

The Family Practice

Quality Report

St Johns Health 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

Inadequate



Are services safe?

Inadequate



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 The Family Practice on 08 September 2016. The overall rating for the practice was inadequate. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for The Family Practice on our website at www.cqc.org.uk.

During the inspection we found breaches of legal requirements and the practice was rated inadequate overall. The practice was rated inadequate for providing safe and well-led services, requires improvement for providing caring and responsive services and good for providing effective services. Following this inspection we issued a warning notice that the practice must comply with the legal requirements in relation to the following:-

- Ensuring that vaccines were always stored in line with Department of Health guidance and stocks of medical equipment were monitored and fit for use.
- Ensuring the proper and safe management and disposal of medicines.
- Doing all that is reasonably practicable to prevent, detect and control the spread of infections, to patients and staff.
- Ensuring systems are in place to securely store confidential information about service users.

- Ensuring staff are appropriately authorised to administer vaccines and immunisations in line with national requirements.
- Ensuring that risk assessments are up to date and mitigating actions implemented.
- Ensuring that all GPs and staff have completed adult and child safeguarding training appropriate to their role and that all staff are able to easily locate safeguarding policies.

This inspection was an announced focused warning notice inspection carried out on 13 April 2017 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations identified in the warning notice issued following our previous inspection on 08 September 2016. This report covers our findings only in relation to the requirements of the warning notice and will not result in reviewing the overall rating or the ratings of any individual key question or population group.

At this inspection, 13 April 2017 we found that the practice met the legal requirements in relation to the breaches in regulations identified in the warning notice issued following our previous inspection on 08 September 2016.

Our key findings at this inspection, 13 April 2017, were as follows:

Summary of findings

- Vaccines and medicines were being stored in accordance with manufacturer's instructions and Department of Health Guidance and this was being monitored appropriately.
- Clinical waste, including medicines, was being stored and disposed of safely.
- Confidential information about service users was being stored securely.
- Staff were being appropriately authorised to administer vaccines and medicines in line with national requirements.
- Risk assessments were up to date and mitigating actions were being implemented.
- All GPs and staff had completed adult and child safeguarding training appropriate to their role and staff could easily locate safeguarding policies.

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 inadequate for providing safe services.

Following our previous inspection in September 2016 the practice had made significant improvements to be compliant with the legal requirements in the warning notice. These related to concerns with safe storage of medicines and vaccines, infection control, safe management and disposal of clinical waste, secure storage of patient records, appropriately authorising staff to administer medicines and vaccines, risk assessments, safeguarding training and accessibility of safeguarding policies.

At the inspection on 13 April 2017, we found:

- Vaccines and medicines were being stored appropriately.
- Staff were appropriately authorised to administer vaccines and medicines.
- All GPs and staff had received safeguarding training appropriate to their job role and staff we spoke with could easily locate the safeguarding policies.
- Risks to patients were assessed and well managed, including medical emergencies and secure storage of patient records.
- Appropriate building and equipment safety checks and risk assessments had been completed and there were action plans in place to implement actions that were identified.
- Clinical waste, including sharps, was stored securely.

Inadequate



The Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second CQC inspector and a CQC assistant inspector.

Background to The Family Practice

The Family Practice is based in a purpose built property, St Johns Health Centre, in Woking which is shared with other health care services. The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS North West Surrey Clinical Commissioning Group.

At the time of our inspection there were approximately 12,200 patients on the practice list. The practice has a slightly higher than average number of patients over 40 years when compared to the national average, and there is a slightly lower than average number of patients aged birth to 30 years old. The practice also has a lower than average number of patients with long standing health conditions. Deprivation amongst children and older people is low when compared to the population nationally.

The practice has three GP partners and five salaried GP (two male and six female GPs). They are supported by three practice nurses, two healthcare assistants, a practice manager, an administration and deputy administration manager and a team of clerical and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. The phone lines are not open between 8am and 8.30am or from 1pm to 2pm and during these times patients can call the normal surgery phone number where they will receive details of how to contact the duty doctor. Extended hours appointments are offered 7.30am to 8am Tuesday to Friday mornings and every Saturday morning from 8am to 11am. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

St Johns Health Centre

Hermitage Road

Woking

Surrey

GU21 8TD

Why we carried out this inspection

We undertook a comprehensive inspection of The Family Practice on 08 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate. The full comprehensive report following the inspection on September 2016 can be found by selecting the 'all reports' link for The Family Practice on our website at www.cqc.org.uk.

We undertook a follow up focused warning notice inspection of The Family Practice on 13 April 2017.

Detailed findings

This inspection was carried out to review in detail the actions taken by the practice in response to the warning notice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of The Family Practice on 13 April 2017.

