

Oxshott Medical Practice

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 Oxshott Medical Practice on 11 November 2014. Breaches of legal requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Ensure there are clear arrangements in place for the management of obtaining, safe storage and handling of medicines.
- Ensure recruitment processes include all required pre-employment checks in order to minimise the risks to the health, safety and welfare of patients.
- Ensure risk assessment and monitoring processes effectively identify, assess and manage risks relating to the health, safety and welfare of patients and staff in respect of fire safety procedures and infection control.

We undertook a focused inspection on 15 March 2016 to check that the provider had implemented 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 on our website at www.cqc.org.uk

Our key findings across the areas we inspected were as follows:-

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe and there was an established medicines management policy in place.
- The lead nurse was the lead for infection control and had undertaken appropriate training to carry out the role, including regular infection control audits. The most recent infection control audit had been carried out in November 2015 where the practice had achieved 95.8% compliance.
- The practice had established a system for regular fire safety drills and maintained records of regular fire safety checks and learning.
- Recruitment processes included appropriate pre-employment checks including verification of photographic identity and criminal records checks through the DBS (disclosure and barring service) for all clinical staff.

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



- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe and there was an established medicines management policy in place.
- Risks to patients were assessed and well managed in relation to infection control and fire safety. For example the infection control lead was the lead nurse who had received training to undertake the role, including regular infection control audits.
- There were appropriate pre-employment checks in place, including verification of identity using photographic identification and ensuring staff had received DBS checks where this had been identified through the use of a risk assessment.

Oxshott Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

11 November 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Breaches of legal requirements were found. As a result we undertook a focused inspection on 15 March 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- During our inspection on 11 November 2014 we were informed by the practice nurse and a GP that the practice did not have medicine policies and procedures. When we inspected the practice on 15 March 2016 we saw there was a medicine policy and procedure in place and that this had been developed with input from the local CCG (clinical commissioning group) pharmacy adviser. The policy covered aspects of medicines management including repeat prescribing, management control, information for patients, patient safety, training and security of medicines.
- During our inspection on 11 November 2014 we were informed that processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates; however no records had been kept of these checks.
- When we inspected the practice on 15 March 2016 we saw records of weekly checks of the emergency medicines and records of checks of stock orders of medicines, including expiry dates.
- During our inspection on 11 November 2014 we found that criminal record checks through the disclosure and barring service (DBS) had not been undertaken on all clinical staff.
- When we inspected on 15 March 2016 we reviewed eight personnel files and found that all clinical staff had

received a DBS check. We viewed the personnel file of a member of the reception team and saw that a DBS risk assessment had been carried out. The practice policy clearly stated that a DBS check should be renewed every three years for staff identified as requiring a check through the process of risk assessment.

- During our inspection on 11 November 2014 we found that proof of identification was not recorded through the use of photographic proof of identity. On the 15 March 2016 we viewed two personnel files and saw that photographic identification had been recorded.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- During our inspection on 11 November 2014 we found that the practice did not have a lead for infection control. We saw evidence that an infection control audit had been undertaken. We were told however, the person undertaking the audit did not have any training in this area. It was unclear to us how this person could undertake the audit without the appropriate training.
- When we inspected on 15 March 2016 we found that the lead nurse was the lead for infection control and had undertaken appropriate training to carry out the role, including regular infection control audits. The most recent infection control audit had been carried out in November 2015 where the practice had achieved 95.8% compliance.
- During our inspection on 11 November 2014 we found that the practice had not carried out regular fire drills.
- When we inspected on 15 March 2016 we found that the practice had implemented a policy of twice yearly fire drills. We saw that a drill carried out in November 2015 had identified learning for staff in relation to a wheelchair being stored inappropriately within the practice. We saw records of monthly fire checks and fire safety logs were comprehensively completed.