

Testvale 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

We carried out a follow up inspection of Testvale Surgery on 4 August 2016 to check that action had been taken since our previous inspection in January 2016.

In January 2016 the practice was rated as overall good. The practice was good for effective, caring, responsive and well led services.

However we found that the practice required improvement in the safe domain due to breaches of regulations relating to safe delivery of services.

We found that the practice had not ensured that they had assessed, monitored, managed and mitigated risks to the health and safety of service users. This was in relation to health and safety risk assessments, maintenance and checking of a defibrillator, Legionella assessments, equipment calibration and premises electrical testing.

We inspected the practice on 4 August 2016 to check that they had followed the action plan they had submitted 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 for Testvale Surgery on our website at www.cqc.org.uk

Our key findings for this review were as follows:

The provider had made improvements:

- The practice reviewed its water safety risk assessment in relation to Legionella to ensure that the water supply did not pose a risk to patients, visitors or staff.
- The practice had undertaken health and safety risks assessments and were working through action plans relating to improvements in that area.
- The practice had completed calibration of equipment and premises electrical testing.
- The maintenance and checking of a defibrillator had been updated and appropriate checks were completed.

The practice is now rated good for 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?

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed.
- There was a water safety risk assessment in relation to Legionella to ensure that the water supply did not pose a risk to patients, visitors or staff.
- There were health and safety risk assessments and action plans relating to improvements in that area.
- Equipment had been calibrated and premises electrical testing was completed.
- The maintenance and checking of a defibrillator had been updated and appropriate checks were completed.

Good



Testvale Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

At this review our inspection team consisted of a Care Quality Commission Inspector.

Background to Testvale Surgery

Testvale Surgery is located in a purpose built detached property at 12 Salisbury Road, Totton, Southampton, Hampshire, SO40 3PY.

Testvale Surgery has an NHS Personal Medical Services contract to provide health services to approximately 13000 patients in and around the Totton area of Southampton. The practice covers a mixed urban rural population and has 1324 patients over the age of 75 years. This practice has been a training practice since 1988.

The practice has seven GP partners, three male and four female, two female salaried GPs and at the time of the inspection two registrar doctors. The practice has a nurse practitioner, three practice nurses and two healthcare assistants. The clinical team are supported by a practice manager, IT manager, website manager, reception supervisor and a team of 12 receptionists, typist and administration support staff.

The practice is open Monday to Friday 8am to 6:30pm and operates extended hours clinics on certain days. The practice reception opens at 8am and closes at 6:30pm Monday to Friday. The reception is closed on weekends and on public holidays. The practice has early morning

appointments from 7.30am three days a week and late appointments until 7.30pm one day a week. They have a walk-in service for emergencies and injuries and unlimited telephone access.

Phone lines are open from 8am to 6.30pm Monday to Friday (excluding public holidays); the appointments line is closed from 1pm to 2pm Monday to Friday. The practice website also gives full details of times individual GPs are available for appointments.

Same day appointments can be booked at any time from 8am on the day the patients needed the appointment for.

There is an automated telephone system giving the available options to help patients get through to the correct department directly. Calls come in they are put into a queuing system until there is a member of staff available to take the call.

The practice offered telephone consultation appointments with the GP or nurses which could be arranged via the reception team. The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

Urgent appointments were also available for people who needed them. Routine appointments could be made well in advance usually up to four weeks in advance.

Appointments could be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

Detailed findings

Why we carried out this inspection

At the inspection carried out on 28 January 2016 we made a requirement to address shortfalls with;

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.

The provider must assess, monitor, manage and mitigate risks to the health and safety of service users. This is in relation to health and safety risk assessments, maintenance and checking of defibrillator, Legionella assessments, equipment calibration and premises electrical testing.

We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We have followed up to make sure that the necessary changes have been made and found the provider was now meeting the regulations included within this report. This report should be read in conjunction with the full inspection report.

How we carried out this inspection

We revisited Testvale Surgery as part of this review because they were able to demonstrate that they were meeting the standards.

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.

Are services safe?

Our findings

Monitoring safety and responding to risk.

At our inspection in January 2016 we saw that risks to patients were assessed and generally well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was being updated at the time of the inspection and was made available to the inspection team after the inspection. There was a poster in the practice which identified local health and safety representatives.

We saw that the re calibration checks were due in January 2016 and had not yet been completed. We were shown evidence that these checks would be done in February 2016. However, the practice was overdue a five yearly full premises electrical check. We were told this was scheduled for the near future.

At our inspection on 4 August 2016 we saw that the health and safety policy review had been completed and included a version matrix for review history. A full health and safety risk assessment had been completed on 29 January 2016 and any actions required were being dealt with in a timely manner. The practice had also reviewed their infection control policy and updated it. They had also produced an infection control action plan and had worked with the senior infection control lead for the West Hampshire Clinical Commissioning Group to identify any improvements the practice could make in this area.

We saw that the practice had a contract with a private company to carry out equipment testing and calibration and this was completed on 25 February 2016. The contract was for three years and the next calibration was booked for February 2017.

The practice had also had a full premises electrical test completed by an approved contractor on 16 April 2016 and this was valid for five years.

In January 2016 the practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice did not have a legionella assessment at the time of the inspection although we told that an assessment was due to take place in February 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

After our initial inspection the practice carried out a Legionella risk assessment in February 2016 and a new policy was signed off by the partners. A specialist supplier was commissioned to complete a full assessment of the practice in June 2016 and as a result actions were completed, for example the shower head was removed and replaced in the shower area and cleaning team were asked to deep clean all tap areas with lime scale remover.

The practice manager and nurse practitioner also attended water safety training on 19 May 2016.

Arrangements to deal with emergencies and major incidents.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. On checking the defibrillator pads these were seen to have passed their expiry date by several months even though the check list had been completed. The practice responded immediately to this fact and replaced the pads with new pads the day after our visit. The pads being out of date may have had a negative impact on patient safety.

At our visit on 4 August 2016 we were able to see documents showing that the defibrillator pads had been replaced with new pads on 29 January 2016. The issue was reviewed as a significant event and discussed at the next significant event meeting. There was a discussion with staff and further training was given. The pads are checked daily and a log kept showing that the pads were in date.