During our visit we:

- Spoke with a range of staff (including three GP partners, one healthcare assistant, the practice manager, administration and reception staff).

This involved reviewing evidence including:

- Staff training records.
- Storage of patient records.
- Risk assessments, including Legionella and liquid nitrogen.
- Records of building and equipment checks.
- Clinical waste storage.
- Policies and procedures.

Are services safe?

Our findings

At our previous inspection on 08 September 2016, we rated the practice inadequate for providing safe services as the arrangements in respect of storage of medicines and vaccines, infection control, management and disposal of clinical waste, storage of patient records, staff being authorised to administer medicines and vaccines, risk assessments, safeguarding training and accessibility of safeguarding policies were not sufficient.

These arrangements had significantly improved when we undertook a follow up inspection on 13 April 2017 which was to determine whether the practice was now compliant with the legal requirements in the warning notice that had been issued to the practice. At this inspection we found that the practice was compliant with the legal requirements in the warning notice issued to the practice.

Overview of safety systems and process

At our inspection 08 September 2016 we noted that not all GPs or staff had received safeguarding adult and child training to a level appropriate to their role and not all staff could locate the safeguarding policies.

During our inspection in April 2017 we looked at the training records of all GPs and staff and found they had all completed safeguarding child and adult training to a level appropriate to their role. We also spoke to three GPs and a receptionist who were all able to easily locate safeguarding policies.

Our inspection 08 September 2016 identified concerns regarding infection control. We saw that infection control audits were completed regularly but there were still outstanding actions. For example; we saw dirty toilet brushes in patient toilets and privacy curtains dragging on the floor in one GP consulting room. We noted that there was no evidence of an action plan resulting from the audits to ensure that actions were completed in a timely manner. We also noted that clinical waste was not being stored securely prior to removal and sharps safes were not all labelled appropriately and some had been in use for longer than best practice guidelines.

At our inspection 13 April 2017 we saw that the concerns noted at our previous inspection had been rectified, there

were no dirty toilet brushes in the patient toilet and the privacy curtains in GP consulting rooms were not touching the floor. We also saw there was an action plan to monitor the implementation of actions identified by the infection control audits. We saw that clinical waste, including sharps, were stored securely. We spot checked sharps safes and found that they were labelled appropriately, and were placed directly in the large external clinical waste bin when full. We also noted that the external clinical waste bin was secured to the building and locked.

At our inspection 08 September 2016 we found that vaccines and other medicines that required refrigeration were not being stored appropriately. We looked at three out of the four fridges in the practice and found that they all had recorded temperatures outside the recommended range on multiple occasions in the three months prior to our inspection. Following our inspection the practice contacted Public Health England and followed their advice regarding the affected vaccines and medicines.

During our inspection 13 April 2017 we saw evidence that the practice had followed the advice from Public Health England. An external engineer had inspected all four fridges, and on their recommendation two of the fridges were replaced with new clinical fridges. The practice had taken steps to contact all patients who may have received vaccines or medicines which had not been stored appropriately and a GP partner discussed options with all patients who responded, with further attempts made by the practice to contact patients who had yet to respond.

We saw evidence that a new fridge monitoring procedure had been put in place and that changes had been cascaded to all relevant staff. Staff we spoke with clearly described the procedure and what they would do if the temperature was out of range. We reviewed fridge temperature logs and found that temperatures were within the recommended range, with a few exceptions that were clearly annotated with explanations, for example, stock checking.

During our inspection 08 September 2016 we noted that there was not a system to ensure that non-prescribing clinical staff were appropriately authorised to administer vaccines or medicines.

At our inspection 13 April 2017 we saw evidence that the practice had implemented a system to ensure that patient specific directions (PSDs) were signed prior to the vaccine

Are services safe?

or medicine being administered by non-clinical staff. We saw examples of templates developed by the practice for the clinical system for vaccines and medicines given by health care assistants and those not covered by patient group directions that were given by nurses. We also saw examples of the forms signed by GPs which were scanned onto the patient medical record. We spoke to GPs and a health care assistant who all clearly described the procedure.

Monitoring risks to patients

During our inspection 08 September 2016 we found that not all risk assessments had been completed including Legionella and liquid nitrogen. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

At our inspection 13 April 2017 we saw that the Legionella and liquid nitrogen risk assessments had been up dated and completed.

Arrangements to deal with emergencies and major incidents

At our inspection 08 September 2016 we found the practice did not have a defibrillator on site and had not completed a risk assessment to determine that they could deal with medical emergencies without a defibrillator.

During our inspection 13 April 2017 we saw that the practice now had a defibrillator on site, which was being checked and monitored in accordance with manufacturer's guidance. These checks were clearly recorded.