

Birchwood Surgery

Quality Report

Park Lane
North Walsham
NR28 0BQ
Tel: 01692 402035
Website: www.birchwoodsurgery.nhs.uk

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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	

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 4 March 2016. Improvements were required in relation to safe care and treatment. The practice sent in an action plan informing us about what they would do in relation to the following;

- The practice had not ensured that patient specific directives were in place for healthcare assistants to be able to administer certain types of vaccinations.

During the initial inspection we also found other areas where improvements were required:

- Ensure patients in the waiting rooms and throughout the premises are monitored, in case they become suddenly unwell.
- Review the arrangements for the segregation of clean and dirty areas for hand washing and waste disposal direct to sewage. The practice were limited in changing this as it would involve costly building work and had noted the shortcoming in their business plans and risk assessments.

- Ensure cold chain temperature recording is complete with actions and comments when temperatures exceed the recommended range.
- The practice had decided to treat patients alongside one another in a treatment room. There should be clear signage to inform patients that they can request improved privacy if they wish as conversations could be overheard. The practice should actively solicit patients' views on the shared treatment area and act on them as necessary.
- Ensure all staff receive timely and adequate appraisals.

They told us the majority of these issues were addressed and provided us with statements and/or evidence to show they had taken the action to address the concerns.

We undertook a desk top review on 3 November 2016 to make a judgement about whether their actions had addressed the requirements.

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link on our website at 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?

The practice is rated as good for providing safe services.

Good



At the last inspection on 4 March 2016 we found that:

- The practice did not have patient specific directives in place for healthcare assistants to be able to administer certain types of vaccinations.
- Patients in the waiting rooms and throughout the premises were not monitored effectively, in case they became suddenly unwell.
- The arrangements for the segregation of clean and dirty areas for hand washing and waste disposal direct to sewage need reviewing. The practice were limited in making changes as it would involve costly building work; the practice had noted the shortcoming in their business plans and risk assessments.
- Cold chain temperature records did not always assure us that appropriate actions were taken when the temperature that was recorded was outside the recommended range.

Our focused inspection on 3 November 2016 found that:

- Healthcare assistants administered flu vaccines under the instruction of patient specific directions.
- Commissioned funding for the installation of CCTV to monitor waiting rooms had not yet been approved and as such CCTV was not yet installed. The practice informed us that reception staff were briefed about the need to be vigilant and set up a rota for a member of staff to regularly walk the less observed parts of the building.
- Commissioned funding for building work required to allow for the segregation of clean and dirty areas had not yet been approved. Following our initial inspection the practice leadership team had reiterated awareness with the nursing team and put up warning posters for staff to remind them of the situation.
- The cold chain temperature recommendations had been acted upon.

This report should be read in conjunction with the full inspection report from 17 March 2016.

Are services effective?

The practice is rated as good for providing effective services.

Good



At the last inspection on 4 March 2016 we found that:

Summary of findings

- Appraisals were mostly undertaken and all clinical staff had received an appraisal within the last 12 months. We saw that appraisals were overdue for administrative staff. The practice informed us that they had revised their stance on undertaking appraisals and would ensure that all staff received a timely review of their performance.

Our focused inspection on 3 November 2016 found that:

- Thirteen members of staff had received an appraisal since the initial inspection. The practice informed us that all staff would receive annual appraisals on a rolling basis, 12 months from their last appraisal.

This report should be read in conjunction with the full inspection report from 17 March 2016.

Are services caring?

The practice is rated as good for providing safe services.

At the last inspection on 4 March 2016 we found that:

- The practice had decided to treat patients alongside one another in a treatment room. There was no clear signage to inform patients that they could request improved privacy if they wished as conversations could be overheard. The practice should actively solicit patients' views on the shared treatment area and act on them as necessary.

Our focused inspection on 3 November 2016 found that:

- Signs were placed in the treatment room advising patients to enquire with staff regarding increased privacy if required. The practice informed us that staff enquired with patients whether they were happy with being treated in the shared treatment room area. No concerns had been raised by patients.

