

# Kiveton Park Medical Practice

## Quality Report

Kiveton Park Primary Care Centre  
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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 an announced comprehensive inspection at Kiveton Park Medical Practice 9 December 2015. The overall rating for the practice was good but with requires improvement for safety. The full comprehensive report for the 9 December 2015 inspection can be found by selecting the 'all reports' link for Kiveton Park Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 February 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 9 December 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Improvements had been made since our last inspection on 9 December 2015. Our key findings were as follows:

- The practice had obtained all the necessary recruitment checks to ensure employees were of good character prior to employment.
- Records had been improved to clearly identify the actions taken in response to significant events and safety alerts.
- An infection prevention and control (IPC) audit had been completed and IPC systems had been improved.
- Written procedures for monitoring and recording the temperature of vaccine fridges and records of temperature checks had been developed and implemented. However, action taken when temperatures were outside the recommended ranges had not been recorded.

**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?**

Improvements had been made since our last inspection on 9 December 2015 and the practice is now rated as good for providing safe services. Our key findings were as follows:

- The practice had obtained all the necessary recruitment checks to ensure the person was of good character prior to employment.
- Records had been improved to clearly identify the actions taken in response to significant events and safety alerts.
- An infection prevention and control (IPC) audit had been completed and IPC systems had been improved.
- Written procedures for monitoring and recording the temperature of vaccine fridges and records of temperature checks had been developed and implemented. However, action taken when temperatures were outside the recommended ranges had not been recorded.

**Good**



# Kiveton Park Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector.

## Background to Kiveton Park Medical Practice

Kiveton Park Medical Practice is situated within a purpose built surgery in a building known as Kiveton Park Primary Care Centre. The surgery operates over two floors but all of the patient facilities are on the ground floor. Kiveton Park Medical Practice was built in 1997. There is disabled access and disabled parking at Kiveton Park. The practice is in one of the less deprived areas nationally and has a significantly higher patient population in the 65 to 75 year old age group. There is a new housing estate being built close by providing an increase in young families.

The practice has a branch surgery known as Harthill Surgery. The patients from Kiveton Park can also access this surgery. Harthill surgery has a dispensary. We did not visit this surgery as part of this inspection.

The practice provides Personal Medical Services (PMS) for 11,302 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are six GP partners, four male and two female. There are also two female and two male salaried GPs. The nursing team comprises of seven nurses and two health care assistants and one phlebotomist. There is an extensive administration team, domestic staff and a caretaker supported by the practice manager.

The practice reception hours are 8am to 6.30pm, Monday to Friday. Surgery times are 8.30am to 7pm. Patients can also access early surgeries from 7am to 8am, one or two days a week at each site, usually Tuesdays and Thursdays.

Additionally, a service, known as UCount2, for patients between 12 and 25 is held twice a week on Tuesdays and Thursdays from 3.30pm to 5.00pm in school term time. UCount2 is held in the building called Waleswood Lodge in the surgery grounds.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

The practice is also, as part of a three month pilot scheme, facilitating pre-booked Saturday morning appointments. These operate between 8am and 11am for patients registered at a group of eight local practices. Patients arrange their appointment via their own practice.

The out of hours services are accessed by calling NHS 111Service. When the surgery is closed, the message at the surgery (also detailed on the website and in the practice booklet), instructs patients to ring 111.

The practice provides training for doctors who intend to become GPs.

## Why we carried out this inspection

We undertook a comprehensive inspection of Kiveton Park on 9 December 2015 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 with requires

# Detailed findings

improvement for safety. The full comprehensive report following the inspection on 9 December 2015 can be found by selecting the 'all reports' link for Kiveton Park Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Kiveton Park Medical Practice on 20 February 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.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (GP, practice manager, practice nurse, health care assistant and administration staff).
- Looked at management records.

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

At our previous inspection on 9 December 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of Disclosure and Barring Service checks (DBS) were not adequate. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

These arrangements had significantly improved when we undertook this inspection on 20 February 2017.

### Safe track record and learning

At our last inspection on the 9 December 2015 we found:

- The provider had not obtained disclosure and barring service (DBS) checks prior to employment for staff such as nurses and health care assistants.

We also found other areas which the provider was advised they should improve. This was because:

- Records, including meeting minutes, did not always clearly identify the actions taken in response to significant events and safety alerts.
- An infection prevention and control (IPC) audit had not been completed and there were some shortfalls in IPC systems. For example, sharps bins were not signed, clinical waste bags were not labelled, there was no evidence of a cleaning regime for ear irrigation equipment, practice cleaning records did not evidence which tasks had been completed and by who and a foot operated bin was not provided in the staff toilet.
- There were no written procedures for monitoring and recording the temperature of vaccine fridges and records of temperature checks were not maintained in sufficient detail.

At this inspection, on the 20 February 2016, we looked at the recruitment procedures and found:

- The provider had developed a policy and procedure describing the process for DBS checks. We observed the practice had obtained disclosure and barring service (DBS) checks prior to employment for GPs. For other staff a risk assessment had been completed to establish whether a DBS check was required. A risk assessment

had also been completed where a DBS had been applied for but not received prior to the employment start date. For example, we observed a nurse had started their employment two days prior to their DBS being received. We observed a risk assessment had been completed and a letter had been sent to the nurse to advise them they would not be able to undertake any unsupervised clinical practice or have contact with patients until the DBS had been received. The nurse confirmed to us they had not undertaken any unsupervised clinical practice and had received the letter from the practice advising them of this. The nurse also told us they had undertaken a comprehensive induction and this had included supervised practice working directly alongside another nurse for a month.

We also checked the other areas for improvement and found:

- Records, including meeting minutes, had been improved and clearly identified the actions taken in response to safety alerts. A log had been developed and implemented which showed the actions taken. Where the alerts had been shared with staff and discussed at meetings the meeting records reflected this. Records also evidenced significant events were shared and discussed in meetings and described any actions taken.
- Two infection prevention and control (IPC) audits had been completed since the last inspection. Action plans had been developed and implemented where any shortfalls were identified. We observed sharps bins were signed and dated, clinical waste bags were labelled, a cleaning regime for ear irrigation equipment had been developed, practice cleaning records evidenced which task had been completed and by who and a foot operated bin had been provided in the staff toilet.
- Written procedures for monitoring and recording the temperature of vaccine fridges and records of temperature checks had been developed and implemented. Data loggers had also been provided for each fridge. Data loggers continually record the temperature of the fridge at regular intervals over a 24 hour period. This information was downloaded every day and checked by staff. We observed that one of the fridges internal thermometers had recorded maximum temperatures were slightly over the recommended range every day in February 2017. We checked the data logger recordings for the corresponding dates for this

## Are services safe?

fridge. We observed the data logger had recorded the fridge temperature was only recorded outside the recommended range on one occasion in February but had returned within the recommended range within 15 minutes. There was no record of the actions taken in respect of this, such as reporting this temperature spike or recording the possible reasons for this as per the

policy and procedure. Staff told us this temperature spike may have been due to preparations for clinic which would involve frequent entry to the fridge. We advised the practice manager and GP of our findings. They told us they would review the procedures and records to ensure appropriate action would be taken in future.