

# Nettlebed Surgery

## Quality Report

Wanbourne Lane  
Nettlebed  
Henley-on-Thames  
Oxfordshire  
RG9 5AJ  
Tel: 01491 641204  
Website: <https://nettlebed.gpsurgery>

Date of inspection visit: The evidence provided by the practice, enabled the commission to conduct this inspection without the need for a visit.  
Date of publication: 08/02/2017

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

In February 2016, during our previous comprehensive inspection of Nettlebed Surgery, we found issues relating to the safe delivery of healthcare services at this practice. As a result of this inspection, we asked the practice to make further improvements; in order to ensure that sharps are disposed of in the correct colour coded bags and bins. (Sharps refers to a medical term used for devices with sharp points or edges that can puncture the skin, for example needles).

We also found that the practice did not have a comprehensive risk assessment for the process of dispensing and delivering medicines to locations other than the practice. Furthermore, the practice had not carried out a legionella risk assessment and plan. The practice also needed to ensure that all staff had carried out appropriate training in infection control, and equality and diversity, and that all training was recorded. Finally at our previous inspection, we also found that the practice needed to implement a process for documenting that action plans for significant events have been carried out.

Following the last inspection, the practice was rated as requiring improvement in safe services, and good for effective, caring, responsive and well led services. The practice had an overall rating of good.

We carried out a desk based inspection in November 2016 to ensure the practice had made improvements since our last inspection. The practice sent us evidence in the form of letters to patients, a copy of a training matrix, evidence of their legionella risk assessment, and minutes from a significant events meeting, to demonstrate the range of improvements they had made, since our last visit. The practice also further supplied a chart outlining the areas the practice had attempted to improve. We found the practice had made improvements since our last inspection in February 2016.

At this inspection we found that:

- The practice advised us that appropriate steps had been taken to ensure, that all sharps were disposed of in the correct colour coded bags and bins.
- Following the last inspection, the practice had ceased the delivery of all medications to rural collection points.
- The practice had produced a summary of their legionella risk assessment, and had provided evidence that this was now being followed.
- The practice had a training matrix detailing the various courses staff had undertaken. The training matrix included infection control and equality and diversity training for all three GPs.

# Summary of findings

- The practice had supplied minutes from a significant event meeting to demonstrate the learning in place for such events.

The areas where the provider should make improvements are:

- Continue to improve the systems used to document training and significant events.
- Ensure all members of staff receive equality and diversity training and clinical staff receive infection control training.

Following this desk based inspection we have rated the practice as good for providing safe services. The overall rating for the practice remains good. This report should be read in conjunction with the full inspection report of 17 February 2016. A copy of the full inspection report can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

**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?**

Since our last inspection in February 2016, the practice was found to have undertaken work to address the previous issues found by:

- Implementing the correct colour coded bags and bins, to ensure all sharps were now being disposed of appropriately within the practice.
- Producing a patient letter to inform patients that delivery of all medications, by the practice had now stopped.
- Producing a summary of their legionella risk assessment, and providing examples that this was now being followed.
- Providing training for members of staff in infection control and equality and diversity training.
- Providing a training matrix detailing the various courses staff had undergone, highlighting the areas where there were gaps in training for staff.
- Producing minutes from a significant event meeting to demonstrate the learning in place for such events.

**Good**



# Nettlebed Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our follow up desk top inspection was undertaken by a CQC Inspector and Assistant Inspector.

## Background to Nettlebed Surgery

Nettlebed Surgery is situated in Nettlebed near Henley-on-Thames. The practice resides in a purpose built building. There is access for patients and visitors who have difficulty using steps. All patient services are offered on the ground and first floors. The practice comprises of three consulting rooms, two treatment rooms, one patient waiting area, administrative and management offices, and a meeting room.

The practice has approximately 3726 registered patients. The practice population of patients aged 45 years and above is higher than national averages and Clinical Commissioning Group (CCG) averages. There were a large number of patients registered at the practice from white British backgrounds.

There are two GP partners and one salaried GP at the practice. All GPs are female. The GPs work 18 sessions in total between them. The practice employs three female practice nurses who work a total of 12 sessions. Three dispensary staff work at the practice. The practice manager is supported by a team of administrative and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times are 8.30am to 6.30pm on Monday, Tuesday, Thursday and Friday and between 10am and 6.30pm on Wednesdays. When the practice is closed patients can access the NHS

111 service and Oxfordshire out of hours service.

Services are provided via a Personal Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England). Services are provided from the following location:

Nettlebed Surgery

Wanbourne Lane,

Henley On Thames,

Oxfordshire

RG9 5AJ

## Why we carried out this inspection

We carried out a comprehensive inspection on 17 February 2016 and published a report setting out our judgements. The practice was overall rated as good. However, it was found to be requires improvement in the safe domain. This was due to issues surrounding the correct and appropriate disposal of sharps. We also found that the practice did not have a comprehensive risk assessment for the process of dispensing and delivering medicines to locations other than the practice. In addition the practice had not carried out a legionella risk assessment and plan.

