Alton 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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Alton Surgery on 13 June 2017. The overall rating for the practice was good with requires improvement in providing safe services. As a result we issued two requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Fit and proper persons employed.

The full comprehensive report on the 13 June 2017 can be found by selecting the 'all reports' link for Alton Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 June 2017. This report covers our findings in relation to those requirements.

Overall the practice is now rated as good with requires improvement in providing safe services.

Our key findings were as follows:

- Staff had received appropriate mandatory training to enable them to carry out their duties safely.
- Some improvements had been made to protect patients from potential health care associated infections by the provision of immunisations for clinical staff and appropriate screening.
- Staff were aware of the manufactures' temperature range guidelines in which medicines must be stored and the action to take to address any issues identified.
- A formal system of support and mentorship for nurses who prescribed had not been implemented.
- There had been some improvements in the recruitment information held on staff. However, gaps such as a formal system for ensuring the monitoring of up to date professional registrations of clinical staff was not in place.
- A risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury had not been completed. However, a mercury spillage kit had been purchased.

Summary of findings

- The practice had reviewed the range of medicines they held to treat emergency conditions to include for example, a medicine to treat epileptic seizures.
- A comprehensive business continuity plan for major incidents had been developed.

However, there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients. In particular, risks identified at our previous inspection were not risk assessed until the day of this inspection. A risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury had not been completed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, professional development and supervision necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing safe services. This was because:

- The registered person had not ensured that specified recruitment information was available regarding each person employed.
- The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.

At this inspection we found ongoing gaps in specified recruitment information regarding each person employed and action to mitigate risks had not been taken or was not taken until the day of our inspection.

At our previous inspection we also advised that the provider should:

- Complete a risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury.
- Introduce a formal system of support and mentorship for nurses who prescribe.

Neither of these two recommendations had been implemented.

Consequently, the practice is still rated as requires improvement for providing safe services.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff had received appropriate mandatory training to enable them to carry out their duties safely.
- There had been improvements since our previous inspection to protect patients from potential health care associated infections by the provision of immunisations for clinical staff and appropriate screening. However, the practice did not complete risk assessments for non-clinical members of staff who had not received immunisation for hepatitis B until the day of our inspection. During the inspection, they also updated their procedures to check that staff were up to date with routine immunisations and to consider if some staff may need to have other selected vaccines, for example influenza.
- Staff were aware of the manufactures' temperature range guidelines in which medicines must be stored and the action to take to address any issues identified.
- A formal system of support and mentorship for nurses who prescribed had not been implemented.
- There had been improvements in the recruitment information held on staff, for example evidence of good character, photographic evidence of identity and unaccounted gaps in employment histories. However, staff health assessments or risk assessments had not been completed to determine any physical or mental health conditions which were relevant to a person's capability to carry out their role. A formal system for ensuring that the professional registrations of GPs and nurses were in date was not in place.
- A risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury had not been completed. However, a mercury spillage kit had been purchased.
- The practice had reviewed the range of medicines they held to treat emergency conditions to include for example, a medicine to treat epileptic seizures.
- A comprehensive business continuity plan for major incidents had been developed.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients. In particular, risks identified at our previous inspection were not risk assessed until the day of this inspection. A risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury had not been completed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, professional development and supervision necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Alton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a lead Care Quality Commission inspector.

Background to Alton Surgery

Alton Surgery is registered with the Care Quality Commission (CQC) as a partnership provider in North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. Alton Surgery is a purpose built medical centre and has five treatment rooms and a dispensary. There is easy access for disabled patients via electronic doors and disabled car parking spaces are available. The premises belong to NHS Property Services Limited who maintain the building and provide cleaning services.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 2,610 patients. Demographically the population is predominantly white British and has a higher than average over 65 years population of 25% in comparison to the CCG average of 21% and national average of 17%. The percentage of patients with a long-standing health condition is 51% which is comparable with the local CCG average of 57% and national average of 54%. The practice is a training practice for recently qualified doctors to gain experience in general practice and family medicine.

The practice staffing comprises of:

- Two GP partners (one male and one female)
- One locum GP
- A female practice nurse and a health care assistant.
- A practice manager
- Three dispensary staff
- Two receptionists.

