

Collington 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 of this practice on 17 November 2015. Breaches of legal requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- To ensure child safeguarding training was completed for all reception and administration staff to the appropriate level.
- To ensure that risk assessments for all staff were carried out to assess whether they required Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff needing DBS checks should have received the appropriate checks to the right level for their role.
- To ensure recruitment arrangements included all necessary employment checks for all staff and that these were recorded in the staff files.
- To ensure risk assessment and monitoring processes effectively identified, assessed and managed risks relating to the health, safety and welfare of patients and staff. Specifically the practice must carry out a Legionella risk assessment.

- To introduce a robust system to ensure that emergency equipment was checked regularly and the findings recorded.

We undertook this focused inspection on 15 March 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Collington Surgery on our website at www.cqc.org.uk

This report should be read in conjunction with the last report from November 2015. Our key findings across the areas we inspected were as follows:-

- Child safeguarding training had been completed for all reception and administration staff to the appropriate level.
- Risk assessments were carried out for all reception staff to assess whether they required DBS checks. All reception staff had subsequently received DBS checks to the appropriate level for their role.
- All required recruitment checks were carried out and recorded in the staff files.
- Risk assessment and monitoring processes effectively identified, assessed and managed risks

Summary of findings

relating to the health, safety and welfare of patients and staff. Specifically the practice had carried out a Legionella risk assessment and acted upon its recommendations.

- We saw that the oxygen cylinder was within its expiry date and full and that there was a contract in place to ensure that it was replaced when required. The defibrillator pads were also within their expiry date.

- A robust system had been introduced to ensure that emergency equipment was checked regularly and the findings recorded.

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.

Good



- At our inspection in November 2015, we found that not all reception and administrative staff received training in the safeguarding of children.
- During this inspection we saw evidence that child safeguarding training had been completed by all reception and administration staff to the appropriate level.
- At our last inspection the practice had not risk assessed whether reception staff required DBS checks and one member of clinical staff had been DBS checked, but to the wrong level.
- On this occasion we saw that risk assessments had been carried out for all reception staff to assess whether they required DBS checks. All reception staff had subsequently received DBS checks to the appropriate level for their role. Additionally all clinical staff had been DBS checked to the appropriate level for their role.
- In November 2015 we saw that not all recruitment files contained evidence that all the necessary employment checks for staff had been carried out.
- At this inspection we saw that the required recruitment checks were carried out and recorded in the staff files.
- At our last inspection we saw that risk assessment and monitoring processes did not always effectively identify, assess and manage risks relating to the health, safety and welfare of patients and staff. Specifically the practice had not carried out a Legionella risk assessment.
- At this inspection we saw that a Legionella risk assessment had been completed and that all suggested actions had taken place.
- In November 2015 we found that defibrillator pads and an oxygen cylinder were beyond their expiry date. There was not a robust system in place to ensure that emergency equipment was checked regularly and the findings recorded.
- On this occasion we found that there was a robust system in place to ensure that emergency equipment was checked regularly and the findings recorded. All emergency equipment was found to be within its expiry date and fit for purpose.

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Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector.

carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 17 November 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service Safe? This is because the service had not been meeting some legal requirements.

Why we carried out this inspection

We undertook an announced focused inspection of Collington Surgery on 15 March 2016. This inspection was

Are services safe?

Our findings

Overview of safety systems and processes

At our inspection in November 2015, we found that all staff demonstrated an understanding of child and vulnerable adult safeguarding responsibilities and knew to whom they should report concerns. Clinical staff had received child and vulnerable adult training to a level appropriate to their role. Reception and administration staff however had not received any formal child safeguarding training although they had all completed online training in the safeguarding of vulnerable adults.

At the inspection in March 2016, we found that the practice had put in place access to on-line child safeguarding training for all staff. All reception and administration staff had been given protected time to undertake child safeguarding training. We saw evidence that all reception and administration staff had undertaken the appropriate training in child safeguarding. Additionally we saw that a training matrix had been set up for all staff to identify training needs. The practice updated the matrix when training was completed and inserted a date indicating when the next training in that subject should take place.

At our last inspection, we found that some reception staff were trained to act as chaperones but had not had a Disclosure and Barring Service (DBS) check. Additionally they had not had a risk assessment carried out to assess whether they needed to have a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice also had one member of the clinical staff who had not been DBS checked to the appropriate level for their role.

On this occasion, we found that the practice had discussed the roles of all reception staff and had agreed to DBS check all reception staff. We saw evidence that all reception staff had received a DBS check to a level appropriate to their role. The clinical member of staff had completed an enhanced DBS check.

In November 2015, we reviewed four personnel files and found that although some recruitment checks had been carried out, they were not always complete. For example, two files did not contain photographic identification and one file did not contain interview notes.

On this occasion we saw that all staff files contained photographic identification. No new members of staff had been employed since the previous inspection, but we saw that the practice policy was to see and record photographic identification of new staff on the first day of employment. The practice also kept a written record of interviews and arranged DBS checks for all new staff. When new clinical staff were employed the practice checked their registration in the appropriate professional register.

Monitoring risks to patients

At our previous inspection, we found that there were procedures in place for monitoring and managing risks to patient and staff safety. There was not however, a formal Legionella risk assessment in place. Also the practice occasionally used a mercury containing sphygmomanometer (for taking blood pressures manually). Mercury is a hazardous material contained in a glass tube in this instrument. However they did not have a mercury spillage kit available to remove the mercury should a spillage occur.

At this inspection, we saw that a Legionella risk assessment had been carried out and suggested actions had been instigated. For example the water supply had been tested for the Legionella bacterium. The test results were negative. The practice had arranged for an external company to carry out further testing for Legionella twice a year. We also saw that a mercury spillage kit had been purchased.

Arrangements to deal with emergencies and major incidents

Previously we had seen that the practice had arrangements in place to respond to emergencies and major incidents. However although the practice had an oxygen cylinder and a defibrillator, both the oxygen cylinder and defibrillator pads were beyond their expiry date. Additionally the oxygen cylinder only had about 150 litres of oxygen left (about 10 minutes supply).

At this inspection we saw that a new oxygen cylinder was in place. The cylinder was full and well within its expiry date. A contract was in place with an external agency to replace the oxygen when required. The defibrillator pads were also within their expiry date. The practice had implemented a weekly emergency equipment checklist that incorporated

Are services safe?

oxygen, the defibrillator and anaphylaxis drugs. The practice nurse on duty on Monday mornings was responsible for checking the equipment, recording and if necessary acting on, their findings.