location On the day of the CQC inspection, Cranleigh's operations manager was on leave and was in the process of transferring all the staff immunisation data onto TeamNet so it wasn't immediately available to the CQC inspector on the day. The practice have since submitted it to CQC.</li> </ul> <p>Plan approved by quality <b>PROPOSE TO CLOSE</b></p>	Email sent to practice requesting action plan 02/12/2019	Good	
Austen Road Surgery	H81006	Good						26/04/2019	04/03/2019	<p>The areas where the provider <b>should</b> make improvements are:</p> <ul style="list-style-type: none"> <li>Review and improve how patients are recalled for annual reviews and monitoring of treatment. Staff will be provided with chronic disease registers to recall for annual checks. This information will be taken to QOF and Arden audits. Initial patient contact will be made by text, followed by landline call and finally a letter. Diary entries will go on the patient record to alert staff if a patient requires an appointment. This will be an ongoing process with a monthly audit.</li> <li>Coordinate clinical audits and quality improvement activities so that there is oversight and shared learning. Clinicians will assess which audits are required following medication shortages, alerts, cancer diagnosis etc. The PM will run reports &amp; provide information at a weekly clinical meeting where learning &amp; objectives will be discussed. This will be an ongoing process and more frequent due to medication shortages.</li> <li>Review exception reporting in relation to mental health indicators. Dedicated staff member will contact patients on MHS register and provide them with a GP appointment. Patient will be contacted 2 days prior to the appointment as a reminder. In the case of non-attendance, a follow up will be made with the patient.</li> <li>Improve how meeting minutes are recorded. PM will get details on teamnet and calendar meetings with relevant minutes. Minutes will automatically be distributed to staff. Process will be applied to all meetings at the practice</li> <li>Continue to review the recording of staff vaccination in line with Public Health England guidance. During inductions, PM will confirm details of staff member immunisation status, will record details &amp; arrange bloods, immunisations etc. When new immunisations are requested staff will be informed of requirements and appropriate arrangements will be made.</li> </ul> <p>11/02/2020 - Plan approved by Quality <b>PROPOSE TO CLOSE</b></p>	Action plan provided by practice <b>APPROVED</b>	Good	
Witley Surgery	H81031	Good						21/06/2019	15/05/2019	<p>The areas where the provider <b>should</b> make improvements are:</p> <ul style="list-style-type: none"> <li>Review the medicines policy to ensure all medicines not appropriate for a nomad tray are listed. The practice have put together a standard operating procedure covering the printing, dispensing and storage of Nomad trays. All staff have assigned responsibilities and signed the procedure document</li> </ul>	Email sent to practice requesting action plan sent 01/07/2019 Action plan received	Good	
Fairlands Medical Practice	H81064	Good						09/04/2019	13/03/2019	<p>The area where the provider <b>should</b> make improvements are:</p> <ul style="list-style-type: none"> <li>Review how the practice could provide information in accessible formats G&amp;W are providing support for this. Unfortunately Kathryn Fisher is on long term sick leave and Fi Bovino is only available in January</li> <li>Review other avenues of learning to support the dispensary staff with their development Dispensaries will be doing their training sessions in early 2020</li> </ul>	Email sent to practice requesting action plan sent 0/07/2019 Follow up email sent 02/12/2019	Good	
Chiddingfold Surgery	H81022	Good						14/02/2019	05/12/2018	<p>The areas where the provider <b>should</b> make improvements are:</p> <ul style="list-style-type: none"> <li>Continue to work to improve the uptake of childhood immunisations</li> <li>Ensure that near misses within the dispensary and the learning from them are recorded</li> </ul>	Email sent to practice requesting action plan sent 0/07/2019 Follow up email sent 02/12/2019 Practice will submit an action plan following a call with CQC on 10/03/2020	Good	
Wonerh Surgery	H81043	Good						02/07/2019	12/06/2019	<p>The areas where the provider <b>should</b> make improvements are:</p> <ul style="list-style-type: none"> <li>Continue to review staff immunisation records. An audit of all files has been conducted and where there were no immunisation records for Hep B (clinical staff only), MMR and Varicella, then they were requested and where not available then blood tests were conducted to establish the immunity status. Any staff member who was/is identified as being unprotected is informed and offered immunisations. This is an ongoing process as part of recruitment. No further action required</li> </ul> <p>Plan approved by quality <b>PROPOSE TO CLOSE</b></p>	02/12/2019 - Email sent to practice requesting action plan 02/12/2019 - plan sent through from the practice	Good	
Woodbridge Hill Surgery	H81090	Good						10/08/2017	05/07/2017			Requires Improvement	22/12/2017 NHS England management prior to delegated commissioning (01/04/2018)
Guildowns Group Practice Wodeland Surgery	H81010	Good						05/07/2017	29/06/2017			Requires Improvement	21/03/2018 NHS England management prior to
New Inn Surgery	H81647	Good						11/11/2016	14/10/2016	Practice Closed on 30 November 2019			
Grayshott Surgery	H81076	Good						21/10/2016	05/10/2016				



Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive	Are services well lead	Publication Date	Date of Inspection Visit	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date	
The Mill Medical Practice	H81021	Outstanding						20/07/2016	12/04/2016					
St.Luke's Surgery	H81085	Good						13/06/2016	23/03/2016					
Springfield Surgery	H81044	Good						23/05/2016	17/03/2016					
Haslemere Health Centre	H81062	Good						10/05/2016	09/03/2016					
Merrow Park Surgery	H81035	Good						29/03/2016	09/02/2016					
Villages Medical Ctr	H81053	Good						16/03/2016	26/01/2016					
Binscombe Medical Centre	H81026	Outstanding						22/12/2017	05/01/2016					
<b>G&amp;W Practices - CQC Inspections</b>														
21 Practices														
Outstanding								Outstanding		1				
Good								Good		19				
Requires Improvement								Requires Improve		1				
Inadequate														

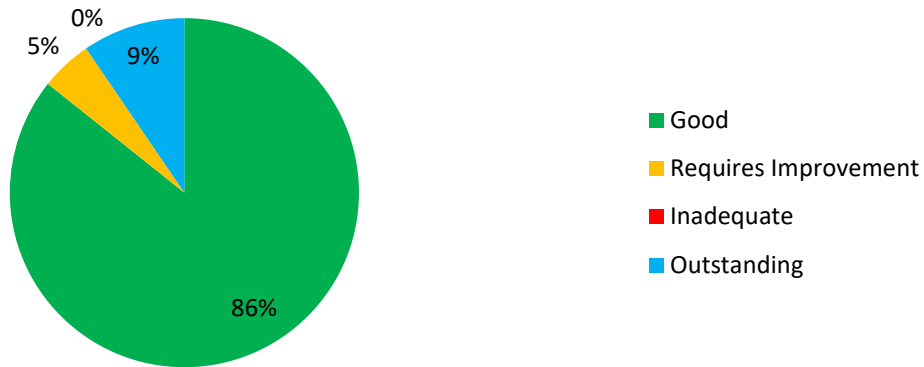


**G&W CCG Practices - CQC Inspections**

Good	17
Requires Improvement	2
Inadequate	0
Outstanding	2
Total	21



## G&W CCG Practices CQC Inspections



North West Surrey Primary Care CQC Report March 2020

Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive	Are Services well lead	Inspection Report Date	Inspection Publication Date	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date
Chertsey Health Centre	H81033	Good	Good	Good	Good	Good	Good	02/10/2019	18/11/2019	The areas where the provider should make improvements are: <ul style="list-style-type: none"> <li>Continue to monitor and improve the recording of checks including blank prescription tracking and actions taken from safety alerts.</li> </ul> <a href="#">Prescription Security Protocol and MHRa Alerts Protocol received.</a>	09/12/2019 Protocols received, and reviewed by Quality Team 26/11/2019 Emailed practice asking for action plan on points	Good	07/03/2019
Ottershaw Surgery	H81658	Good	Requires Improvement	Good	Good	Good	Good	23/07/2019	29/08/2019	The areas where the provider <b>must</b> make improvements are: <ul style="list-style-type: none"> <li>Ensure care and treatment is provided in a safe way to patients (specific details below)</li> <li>Risks relating to the Health, Safety and Welfare of service users, and others who may be at risk had not been comprehensively assessed</li> </ul> <a href="#">More risk assessments to be undertaken. Namely safety of building and general Health and Safety.</a> Monthly fire drills being carried out. Risk assessments received on: Practice Security, new and expectant mothers, first aid and DSE work stations. - There was no proper and safe management of medicines, in particular: > Patients prescribed high risk medicines were not always monitored appropriately > Medicine review dates were not used appropriately to monitor patients treatment <a href="#">The practice plans to employ a Pharmacist or Pharmacy Technician who would monitor high risk drugs, medication reviews and repeat prescribing.</a> <a href="#">Pharmacy Technician starting on 18/11/2019 - copy of job description received</a> > Risk management plans for patients were not always developed in line with national guidance The risk management plans in question were carried out by a member of staff who has since left the practice. A practice nurse has been recruited who is in charge of managing chronic disease registers and will see COPD patients on alternate Mondays. She currently trains the respiratory nurses in Surrey so will be working in line with local and national guidance. New COPD nurse starting in New Year. Interim nurse employed through NSHI. Offering to carry out 45 min COPD reviews starting from 22/11/2019 > There was no system to monitor delays in referrals <a href="#">Reception to be trained to monitor the ERS system as well as the in house spreadsheet.</a> <a href="#">Spreadsheet for referrals updated daily</a> > Decisions regarding safety alerts were not recorded if no action was required. <a href="#">A spreadsheet is to be formulated on the shared drive so that all staff can access it at any time. The CAS reference number and action required will be stated.</a> The area where the provider <b>should</b> make improvement is: <a href="#">Review and improve how learning from significant events and complaints is shared across all staff groups</a> <a href="#">Training on significant events so that all staff are aware of what they are, examples and how to report one. Quarterly whole team meeting to review significant events and complaints and discuss learning points.</a> <a href="#">Safety alerts logged on spreadsheet (copy received). All staff able to access. Any action required discussed at Practice Mtgs. Now have monthly whole team mtgs. SEAs and complaints are discussed as well as at the monthly MD meetings and quarterly reception mtgs.</a>	15/11/2019 Received further information from practice - under review 20/09/2019 Reply from practice in blue - under review 06/09/2019 Emailed practice requesting a copy of their action plan	Good	21/06/2016