We also found that the practice needed to ensure that all staff had carried out appropriate training in infection control, and equality and diversity training. Furthermore we found that the practice needed to ensure that all training

# Detailed findings

was recorded and documented. Finally we also found that the practice needed to implement a process for documenting that action plans for significant events have been carried out.

We undertook a focused inspection in November 2016, to check that the practice had taken the actions they told us they would make. We also undertook this inspection to check that the practice was complying with the regulations they were not meeting at the previous inspection. We have followed up to make sure the necessary changes had been made and found the provider was now meeting the fundamental standards included within this report. This report should be read in conjunction with the full inspection report. A copy of the full inspection report can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

We undertook a focused desk based inspection of Nettlebed surgery in November 2016. This was carried out

to check that the practice had resolved the issues which had been found during our previous inspection in February 2016. We asked the provider to send evidence of the changes they had made to comply with the standards they were not meeting previously.

To complete this desk based inspection we:

- Reviewed evidence that the practice provided to demonstrate the improvements made.

Because this was a focused follow up inspection we looked at one of the five key questions we always ask:

- Is it safe?

We have not revisited Nettlebed Surgery as part of this review because the practice was able to provide the evidence requested, without the need for an inspection visit.

# Are services safe?

## Our findings

When we inspected the practice in February 2016, we found the practice did not have an appropriate system for disposing of waste. For example there were no purple topped bins available to dispose of sharps used for cytotoxic and cytostatic medicines. (Cytotoxic and cytostatic medications are medicines used to treat cancer). We found that the practice did not have a comprehensive risk assessment or plan, for the process of dispensing and delivering medicines to locations other than the practice for patient collection.

We also found that the practice had not carried out a legionella risk assessment, and that not all staff had undertaken appropriate training in infection control and equality and diversity training. Finally, we found that the practice did not have a process for documenting and recording, that action plans for significant events and training for members of staff had been carried out.

Following publication of our inspection report, the practice contacted us and provided evidence of the changes they had implemented. The practice supplied a wide range of supporting evidence including: photographic evidence, a patient letter, a summary of a legionella risk assessment, a training matrix and minutes from a significant events meeting. In addition the practice had supplied a further supporting document, to demonstrate the steps they had taken to improve the quality and safety of patient care.

We undertook a desk based inspection in November 2016 of the evidence provided, to ensure that improvements had been completed. From our desk based inspection we found:

### Safe track record and learning

- The practice supplied minutes from one significant event team meeting, dated March 2016. At this meeting the practice had discussed learning from significant events in September 2015, as their significant events are reviewed at six monthly intervals. During this meeting the practice had also discussed areas that had been handled well and areas which had not been handled well. Whilst this clearly evidenced the learning from significant events, there was no evidence to demonstrate the process in place for documenting future significant events.

### Overview of safety systems and processes

- Following the last inspection, the practice had ordered purple topped sharps bins, for all treatment rooms. This was to ensure that all cytotoxic and cytostatic medicines were disposed of appropriately. (Cytotoxic and cytostatic medications are medicines used to treat cancer). In order to evidence the waste disposal system of cytotoxic and cytostatic medications, the practice had further provided photographic evidence to demonstrate this.
- As part of the system of ensuring all cytotoxic and cytostatic medications were disposed of appropriately, the practice had also provided staff with some examples of such medications, and advised that they were disposed of using the purple topped sharps bins provided.
- Following the last inspection the practice had written to patients to advise that they were ceasing delivery of medicines to collection points in rural locations. The practice supplied evidence that this system of delivery had stopped.
- The practice had provided a copy of their training matrix. The matrix was used to record topics of training courses completed by all staff members. The training matrix evidenced that all three GP's had completed their equality and diversity training, and infection control training.
- The practice had advised us that they had invested in providing in house training, and had subscribed to bluestream (an online training programme for health professionals) in an effort to ensure staff had access to training. The practice had also advised us that infection control training had been completed by one member of their nursing team, and that they had booked a training course in infection control for another nurse. However this was not documented in the training matrix provided.
- The practice was unable to evidence that all staff had completed equality and diversity training, and that one member of the nursing team had completed infection control training.

### Monitoring risks to patients

## Are services safe?

- The practice had provided evidence that they were now following the recommendations from their legionella risk assessment.
- The practice had advised us, that they had employed an independent company to assess the risk of legionella in the practice. The practice had also advised us that the recommendations, from this risk assessment had now been actioned and recorded. The practice was able to provide supporting evidence to demonstrate this.
- The practice had provided a summary of their legionella risk assessment actions. This explained the roles and responsibilities of some staff, with regards to minimising the risk of legionella within the practice. The summary also provided evidence as to how staff aimed to monitor both the hot and cold water systems. Finally, the summary also stated how often monitoring needed to be carried out, and the locations of such checks. The practice also stated in the summary, their intention to review their legionella risk assessment within the next two years.