The practice is open between 8.30am and 6pm Monday to Friday except for Thursday afternoons when it closes at 1pm. Appointments are from 9am to 11.30am every morning and 4.30pm to 6pm daily except for Thursdays. Telephone consultations are available if needed. Pre-bookable appointments can be booked up to three months in advance and urgent appointments are available for those that need them. The practice has opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Alton Surgery on 13 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement in providing safe services. The full comprehensive report following the inspection on 13 June 2017can be found by selecting the 'all reports' link for Alton Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Alton Surgery on 10 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

During our inspection we:

- Spoke with a GP partner, a practice nurse, the practice manager and a member of the dispensary staff.
- Looked at information the practice used to deliver care and treatment.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing safe services. This was because:

- Some staff had not received the appropriate training necessary to enable them to carry out their duties safely. In particular, training in basic life support and safeguarding vulnerable adults.
- Systems were not in place to protect patients from potential health care associated infections by the provision of immunisations for staff, risk assessments and appropriate screening.
- Some staff were not aware of the manufactures' temperature range guidelines in which medicines must be stored.
- Specified recruitment information was not available regarding each person employed.
- A risk assessment had not been completed to determine which emergency medicines should be held at the practice.
- A comprehensive business continuity plan for major incidents was not in place.

We also made two recommendations where the provider should make improvement:

- To complete a risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury.
- Introduce a formal system of support and mentorship for nurses who prescribe.

Arrangements had improved in some areas when we undertook a follow up inspection on 17 October 2017. However, we found ongoing gaps in specified recruitment information regarding each person employed and action to mitigate risks had not been taken or was not taken until the day of our inspection. At our previous inspection we also advised that the provider should complete a risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury and introduce a formal system of support and mentorship for nurses who prescribed. Neither of these two recommendations had been implemented. Consequently, the practice remains rated as requires improvement for providing safe services.

Overview of safety systems and process

Staff had received appropriate mandatory training to enable them to carry out their duties safely. We looked at training certificates and the practice's training matrix and saw that all staff had completed basic life support training. The locum GP had completed training in safeguarding vulnerable adults.

Some systems had been put in place to protect patients from potential health care associated infections by the provision of immunisations for clinical staff and appropriate screening. In particular, we saw clinical staff had received immunisation and screening for immunity to hepatitis B. We found that one member of clinical staff had received immunisation for hepatitis B however screening showed they had not achieved immunity. A risk assessment had not been completed to demonstrate how patients and the staff member would be protected from potential harm. The practice completed a risk assessment on the day of our inspection.

At our previous inspection we found that non clinical staff had not received immunisation for hepatitis B. Risk assessments had not been completed to demonstrate how staff and patients would be protected from potential harm. At this inspection we found that risk assessments were still not in place. The practice completed these risk assessments on the day of our inspection. However, the practice gave us no assurances that the outcome of the risk assessments had been shared with the appropriate staff. There was no evidence that the practice had systems in place for checking that staff were up to date with routine immunisations or had considered that some staff may need to have other selected vaccines, for example influenza. The practice updated their recruitment policy on the day of our inspection to reflect the need to protect patients from potential health care associated infections when recruiting new staff. They also contacted the local occupational health service for support in assessing and supporting existing staff working at the practice.

Following our previous inspection, the practice had updated their recruitment policy to reflect legal guidance. There had been no new members of staff recruited since our previous inspection. We reviewed four personnel files

of existing staff members and found there had been improvements in the information held about staff. In particular, evidence of good character, photographic evidence of identity and unaccounted gaps in employment histories. However, staff health assessments or risk assessments had not been completed to determine any physical or mental health conditions which were relevant to a person's capability, after reasonable adjustments were made, to properly perform tasks which were intrinsic to their role. There was no formal system in place for ensuring that the professional registrations of GPs and nurses were in date. We carried out our own checks and found the professional registration of a member of staff at the practice would lapse in five days, however the practice was unaware of this. The practice manager informed us they would implement a system to monitor professional registrations were in date.

The arrangements for managing medicines and vaccines that required refrigeration minimised risks to patient safety. Following our previous inspection a policy had been put in place for the monitoring of medicines that required storage in a refrigerator. Staff had received appropriate training to support this. Staff we spoke with on the day of our inspection were aware of the manufactures' temperature range guidelines in which medicines must be stored and the action to take to address any issues identified.

At our previous inspection we advised that the provider should implement a formal system of support and mentorship for nurses who prescribed. At this inspection we found that this had not been implemented. A GP we spoke with informed us that they would review their systems in place for supporting nurses who prescribed.

Monitoring risks to patients

At our previous inspection we advised that the provider should complete a risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury. At this inspection we found that a mercury spillage kit had been purchased however, a risk assessment had not been completed.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- All staff had received appropriate training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date. Following our previous inspection, the practice had reviewed the range of medicines they held to treat emergency conditions to include for example, a medicine to treat epileptic seizures.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Risks identified at our previous inspection were not risk assessed until the day of our inspection. • A risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury had not been completed. • The practice gave us no assurances that the outcome of the risk assessments had been shared with the appropriate staff.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, professional development and supervision as was necessary to enable them to carry out the duties they were employed to perform. In particular: • A formal system of support and mentorship for nurses who prescribed was not in place.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered.

The registered person's recruitment procedures had not established whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they were employed.