Church Street Practice	H81073	Good	Requires Improvement	Good	Good	Good	Good	31/07/2019	23/08/2019	The areas where the provider <b>must</b> make improvements are: <ul style="list-style-type: none"> <li>Ensure care and treatment is provided in a safe way to patients</li> </ul> <a href="#">Prescription stationery was not monitored once distributed - Only 30 prescriptions put in printers in consulting rooms to minimise fraud. Doors to consulting rooms closed when room is unoccupied</a> Action not always taken or recorded when temperature of medicines fridge out of recommended range - Monitoring form amended to make clear action must be taken and recorded. Rechecked later in the day to assess length of time temperature what out of range. Further action in line with policy and national guidance if there is a risk to the efficiency of the vaccinations. <ul style="list-style-type: none"> <li>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 the duties</li> </ul> All staff reminded and monitored until all mandatory training has been completed, with protected time being allowed to complete this. Target for completing this is 3 months. On ongoing basis staff to be monitored more closely to ensure training remains current and include in appraisals, setting clear training targets.  The areas where the provider <b>should</b> make improvements are: <ul style="list-style-type: none"> <li>Review and improve how staff immunisation status is monitored in line with current Public Health England guidance.</li> </ul> Managed by Immunisation Practice Nurse. Checked on commencement of employment (before first clinical sessions) to ensure they meet guidelines. MMR immunity for all staff with HepB vaccination for all clinical staff. Flu vaccine is given to all staff every year. In process of reviewing updated guidance on immunisations. - CCG to see a copy once completed	24/10/2019 reply from practice with copy of training schedule 24/10/2019 Contacted practice asking for copy of mandatory training schedule and for information on staff immunisations. 27/08/2019 Reply from practice in blue - under review 27/08/2019 Emailed practice requesting a copy of action plan	Good	23/08/2018
The Yellow practice	H81095	Good	Requires Improvement	Good	Good	Good	Good	15/05/2019	10/07/2019	The areas where the provider <b>must</b> make improvements are: <ul style="list-style-type: none"> <li>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).</li> </ul> <a href="#">Fire Risk Assessment and H&amp;S Risk Assessment produced</a> Management and control of prescription forms procedure produced and audited every 2 weeks Patient Group Directives reviewed and updated and will be checked against the expiry dates and within clinical notes <a href="#">New Patient Directions Protocol produced</a> <a href="#">New vaccine refrigerator purchased</a> New pedal bin for clinical waste purchased and an infection control audit put in place and audited every 2 months Two week spot checks on all staff to ensure complying to bare below the elbows policy  The areas where the provider <b>should</b> make improvements are: <ul style="list-style-type: none"> <li>Review confidentiality sharing agreements in place with co-located services.</li> </ul> <a href="#">Agreement already in place with Red Practice - White Practice refuse to sign</a> <ul style="list-style-type: none"> <li>Review ways to improve childhood immunisations rates to be in line with World Health Organisation targets.</li> </ul> <a href="#">Childhood immunisation rates are being closely monitored on a monthly basis. Letters, phone calls and text messaged being sent out</a> <ul style="list-style-type: none"> <li>Review and ensure systems for checking emergency equipment are embedded.</li> </ul> <a href="#">Emergency equipment checks run alongside fire marshal checks every Monday</a> <a href="#">Methotrexate patients are now being recalled for their blood tests on a monthly basis and the audit has been re-run - Quality and Medicines Management reviewing</a>	02/09/2019 Quality and Medicines Management reviewing Methotrexate patients 22/07/2019 Reply from Practice in blue - under review 17/07/2019 Emailed practice requesting action plan	Requires Improvement	03/05/2016
Dr Samy Morcos (White practice)	H81131	Good	Requires Improvement	Good	Good	Good	Good					Good	24/08/2017
Shepperton Medical Practice	H81004	Good	Good	Good	Good	Good	Requires Improvement					Good	12/10/2017
The Grove Medical Centre	H81066	Good	Good	Good	Good	Good	Good					Good	16/04/2018
The Orchard Surgery	H81632	Good	Good	Good	Good	Good	Good					Good	02/02/2017
The Fort House Surgery	H81020	Good	Requires Improvement	Good	Good	Good	Good					Good	26/01/2016
Wey Family Practice	H81050	Good	Good	Good	Good	Good	Good					Good	24/02/2016
Sheerwater Health Centre	H81123	Good	Good	Good	Good	Good	Good					Good	02/02/2016
Fordbridge Medical Centre	H81057	Good	Good	Good	Good	Good	Good					Good	04/02/2016
Madeira Medical	H81034	Good	Good	Good	Good	Good	Good					Good	19/04/2016

