

Alexander House 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 a focused inspection of Alexander House Surgery on 13 December 2016 to assess whether the practice had made the improvements required in providing safe care and services.

We had previously carried out an announced comprehensive inspection at Alexander House Surgery on 10 February 2016 when we rated the practice as good overall. The practice was rated as requires improvement for providing safe care. This was because the use of blank prescription stationery was not monitored. Also, the practice had not completed all recommended actions to improve fire safety.

We asked the provider to send a report of the improvements they would make to comply with the

regulations they were not meeting at that time. The practice is now able to demonstrate that they are meeting the regulations. The practice is now rated as good for providing safe care and the overall rating remains as good.

This report should be read in conjunction with the full inspection report dated 13 May 2016.

Our key finding across the area we inspected was as follows:

- The systems to monitor blank prescription stationary use were safe.
- The practice had taken all action required to improve fire safety.

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?

The practice is rated as good for providing safe services.

There were safe and effective systems in place:

- To monitor the use of blank prescription stationery.
- For the management and assessment of risks, including for fire safety.

Good



Alexander House Surgery

Detailed findings

Background to Alexander House Surgery

Alexander House Surgery is located near the centre of Farnborough, a large town in Hampshire. The practice is based in a purpose built building which has been extended and is on two floors. Treatment rooms are predominantly on the ground floor with two available on the first floor. There is no lift access to the first floor. Arrangements are made to see patients with limited mobility on the ground floor.

The practice provides services to approximately 9200 patients under a NHS Personal Medical Services Contract and is part of the North Hampshire and Farnham Clinical Commissioning Group (CCG). The practice has a slightly higher than average number of patients who are aged 85 years and older and those aged 40 to 49 years of age. Alexander House Surgery is situated in an affluent area of Farnborough and there are low levels of deprivation.

The practice has five GP partners and employs one salaried GP. Two GPs are male and four are female. The practice employs one nurse practitioner who is also a non-medical prescriber and a further two practice nurses, one of whom is also a non-medical prescriber. There are also two health care assistants. The clinical team are supported by a management team and a team of support staff who perform secretarial, administrative and reception duties.

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8am to 12pm every morning and 2pm to 6:30pm daily. Individual GP and nurses appointment times vary but these are published both on the website and at reception. Extended surgery hours are offered on Thursdays until 8pm and on the mornings of the first and third Saturday of each month. In addition,

pre-bookable appointments can be booked up to two weeks in advance. Each GP triages their own patient list and offers an urgent appointment if a patient required this. Home visits are also available. Alexander House Surgery has opted out of providing out-of-hours services to their own patients and refers them to the out of hours service via the NHS 111 service.

We carried out our inspection at the practice's only location which is situated at:

2 Salisbury Road, Farnborough, Hampshire, GU14 7AW

We previously inspected Alexander House Surgery on 10 February 2016. Following this inspection, the practice was given a rating of good. The practice was rated as requires improvement for providing safe care. This was because the practice had not completed all of the actions necessary to improve fire safety following a fire risk assessment. We also found that the use of blank prescriptions was not monitored.

A copy of the report detailing our findings can be found at www.cqc.org.uk

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the actions taken by the practice to comply with a requirement notice made at our inspection in February 2016.

At our inspection of Alexander House Surgery on 10 February 2016 we rated the practice as good overall.

Detailed findings

Specifically, the practice was rated as good for providing responsive services, being well-led, providing effective care for being caring and requires improvement for providing safe care.

The provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice had conducted an assessment in 2013 to determine the risk from fire, however they had not completed the actions required to improve fire safety. This meant the practice could not be reassured that the premises were safe for patients and staff. We also found that the use of blank prescription stationery was not tracked; this meant the practice could not monitor whether prescriptions were used appropriately.

We asked the provider to send a report of the actions they would take to comply with the regulations they were not

meeting at that time. We have inspected the practice to make sure that the necessary changes have been made and found the provider is now meeting the regulations included within this report. This report should be read in conjunction with the full inspection report.

How we carried out this inspection

We revisited Alexander House Surgery to carry out a focused inspection based on the evidence observed and information the practice provided to us prior to inspection. The inspection team consisted of a lead CQC inspector. We visited the practice on 13 December 2016 to check the necessary actions had been taken.

Are services safe?

Our findings

Overview of safety systems and processes

At our last inspection on 10 February 2016, we found that the systems in place did not ensure that prescription pads used were accurately logged in line with national guidance. The practice had logged the amount of prescriptions pads, but not the serial numbers, so they were unable to track usage. This meant the practice could not be assured that unauthorised use of blank prescription stationery was prevented.

On 13 December 2016, we found the practice had reviewed the protocol for prescription security in May and November 2016. The practice had provided training to staff regarding the new procedures. The practice had developed a register to track prescriptions that were received and how they were distributed. The register was monitored for accuracy and completeness by a member of staff on a regular basis; at a minimum this occurred weekly. The member of staff reported any issues related to the register to the practice manager. We found the records to be complete and accurate. We found that blank prescription stationery was kept securely. Clinical areas were locked when not in use and blank prescription stationery was removed from printers and stored securely at the end of each day.

Monitoring risks to patients

At our last inspection on 10 February 2016, we found that the practice had conducted a fire risk assessment in March 2013; however they had not completed all of the remedial actions required to improve safety. This meant the practice could not be reassured that patients and staff were protected from the risk of fire.

At this inspection, we found that the practice had carried out a further risk assessment in April 2016 and had completed all of the necessary actions. A Carbon monoxide monitor had been installed in May 2016 and monthly

checks were conducted to check this was operating correctly. Carbon monoxide is a gas which is harmful at high concentration levels. An automatic fire door closer had been installed in May 2016. The practice had five trained fire wardens and all staff had completed fire safety training in December 2016 in accordance with the practice policy. We saw evidence that the practice conducted weekly testing of fire alarms and fire extinguishers. The practice employed a specialist contractor to complete a review of the fire alarm, emergency lighting and fire extinguishers every six months.

The practice also shared with us areas where other improvements had been made since our inspection in February 2016.

- At our last inspection, we found the practice had conducted a risk assessment for Legionella in November 2015, however the monitoring required to minimise risk was not conducted. Legionella is a bacterium that can live in water or central heating systems and can cause respiratory problems. At this inspection, we found that the practice had an effective system in place to monitor the risk from Legionella. We saw evidence that the temperatures of hot and cold water inlets were checked on a monthly basis to ensure they were within safe limits.
- At our last inspection, we found that training had not been provided for all staff that acted as chaperones. We found one member of staff had received training and was required to cascade this training to other members of staff. However, there was no evidence this had been done. Staff received chaperone training in April 2016.
- At our last inspection, we found that staff had not received an appraisal since 2014 due to the practice manager being on maternity leave. At this inspection, we found that all staff have now had an appraisal and plans were in place to achieve this again in the next appraisal cycle.