

Narrowcliff Surgery

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Inspection report

Narrowcliff Surgery
Narrowcliff
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Date of inspection visit: Inspection gathering 2
September 2015. No visit made

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The practice is now rated as good for safe having made improvements to the way medicines and infection control processes are managed.

Good



Is the service effective?

This domain was not inspected on this occasion.

Is the service caring?

This domain was not inspected on this occasion.

Is the service responsive?

This domain was not inspected on this occasion.

Is the service well-led?

This domain was not inspected on this occasion.

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Detailed findings

Background to this inspection

We carried out an inspection on 10 March 2015 and found the provider was in breach of regulation 12 (prevention of infection control) and regulation 13 (medicines management) both found within the safe domain. We published a report setting out our judgements and asked the provider to send us a report of the changes they would make to comply with the regulations they were not meeting. The provider sent an action plan within agreed timescales.

We have followed up this action plan to make sure the necessary changes have been made and found the provider is now meeting the regulations included within the report.

This report should be read in conjunction with the full inspection report. We have not revisited Narrowcliff surgery as part of this review because the practice was able to demonstrate compliance without the need for an inspection visit.

We spoke with the practice manager, and reviewed information, documents and photographs sent to us by the practice. We have not revisited Narrowcliff surgery as part of this review.

Is the service safe?

Our findings

The practice is now rated as good for safe having made improvements to the way medicines and infection control processes are managed.

Our findings at the last inspection were that staff understood their responsibilities to raise concerns, and report incidents and near misses. When things went wrong, reviews and investigations were thorough and lessons learnt were communicated to support improvement. Systems for ensuring the changes to practice were embedded and sustained have now been put in place. Risks to patients who used services were assessed and systems and processes were in place. The practice managed the complex needs of patients well and responded in a timely way when urgent care and treatment was required. These areas were not re-inspected.

For this inspection we followed up the areas we were concerned about. Risks with regard to the safety security medicines and infection control procedures highlighted at the last inspection have now been addressed and improvements made.

Medicines Management

At the last inspection in March 2015 vaccines were being administered by the nursing team using legal requirements and national guidance which allows administration with individual prescription. These documents include the use of patient group directives (PGDs) which are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. For example, flu vaccinations. We saw that not all PGDs had been signed by practice staff who were working under the agreement. For example, GPs and nursing staff had signed the main agreement and one individual PGD but nursing staff had not signed the other 29 PGDs which they were using.

Following this inspection the practice sent us an action plan and have since then, provided evidence of completed copies of PGD's signed by staff working under the agreement.

At our inspection in March 2015 we found medicines and vaccines requiring cold storage were stored in medicine refrigerators. There was a clear policy for ensuring that

refrigerated medicines were kept at required temperatures. However, this policy had not been followed. For example fridge temperatures had not been recorded for two consecutive periods lasting six and five months in the last year. The records that had been made showed that maximum temperatures of these fridges had reached 11 degrees on five occasions. These gaps had been identified in the last two weeks but records did not show this process was being completed on a daily basis. Staff explained that visual checks had been carried out, and provided evidence to show the fridges were fitted with alarms should the temperature go out of recommended range.

Following this inspection the practice sent us an action plan and have since then, provided evidence showing the improvements made. This included a copy of the cold chain policy which had been reviewed and examples of fridge temperature logs which had been conducted.

Cleanliness and infection control

At our inspection in March 2015 staff were unaware of who was lead for infection control and were not following the practice uniform policy. The infection control audit we saw had not highlight ripped chairs within the waiting room which would make cleaning these chairs difficult. Following this inspection the practice sent us an action plan and have since then, provided evidence showing the improvements made.

Since this inspection the provider told us that all staff had been reminded of the infection control leads and uniform policy at the administration and nurses meetings. Daily uniform checks were now in place. We were also sent photographic evidence to show that 41 chairs had been re-upholstered in the waiting room and treatment rooms.

At our inspection in March 2015 we found that the infection control audit had not highlighted a lack of clinical waste bins within the treatment rooms for disposal of hazardous unused medicine, for example hormonal treatment. The audit did not identify that there were no spillage kits available to use should staff need to clear bodily fluids from carpets within public areas of the practice. Following this inspection the practice sent us an action plan and have since then, provided evidence showing the improvements made. This included evidence to show that appropriate waste bins and spillage kits were in place and that staff had been informed of their whereabouts.

Is the service effective?

Our findings

This domain was not inspected on this occasion.

Is the service caring?

Our findings

This domain was not inspected on this occasion.

Is the service responsive?

Our findings

This domain was not inspected on this occasion.

Is the service well-led?

Our findings

This domain was not inspected on this occasion.