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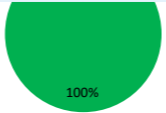
Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive	Are Services well lead	Inspection Report Date	Inspection Publication Date	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date
Studholme Medical Centre	H81009	Good	Good	Good	Good	Good	Good					Good	14/04/2016
Stanwell Road Surgery	H81104	Good	Good	Good	Good	Good	Good					Good	28/04/2016
The Crouch Oak Practice	H81042	Good	Good	Good	Good	Good	Good					Good	18/05/2016
St David's Health Centre	H81087	Good	Good	Good	Good	Good	Good					Good	11/05/2016
Staines Health Group	H81134	Good	Good	Good	Good	Good	Good					Good	19/05/2016
The Hythe Medical Centre	H81122	Good	Good	Good	Good	Good	Good					Good	09/06/2016
Hillview Medical Practice	H81061	Good	Good	Good	Good	Good	Good					Good	19/01/2016
Southview Surgery	H81041	Good	Good	Good	Good	Outstanding	Good					Good	24/05/2016
Packers	H81111	Good	Requires Improvement	Good	Good	Good	Good					Good	07/06/2016
Sunbury Health Centre Group Practice	H81003	Good	Good	Good	Good	Good	Good					Good	14/07/2016
Sunny Meed	H81019	Good	Good	Good	Good	Good	Good					Good	24/11/2016
Chobham & West End Medical Practice	H81015	Good	Good	Good	Good	Good	Good					Good	07/02/2017
Knowle Green Medical	H81002	Good	Good	Good	Good	Good	Good					Good	07/03/2017
Parishes Bridges Medical Practice	H81036	Good	Good	Good	Good	Good	Good					Good	05/07/2016
The Hersham Surgery	H81065	Good	Good	Good	Good	Good	Good					Good	20/09/2016
Upper Haliford Medical Centre	H81642	Good	Good	Good	Good	Good	Good					Good	06/07/2017
Pirbright Surgery	H81129	Good	Good	Good	Good	Good	Good					Good	06/10/2016
Rowan Tree Practice	H81007	Good	Good	Good	Good	Good	Good					Good	05/09/2018
Ashley Medical Practice	H81663	Good	Good	Good	Good	Good	Good					Good	29/01/2018
Goldsworth Medical Practice	H81024	Good	Good	Good	Good	Good	Good					Good	09/10/2018
Heathcot Medical Practice	H81032	Good	Good	Good	Good	Good	Good					Good	09/10/2018
Greenfields Surgery	H81664	Good	Good	Good	Good	Good	Good			Practice became a branch surgery of Sunny Meed 31/10/2019		Good	06/12/18
Dr J Sillick & Partners (Red Practice)	H81094	Good	Good	Good	Good	Good	Good					Good	28/07/2018
The Grove Medical Centre	H81066	Good	Good	Good	Good	Good	Good					Good	09/04/2019
St John's Health Centre	H81025	Good	Good	Good	Good	Good	Good					Good	21/03/2019
The Family Practice													
College Road Surgery	H81641	Good	Good	Good	Good	Good	Good					Good	14/11/2016
Maybury Surgery	H81643	Good	Good	Good	Good	Good	Good					Good	16/10/2018

