

The Village Surgery

Quality Report

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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 The Village Surgery on 25 November 2015. The overall rating for the practice was good but the practice required improvement for safety. The full comprehensive report for the 25 November 2015 inspection can be found by selecting the 'all reports' link for The Village Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 24 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 November 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Records relating to investigations and meetings had been improved.
- Systems to monitor all appropriate action had been completed in relation safety alerts had been improved.
- Recruitment processes had improved and appropriate recruitment checks had been undertaken as per the practices' own policy and procedure.
- Systems had been implemented to record competency checks where these had been completed to check members of staff level of skill in tasks relating to their role. An overview of staff training had been developed to enable staff training to be monitored.
- Risks relating to infection prevention and control had been assessed.

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?

We saw improvements had been made since the last inspection and the practice is now rated as good for providing safe services.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Records relating to investigations and meetings had been improved.
- Systems to monitor all appropriate action had been completed in relation to safety alerts had been improved.
- Recruitment processes had improved and appropriate recruitment checks had been undertaken as per the practices' own policy and procedure.
- Competency checks, where completed to check members of staff level of skill in tasks relating to their role, were now recorded. An overview of staff training had been developed to enable staff training to be monitored.
- Risks relating to infection prevention and control had been assessed.

Good



The Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector.

Background to The Village Surgery

The Village Surgery, also known as Thurcroft Surgery, is situated in a former private 1970s dwelling that has been extended and adapted to offer health care provision.

The practice provides Primary Medical Services (PMS) for 6,800 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are five GP partners, two male and three female. The management of the practice is supported by a practice manager. The nursing team consists of four practice nurses supported by a phlebotomist and health care assistant.

The administration team consists of four administrators and three reception staff.

Surgery times are 8am to 6.30pm five days a week. Extended hours appointments are available Monday evenings 6.30pm to 8pm and Tuesday and Friday mornings 7am to 8am. The reception takes emergency calls only from 8am until 8.30 am. Routine appointments can be booked from 8.30 am to 6.30pm. Out of hours care can be accessed by contacting NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of The Village surgery on 25 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall but required improvement for safety. The full comprehensive report following the inspection on 25 November 2015 can be found by selecting the 'all reports' link for The Village Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Village Surgery on 24 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

During our visit we:

- Spoke with the practice manager and a health care assistant.
- Reviewed management, recruitment and training records.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 25 November 2015, we rated the practice as requires improvement for providing safe services as the processes in place for recruitment and training were not adequate. We also identified improvements should be made to records relating to the management of incidents, medical alerts, competency checks and risk assessment relating to infection control.

We found the practice had made improvements at a follow up inspection on 24 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Records relating to incidents were more detailed and evidenced which incidents had been discussed at meetings and how learning opportunities had been identified and shared. For example, following an incident where the practice had insufficient stock of vaccines for a baby clinic the reason for this had been investigated and recorded. The incident had been discussed with members of the clinical team at meetings and this was recorded. The system for booking the baby clinic appointments had been reviewed and improved to assist nurses in assessing the amount of stock required when ordering vaccines.
- Systems to monitor all appropriate action had been completed in relation medical safety alerts had been improved. A log of all medical safety alerts had been developed and now included the action taken and the person responsible for completing the actions. Medical alerts were a standing agenda item for meetings and records evidenced which alerts had been discussed.

Overview of safety systems and process

- Risks relating to infection prevention and control had been assessed since the last inspection and an action plan to minimise risk was in place. However, the assessment was not dated or signed by the person completing the assessment. We saw records of the cleaning of medical equipment were maintained in line with manufacturer's instructions.
- Recruitment processes had improved. We reviewed two recruitment files for staff recruited since the last inspection . One was for a member of staff who had commenced employment and another was for a member of staff who was just about to start employment. We observed appropriate recruitment checks had been undertaken prior to employment as per the practices' policy and procedure. For example, written references, checks of registration with the appropriate professional body, immunisation status and the appropriate checks through the Disclosure and Barring Service had been completed.
- Systems had also been put in place to enable ongoing monitoring that nurses registration was up to date
- Systems had been implemented to record competency checks where these had been carried out to check members of staff level of skill in tasks relating to their role. For example, a member of staff was undertaking training to be a phlebotomist. We saw records of competency checks had been undertaken and observed practice had been recorded. The records were detailed and identified, by the patient number, which patients had been treated and the outcome of the treatment. The member of staff described the training received and the competency checks undertaken. They told us they were well supported by all the clinical staff through the training.
- An overview of staff training had been developed to enable staff training to be monitored.