

Victoria Surgery

Quality Report

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Date of inspection visit: 18 July 2016

Date of publication: 01/08/2016

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk based review for Victoria Surgery on 28 June 2016. This was to follow up on actions we asked the provider to take after our announced comprehensive inspection on 4 November 2015. During the inspection in November 2015, we identified that the provider must improve safety checks and training for staff acting as a chaperone and implement systems to manage Infection control and staff training. The provider

wrote to tell us about the action they planned to take in order to comply with Regulation 12 Safe care and treatment and Regulation 19 Fit and proper persons employed.

Our key findings were as follows:

The practice had safe systems in place to:

- assess and monitor infection control practice

Summary of findings

- complete appropriate recruitment checks prior to the employment of staff
- monitor progress with appropriate staff training
- provide appropriate chaperones to patients when required.

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 had taken appropriate action to improve their policy for providing chaperones for patients, implemented a more robust recruitment process and clear procedures to monitor infection control.

Good



Are services effective?

The practice had an effective system in place to ensure that staff completed appropriate training.

Good



Victoria Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Background to Victoria Surgery

The Victoria Surgery provides primary care services to approximately 11,000 registered patients living in Bury St Edmunds and the surrounding rural areas. The practice is run by five GP partners (three male and two female) supported by a salaried GP and a locum GP. The practice manager was appointed in January 2015 and was supported by a deputy. The practice employs a nurse practitioner who works closely with the GPs and three practice nurses. Other support staff include eight receptionists, seven dispensary staff, two secretaries and three administration staff.

The practice has been a training practice for the last three years and also teaches medical students. The practice holds a personal medical services contract with NHS England.

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were offered between 6.30 and 7pm each day. In addition to pre-bookable appointments that could be booked up to three weeks in advance, telephone consultations were available each day and urgent appointments were also available for people

that needed them. It does not provide any services on Saturdays. When the practice is closed, patients can access advice from the NHS 111 service. Out of hours cover was provided by a local service and could be accessed through a given number provided in the practice leaflet or through an automatic transfer when dialling the practice's telephone number.

Why we carried out this inspection

This was a desk based inspection to follow up on actions taken by the provider since our last CQC inspection visit in November 2015.

We carried out a desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

We reviewed the action plan supplied by the practice following the inspection in November 2015. Additional evidence of the improvements made were sent by the practice for us to review and we spoke with the practice manager by telephone.

Are services safe?

Our findings

When we inspected Victoria Surgery on 4 November 2015 we found that non-clinical staff were not competent to act as a chaperone to patients and had not received a risk assessment to determine whether a disclosure and barring service check was required. Systems used to manage the control of infection were not robust. We also found the practice were unable to demonstrate that appropriate recruitment checks were being completed. We issued two requirement notices under Regulations 12 and 19 of the HSCA (RA) Regulations 2014 so that the practice would make improvements.

Following publication of this inspection report, the practice provided us with an action plan detailing the steps they planned to take to improve the service. This included confirmation that the practice had decided that non-clinical staff would no longer act as a chaperone to patients.

We asked the practice to send us evidence to demonstrate that infection control systems were in place. The infection control lead had completed additional training for the role

and had dedicated time to fulfil the role. We found the practice had developed an annual infection control audit plan that included hand hygiene, waste management, clinical practice and environmental checks. We saw evidence that these audits had taken place. There was also a clear expectation that room checks were required on an on-going basis by the nurses, reception staff and cleaners. These included ensuring areas were clean and appropriate for use for example the waiting room and in the clinical rooms. Since the previous inspection visit, the practice had employed a new contracted cleaner and systems were in place to monitor the quality of the cleaning.

The practice had recruited two new members of staff since November 2015 and was able to demonstrate that a safe recruitment process had been followed. This included references, proof of identification and evidence that the requirement to complete a disclosure and barring service check (DBS) check had been risk assessed. Since the recruitment of these staff the practice has made the decision that all staff will have a DBS check completed. A programme of retrospective DBS checks are being completed for every member of staff.

Are services effective?

(for example, treatment is effective)

Our findings

During the previous inspection we identified that there was no clear training and development plan for staff and there was no established system to monitor progress with staff training. We issued a requirement notice under Regulation 12 HSCA (RA) Regulations 2014 Safe care and practice and asked the practice to make improvements.

We found the practice had developed a clear training policy to identify the mandatory training required for each job role. A system is now being used to monitor progress with the training. The GP partners could therefore be assured that staff were completing appropriate training to maintain their knowledge, skills and expertise.