

The Orsett 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

On 14 May 2015 we carried out a comprehensive inspection of The Orsett Surgery. They were rated as good overall. They were rated as requires improvement for providing safe services and good for providing effective, caring responsive and well-led services. As a result of this inspection the practice were issued with a requirement notice for improvement.

The issues we identified were as follows;

- Staff were not clear about safeguarding procedures.
- Staff trained as chaperones were unclear about their role. Some staff had not received DBS checks and a risk assessment was not in place as to why they were not necessary.
- Procedures in place to manage medicines, including controlled drugs in use at the practice were not effective. Staff undertaking dispensing duties had not received sufficient training or supervision. Written procedures for the dispensing of medicines were incomplete. Prescription stationery was not being monitored.

- Infection control procedures required improving in relation to monitoring the quality of the cleaning and carrying out audits.
- The fire risk assessment required more detail to manage the risk of combustible cleaning material.
- There was no hearing loop to support patients with impaired hearing, no call bell in the toilet facilities for patients who might need assistance and access to the premises was difficult for patients with limited mobility.

After the inspection the practice sent us an action plan that identified the improvements they intended to make and when they would be completed.

We then visited the practice on 05 February 2016 to review the improvements made by the practice. We found that the practice had made all of the improvements required and had complied fully with the requirement notice.

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?

We found that all of the areas for improvements identified during the inspection carried out on 14 May 2015 had been addressed:

- Staff had access to appropriate information and they were aware of their roles and responsibilities to safeguard patients against the risk of abuse.
- Staff had undertaken training in respect of acting as chaperones and they were aware of their roles and responsibilities in relation to these.
- Clinical staff had Disclosure and Barring Services (DBS) checks. There were risks assessments in place for non-clinical staff who did not have these checks in place.
- There were suitable procedures in place for the safe management of medicines. Controlled drugs were checked on a monthly basis and records were maintained.
- Dispensing staff had undertaken additional training in relation to their roles and responsibilities. They had access to appropriate standard operating procedures and were following these.
- The temperature of the dispensary area was monitored each day to help ensure that medicines were stored at the appropriate temperature.
- The practice had a cold chain policy and procedure for handling and storing temperature sensitive medicines such as vaccines. The temperatures of the fridges used to store these medicines were monitored each day. Medicines were checked frequently to ensure that they were in date.
- The use of prescription pads was monitored to help minimise the risk of misuse.
- There were detailed cleaning schedules in place and infection control audits were carried out to test the effectiveness of the infection control procedures.
- The procedures for handling and storing COSHH items such as cleaning materials had been reviewed and was accessible to staff. Cleaning items were stored securely and safely and staff had undertaken training.

Good



The Orsett Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a CQC Pharmacist specialist advisor.

How we carried out this inspection

We carried out a focused inspection visit to the practice on 05 February 2016. We spoke with staff and reviewed documents including policies, procedures and staff training files.

Why we carried out this inspection

We carried out a focused follow up inspection to review the improvements made in relation to the areas of concern that we identified when we carried out a comprehensive inspection on 14 May 2015.

Are services safe?

Our findings

- **Overview of safety systems and processes**

- Staff were aware of their responsibilities to safeguard children and adults against the risk of abuse. Staff had undertaken role specific training and they had access to information to guide them should they need to report concerns externally to agencies such as the local safeguarding team.
- Staff were aware of their roles and responsibilities in relation to carrying out chaperone duties and staff had undertaken training.
- Disclosure and Barring Services (DBS) checks were in place for all clinical staff. A risk assessment had been carried out for non-clinical staff to support the decision where these checks were deemed unnecessary.
- Suitable procedures had been implemented for the safe management of medicines. There were systems in place for checking medicines, including controlled medicines each month and appropriate records were maintained.
- The standard operating procedures for dispensing medicines had been reviewed, discussed with and accessible to all relevant staff. All dispensing staff had undertaken additional training in relation to their roles and responsibilities.

- The dispensary area was tidy and uncluttered and there were systems for checking and recording the temperature in this area. These checks were carried out twice each day.
- The practice had a cold chain policy and procedure which described the arrangements for storing and handling temperature sensitive medicines such as vaccines.
- The use of prescription pads was monitored and records maintained in respect of this to help minimise the risk of misuse.
- There were detailed cleaning schedules in place which described the areas to be cleaned and frequency for cleaning. Staff had undertaken infection control training. Regular infection control audits were carried out to test the effectiveness of the procedures in place.
- **Monitoring Risks to patients.**
- The arrangements for handling and storing COSHH materials had been reviewed and were accessible to all staff. All cleaning materials we saw were stored securely and safely. Relevant staff had undertaken COSHH training.