

Thursby 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 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Thursby Surgery, for one area only, overview of safety systems and processes, within the key question safe.

We found the practice to be good in providing safe services. Overall, the practice is rated as good.

The practice was inspected on 21 April 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the practice was rated 'good' overall. However, within the key question safe, overview of safety systems and processes was identified as requires improvement, as the practice was not meeting the legislation at that time; Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

At the inspection in April 2016 we found that; infection prevention and control audits had not been routinely carried out to improve infection prevention and control arrangements, the cleaning schedule did not cover

routine cleaning of all areas and there had been no COSHH assessments of cleaning materials. There was no protocol or procedure for cleaning up spillage of bodily fluids. Some clinical staff had not completed immunisation training in the last year. Not all emergency medication was available.

The system for authorising patient group directions required review to ensure they were signed. In addition the safeguarding policy has been updated to include more detail about adult safeguarding. The protocol for lone working had been updated to include visits out of hours.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

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.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in April 2016.

The practice manager provided copies of the cleaning schedule and infection prevention and control audits that included the actions required and completion dates. Evidence was supplied to demonstrate all of the required medicines for use in the event of a medical emergency were available.

The practice manager supplied evidence to demonstrate essential training updates in relation to vaccines and immunisations had been booked for all nursing staff.

Evidence supplied included copies of controls of substances hazardous to health (COSHH) data sheets for the cleaning materials used in the practice.

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services well-led?

The practice is rated as good for providing well-led services.

Good



Summary of findings

This rating was given following the comprehensive inspection 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people

This rating was given following the comprehensive inspection on 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

This rating was given following the comprehensive inspection on 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection on 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

This rating was given following the comprehensive inspection on 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection on 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

This rating was given following the comprehensive inspection on 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

A comprehensive inspection was undertaken 21 April 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Thursby Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

Background to Thursby Surgery

Thursby Surgery provides services to around 7,613 patients in the Burnley area of East Lancashire under a General Medical Services (GMS) contract with NHS England. The local Clinical commissioning Group (CCG) is East Lancashire CCG.

The practice has four GP partners, two male and two female; three practice nurses and a health care assistant (HCA). A practice manager, and team of nine administrative and reception staff support the practice. The practice is a training practice and supports medical students.

The practice is open between 8am and 6.30pm Monday, Thursday and Friday; 8am until 8pm Tuesdays and 7am until 6.30pm on Wednesdays. The practice has seen an increase in South Asian patients over recent years, and is now seeing increasing numbers of Eastern European patients. The practice has a higher proportion of patients who are over 55 years old than average, and less 20 – 50 year olds than average.

Out of Hours services are provided by East Lancashire Medical Services Ltd. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10 (level one represents the highest levels of deprivation and

level 10 the lowest). East Lancashire has a higher prevalence of chronic obstructive pulmonary disease (COPD, a lung condition) smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 21 April 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How we carried out this inspection

At the inspection in April 2016, we found that safe care and treatment required improvement. Following the inspection the practice supplied an action plan with timescales telling us how they would ensure they met regulation ensure they met Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment. We reviewed this information and made an assessment of this against the regulations.

Are services safe?

Our findings

The practice is rated as good for providing safe services.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in April 2016.

The practice manager sent us a copy of the revised safeguarding policy that included information relating to vulnerable adults.

Evidence supplied included control of substances hazardous to health (COSHH) data sheets for the cleaning products used at the practice. At the inspection in April 2016 we found that; infection prevention and control audits had not been routinely carried out to improve infection prevention and control arrangements, the cleaning schedule did not cover routine cleaning of all areas and there had been no COSHH assessments of cleaning materials.

The practice had produced a protocol for dealing with the spillage of bodily fluids. A new blood spillage kit was purchased by the practice on 25 April 2016. We saw that a

cleaning schedule had been developed and was in use at the practice and a protocol relating to the use of personal protective equipment (PPE) had been developed and was available to all staff.

We received copies of emails confirming updated immunisation and vaccines training for all nursing staff. The training was planned for 31 August 2016, 27 September 2016 and 28 September 2016 for four members of staff.

The practice manager sent us copies of signed Patient Group Directions (PGDs). PGDs had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Written lone working protocols in relation to nurses making home visits on the way home from work were implemented on 25 April 2016.

The practice provided evidence to demonstrate that the health care assistants (HCA) were protected under the practice vicarious liability insurance.

The practice manager sent us evidence to demonstrate that Atropine was ordered on 25 April 2016 and received 26 April 2016. Atropine is recommended as required for resuscitation by the Royal College of Obstetricians and Gynaecologists. A refrigerator data logger was ordered 26 April 2016 and received in the practice 29 April 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>