This report should be read in conjunction with the full inspection report from 17 March 2016.

Good



Birchwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Why we carried out this inspection

As a result of the last inspection on 4 March 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. We also found other areas where improvements were required.

How we carried out this inspection

We reviewed the information received from the practice, communicated with the practice manager and requested additional information and statements from the practice.

We have not revisited the practice as part of this review because Birchwood Surgery were able to demonstrate they were meeting the standards without the need for a visit

We carried out a desk-based review on 3 November 2016.

Are services safe?

Our findings

We found improvements were needed in relation to safe care and treatment at our last inspection on 4 March 2016; we found that:

- The practice did not have patient specific directives in place for healthcare assistants to be able to provide certain types of vaccinations.
- Patients in the waiting rooms and throughout the premises were not monitored effectively, in case they became suddenly unwell.
- The arrangements for the segregation of clean and dirty areas for hand washing and waste disposal direct to sewage need reviewing.
- Cold chain temperature records did not always assure us that appropriate actions were taken when the temperature that was recorded was outside the recommended range.

The provider sent us an action plan informing us about the action they would take to ensure that patients were safe. Our focused inspection on 3 November 2016 found that the practice had implemented and embedded clearly defined systems, processes, and practices.

- Healthcare assistants administered flu vaccines under the instruction of patient specific directions. The patient group direction for the provision of flu vaccines which had been incorrectly signed by a healthcare assistant had been destroyed. The correct use of patient specific

directions had been explained to clinicians and healthcare assistants at the practice. Patient specific directions for flu vaccinations were entered electronically onto individual patient records. These could therefore be audited to ensure that the vaccinations had only been administered to patients under patient specific direction.

- Commissioned funding for the installation of CCTV to monitor waiting rooms had not yet been approved and as such CCTV was not yet installed. The practice informed us that reception staff were briefed about the need to be vigilant and set up a rota for a member of staff to regularly walk the less observed parts of the building.
- Commissioned funding for building work required to allow for the segregation of clean and dirty areas had not yet been approved. Following our initial inspection the practice leadership team had reiterated awareness with the nursing team and put up warning posters for staff to remind them of the situation. As before, the practice were limited in being able to make changes as it would involve costly building work; the practice had noted the shortcoming in their business plans and risk assessments which we had noted at our initial inspection in March 2016.
- The cold chain temperature recommendations had been acted upon. Staff had been briefed to record any reasons for out of range temperatures and for such occurrences to be discussed with both the senior nurse lead and the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

We found improvements were needed in relation to effectiveness of the services provided at our last inspection on 4 March 2016; we found that:

- Appraisals were mostly undertaken and all clinical staff had received an appraisal within the last 12 months. We saw that appraisals were overdue for administrative staff. The practice informed us that they had revised their stance on undertaking appraisals and would ensure that all staff received a timely review of their performance.

Our focused inspection on 3 November 2016 found that:

- The practice had revised their staff appraisal process to make the process more rigorous and more beneficial both to staff and management. Thirteen members of staff had received an appraisal since the initial inspection. The practice informed us that all staff would receive annual appraisals on a rolling basis, 12 months from their last appraisal.

Are services caring?

Our findings

We found improvements were needed in relation to caring elements of the services provided at our last inspection on 4 March 2016; we found that:

At the last inspection on 4 March 2016 we found that:

- The practice had decided to treat patients alongside one another in a treatment room. There was no clear signage to inform patients that they could request improved privacy if they wished as conversations could be overheard. The practice should actively solicit patients' views on the shared treatment area and act on them as necessary.

Our focused inspection on 3 November 2016 found that:

- Signs were placed in the treatment room advising patients to enquire with staff regarding increased privacy if required. The practice informed us that doors were kept shut and had signs on them advising patients to knock and wait. Staff also enquired with patients whether they were happy with being treated in the shared treatment room area. The practice informed us that no complaints or concerns had been raised by patients regarding this.