

Old Road West Surgery

Quality Report

30 Old Road West
Gravesend
Kent DA11 0LL
Tel: 01474 352075
Website: www.oldroadwestsurgery.co.uk

Date of inspection visit: 14 June 2016
Date of publication: 26/08/2016

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.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Old Road West Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Road West Surgery on 28 October 2015. Breaches of the legal requirements were found. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 14 June 2016, to check that the practice had followed their plan and to

confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting 'all reports' link for Old Road West Surgery on our website at www.cqc.org.uk

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?

At our previous comprehensive inspection on 28 October 2015 the practice had been rated as requires improvement for providing safe services.

- Not all recruitment checks for staff had been undertaken when employed by the practice.
- Although most risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to help ensure patients were kept safe. This included risks in relation to fire safety and infection prevention and control.
- The management of medicines did not include a system to monitor and track the blank prescription forms allocated to staff.

At our focussed follow-up inspection on 14 June 2016, the practice provided records and information to demonstrate that the requirements had been met.

- Recruitment checks for staff had been undertaken when employed by the practice and the recruitment policy was updated to reflect this.
- Risks to patients who used services were assessed and the systems and processes to address these risks were implemented to help ensure patients were kept safe. This included risks in relation to fire safety and infection prevention and control.
- The management of medicines included a system to monitor and track the blank prescription forms allocated to staff.

Good



Old Road West Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our focussed inspection was led by a CQC Lead Inspector.

Background to Old Road West Surgery

Old Road West Surgery provides medical care from 8.30am to 6.30pm Monday to Friday, although patients are able to contact the practice from 8.00am by telephone. The practice is situated in the town of Gravesend in Kent and provides a service to approximately 11,750 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. The number of patients registered below the age of 65 is comparable to the local and national averages. However, there are more patients registered over the age of 65 than both the local and national averages. The number of patients recognised as suffering deprivation within this practice boundary, including income deprivation, is lower than the national average, although it is comparable to the local average for the clinical commissioning group (CCG) area.

The practice has three female and three male GP partners, four female practice nurses, and one female health care assistant. There are a number of reception, secretarial and administration staff, as well as a practice manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider

(South East Health / NHS 111) to deliver services to patients when the practice is closed. The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

30 Old Road West

Gravesend

Kent DA11 0LL.

Why we carried out this inspection

We undertook an announced focussed inspection of Old Road West Surgery on 14 June 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 28 October 2015.

We inspected this practice against one of the five questions we ask about services; is the service safe. This is because the service was not meeting some of the legal requirements in relation to this question.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with the practice manager and reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Overview of safety systems and processes

- Notices were displayed advising patients that staff would act as chaperones if required. All staff who acted as chaperones were trained for the role and had undergone a disclosure and barring check (DBS). (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). The chaperone policy was updated to reflect this.
- Infection control audits had been undertaken which detailed the improvements required to maintain effective cleaning in the prevention and spread of infection and where issues needed to be addressed. Two practice nurses were booked to attend two day training regarding infection prevention and control and had completed infection control workbooks as well as identifying additional audit tools to put in place at the practice. An action plan was in place for audits to be completed and recorded once the staff training was completed. This included the development of a schedule to record the cleaning activity that took place each day in the treatment rooms by the nursing team.
- We saw that disposable privacy curtains used in the treatment rooms were dated and the practice had plans to change them on a six monthly basis in line with

national guidance on infection prevention and control. The practice had cleaning schedules to identify the domestic cleaning activity undertaken which included records to identify the frequency and methods used to clean the fabric covered chairs in the treatment rooms. Staff told us that the window curtains were washed regularly and that records had been established to record this. A log book was seen during the inspection to confirm this.

- Blank / unused prescription forms were securely stored, and the serial numbers of prescription forms were recorded when allocated to staff and could, therefore, be monitored and tracked through the practice. Additionally, a process had been implemented to remove the prescription paper from printers each evening and lock it in a drawer within a locked room.
- We reviewed two personnel files and found that recruitment checks had been undertaken prior to employment. Criminal record checks via the Disclosure and Barring Service (DBS) had been undertaken at the practice and this was embedded as part of the recruitment policy and process.

Monitoring risks to patients

- A fire risk assessment of the premises had been undertaken and a fire drill for staff was planned in June 2016. The fire safety policy had been updated to specify that fire drills would be carried out every six months.