Outstanding	
Good	
Requires Improvement	
Inadequate	

NWS CCG Practices - CQC Inspections	
Good	39
Requires Improvement	0
Inadequate	0

NWS CCG Practices - CQC Inspection	

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Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive	Are Services well lead	Inspection Report Date	Inspection Publication Date	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date
				39						 ■ Good 100%			

SURREY DOWNS Primary Care CQC Report March 2020

Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive to people's needs	Are services well-led	Inspection Publication Date	Date of Inspection Visit	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date
Brockwood Medical Practice	H81068	Good	Good	Good	Good	Good	Good	25/10/2016	13/09/2016				
Leith Hill Practice	H81113	Good	Good	Good	Good	Good	Good	24/02/2017	01/02/2017				
Medwyn Surgery	H81072	Outstanding	Good	Good	Outstanding	Outstanding	Outstanding	10/03/2016	09/12/2015				
Capelfield Surgery	H81109	Good	Good	Good	Good	Good	Good	27/03/2017	10/03/2017				
Esher Green Surgery	H81099	Good	Good	Good	Good	Good	Good	14/10/2016	08/09/2016				
Glenlyn Medical Centre	H81078	Good	Good	Good	Good	Good	Good	10/01/2017	08/12/2016				
Thorkhill Surgery	H81086	Good	Good	Good	Good	Good	Good	08/02/2017	20/12/2016				
Ashlea Medical Practice	H81077	Good	Good	Good	Good	Good	Good	31/05/2018	25/04/2018				
Ashley Centre Surgery	H81071	Good	Requires improvement	Good	Good	Good	Good	15/01/2018	05/12/2017				
Cobham Health Centre	H81067	Good	Good	Good	Good	Good	Good	02/07/2018	06/06/2018				
Derby Medical Centre	H81051	Good	Good	Good	Good	Good	Good	26/06/2018	23/05/2018				
Eastwick Park Medical Practice	H81103	Good	Good	Good	Good	Good	Good	31/01/2017	13/12/2016				
Fairfield Medical Centre	H81016	Good	Good	Good	Good	Good	Good	28/06/2018	30/07/2018				
Fountain Practice	H81644	Good	Good	Good	Good	Good	Good	29/06/2016	25/05/2016				
Heathcote Medical Practice	H81070	Good	Good	Good	Good	Good	Good	22/02/2018	17/01/2018				
Integrated Care Partnership	H81133	Good	Good	Good	Good	Good	Good	19/08/2016	01/08/2016				
The Longcroft Clinic	H81080	Good	Good	Good	Good	Good	Good	12/11/2015	10/09/2015				
Nork Clinic	H81011	Good	Good	Good	Good	Good	Good	14/06/2016	05/04/2016				
Oxshott Medical Practice	H81107	Good	Good	Good	Good	Good	Good	09/06/2016	15/03/2016				
St Stephen's House Surgery	H81613	Good	Good	Good	Good	Good	Good	22/02/2018	06/02/2018				
Stoneleigh Surgery	H81074	Good	Good	Good	Good	Good	Good	17/0/2016	04/02/2016				
Tadworth Medical Centre	H81081	Good	Good	Good	Good	Good	Good	29/12/2016	03/11/2016				
Tattenham Health Centre	H81126	Good	Good	Good	Good	Good	Good	25/10/2016	21/09/2016				
Spring Street Surgery	H81091	Good	Requires improvement	Good	Good	Good	Good	12/06/2019	30/04/2019		Inadequate	18/07/2018	
Littleton Surgery	H81038	Good	Good	Good	Good	Good	Good	27/02/2019	02/04/2019		Good	02/06/2017	
The Vine Medical Centre	H81128	Good	Good	Good	Good	Good	Good	01/03/2019	06/02/2019		Good	13/04/2017	
Dorking Medical Practice	H81028	Good	Good	Good	Good	Good	Good	11/07/2019	19/08/2019		Good	03/03/2016	
The Molebridge Practice	H81618	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement	02/08/2019	26/06/2019		Good	07/03/2019	
Shadbolt Park House Surgery	H81656	Good	Good	Good	Good	Good	Good	13/05/2019	27/03/2019		Good	27/03/2019	
The Grove (formerly The Lantern Surgery)	H81672	Good	Good	Good	Good	Good	Good	28/02/2019	15/01/2019		Good	15/01/2019	
30 Practices													
Outstanding													
Good													
Requires Improvement													
Inadequate													
Surrey Downs CCG Practices - CQC Inspections													
Good										28			
Outstanding										1			
Improvement										1			
Total										30			

