

Roslea Surgery

Quality Report

51 Station Road
Bamber Bridge
Preston
PR5 6PE
Tel: 01772 310100
Website: www.rosleasurgery.co.uk

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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 Roslea Surgery on 23 November 2016. The overall rating for the practice was good with the key question of safe rated as requires improvement. The full comprehensive report on the November 2016 inspection can be found on our website at

<http://www.cqc.org.uk/location/1-554172576>

This inspection was a desk-based review carried out on 13 July 2017. This was 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 23 November 2016. This report covers our findings in relation to those requirements.

Overall the practice is now rated as good.

Our key findings were as follows:

- At the inspection in November 2016 we found that the practice had not addressed the risks associated with an infection control audit carried out in January 2016. The audit had highlighted some issues related to the

cleaning of the premises and to the disrepair of some flooring and wall tiles. It had also highlighted that some patient blood tests were being undertaken in a carpeted room. At this desk-based review we saw evidence that the practice had replaced damaged flooring in those areas identified by the audit, including the laying of clinically-acceptable flooring to replace the carpet where patient blood tests were carried out. We also saw evidence that the practice had recruited the services of a cleaning company and we saw audits of their work that had been undertaken.

- At our previous inspection, we identified that the surgery did not have a legionella risk assessment for the building (legionella is a term for a particular bacterium which can contaminate water systems in buildings). For this inspection, the practice provided evidence to show that a legionella risk assessment had been conducted and that the practice was in the process of seeking professional guidance as to how identified risks could be mitigated.
- At the inspection in November 2016 we saw that there had been no health and safety risk assessments completed for people using the building. We saw that the practice had since produced these risk assessments and had audited all areas of risk.

Summary of findings

- In November 2016 we saw that there had been no fire risk assessment carried out for the building and that there were no weekly tests of the fire alarm or documented checks of escape routes and emergency lighting. The practice supplied evidence at this inspection to show that there had been a fire risk assessment carried out on 3 July 2017 together with weekly documented fire alarm tests and a fire evacuation check.
- At the inspection in November, we found that the practice was not actively identifying patients who were carers. Following this inspection, the practice sent us evidence that they had reviewed the process of identifying carers and that the number of carers on the practice register had increased from 25 to 287 (3.4% of the practice list).
- At our previous inspection, we saw that the practice did not have a practice specific policy for the safeguarding of vulnerable adults. At this desk-based review, we saw evidence of this policy which we were told was available to all staff and stored on the practice computer.

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.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in November 2016.

Evidence supplied included:

- Information relating to the replacement of the flooring on the stairs and corridor and a new concrete floor and flooring supplied in the previously carpeted treatment room.
- Documentation relating to the contracting of a new cleaning company and copies of monthly cleaning audits.
- A copy of the legionella risk assessment carried out for the premises on 12 April 2017.
- Copies of health and safety risk assessments for people using the building and audit of these.
- Evidence to show that a fire risk assessment had been carried out on 3 July 2017. The practice also sent evidence of weekly tests of the fire alarm and checks on fire extinguishers and evidence that a fire drill had been carried out on 22 June 2017. We also saw evidence of discussion of the outcome of the fire drill with staff and additional training for staff in the event of a fire.
- A copy of the practice policy for the safeguarding of vulnerable adults.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-554172576>

Good



People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-554172576>

Good



Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-554172576>

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-554172576>

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The overall

Good



Summary of findings

population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-554172576>

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-554172576>

Good



Roslea Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

Background to Roslea Surgery

Roslea Surgery is located in a converted house on a main road at 51 Station Road, Bamber Bridge, Preston, PR5 6PE. It is a two storey building. Practice nurses have consultation rooms on the first floor but they use a ground floor consultation room when seeing patients who struggle with the stairs.

There are three male GP partners and three female salaried GPs. There are three practice nurses and an advanced nurse practitioner who works collaboratively between three practices. There is also a healthcare assistant, a practice manager (who works between two practices) and administrative and reception staff.

The practice is open from 8am until 6pm Monday to Friday, with the telephone lines being open until 6.30pm. In addition Saturday surgeries for patients at this practice are held at a nearby practice.

Surgery times are 8.10am until 11am and 3pm until 6pm on Monday to Thursday and 8.10am until 11am and 2.30pm until 5.30pm on Friday. In addition, extended hours appointments are offered from 9am until 12 noon and 12.30pm until 3pm on Saturday, at the nearby Riverside Surgery. When the practice is closed patients are able to access a GP via a registered out of hours provider, Go-to-Doc Ltd.

At the time of our inspection around 8600 patients were registered with the practice. The practice is a member of Chorley and South Ribble clinical commissioning group (CCG). It has a General Medical Services (GMS) contract with NHS England.

The practice is in an area of low deprivation. Life expectancy is in line with the CCG and national averages. There are a higher than average number of patients in the over 65 age group.

The practice is a teaching practice and supports medical students from the University of Manchester.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Roslea Surgery on 23 November 2016. The overall rating for the practice was good with the key question of safe rated as requires improvement. The full comprehensive report on the November 2016 inspection can be found by on our website at

<http://www.cqc.org.uk/location/1-554172576>

We undertook a follow up desk-based focused inspection of Roslea Surgery on 13 July 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

We carried out a desk-based focused inspection of Roslea Surgery on 13 July 2017. This involved reviewing evidence that:

Detailed findings

- The practice had addressed the risks identified by the infection control audit carried out in January 2016.
- The practice had carried out health and safety risk assessments for people who used the building.
- A fire risk assessment had been completed for the building and a system of weekly fire alarm tests was in place as well as checks for escape routes and emergency lighting.
- The practice had completed a risk assessment for the presence of legionella in the surgery water system (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and had addressed any risks identified by the assessment.
- The practice had developed a practice specific policy for safeguarding adults.
- The process for identifying patients who were carers had been improved.

Are services safe?

Our findings

At our previous inspection on 23 November 2016, we rated the practice as requires improvement for providing safe services as the practice had not done all that was reasonably practicable to assess, monitor, manage and mitigate the risks to the health and safety of service users as follows:

- The practice had failed to produce an action plan to address risks identified by an infection control audit including how to manage the carrying out of blood tests in carpeted consultation rooms.
- The practice had failed to identify the risks associated with the lack of a fire risk assessment and regular fire checks.
- There had been no risk assessment carried out for the presence of legionella in the building water system (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

These arrangements had improved when we undertook a follow up inspection on 13 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice supplied us with evidence to show that they had addressed the areas identified by the infection prevention and control audit. They had contracted a new cleaning company on 26 December 2016 and there were monthly audits of their work to demonstrate that the

practice was visibly clean. They had also replaced damaged flooring in those areas identified by the audit, including the laying of clinically-acceptable flooring to replace the carpet where patient blood tests were carried out.

The practice also sent us a copy of a policy for safeguarding vulnerable adults which was available to all staff on the practice shared drive. The practice also told us that this policy was displayed in the patient waiting area and in consulting rooms.

Monitoring risks to patients

At this inspection, we were sent a copy of the practice legionella risk assessment which had been conducted on 12 April 2017. The assessment identified mitigating actions that needed to be carried out and the practice told us that they were seeking further professional advice as to how to mitigate some of the risks that had been identified.

The practice had carried out a full risk assessment for the surgery environment and an audit against this in January 2017 which showed compliance with the identified risks.

The practice showed us evidence that a fire risk assessment had been carried out on 3 July 2017. They told us that they were working to mitigate the identified risks. We saw evidence of a new practice fire test and drill procedure, records of weekly fire alarm testing, a copy of the fire alarm and emergency lighting testing and servicing, and a record of a full evacuation of the building to test escape routes and procedures on 22 June 2017. This had resulted in a discussion in a whole practice meeting of procedures in the event of a fire and further staff training.