

The Liphook and Liss Surgery

Quality Report

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Date of inspection visit: We have not revisited The Liphook and Liss Surgery as part of this review because it was able to demonstrate that it was meeting the standards without the need for a visit.
Date of publication: 09/01/2017

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 a focused desktop inspection of The Liphook and Liss Surgery in October 2016 to assess whether the practice had made the improvements in providing safe care and services.

We had previously carried out an announced comprehensive inspection at The Liphook and Liss Surgery on 21 July 2015 when we rated the practice as good overall. The practice was rated as good for being effective, caring, responsive and well-led and requires improvement for providing safe care. This was because we found that risks to patients and staff in relation to fire safety had not been fully assessed, and there was no record of fire safety training for staff. Following our last inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

The practice was able to demonstrate that they were meeting the standards for safe care and is now rated as good for providing safe care. The overall rating for the practice remains as good.

This report should be read in conjunction with the full inspection report.

Our key findings across the areas we inspected in October 2016 were as follows:

- There were full risk assessments in place for the management of fire safety at both branches of the practice, and staff had received appropriate training in relation to fire safety.

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.

Since our last inspection in July 2015, the practice was found to have undertaken work to address fire safety by:

- Commissioning fire safety assessments of both branch surgeries, which were undertaken in August 2015.
- Undertaking actions required as a result of the assessments within an appropriate timescale.
- Establishing log books to ensure that checks and servicing of equipment related to fire safety continued to be undertaken.

Ensuring that all practice staff had undertaken online fire safety training as recently as July 2016.

Good



The Liphook and Liss Surgery

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection on 21 July 2016 and published a report setting out our judgements. We asked the provider to send an action plan of the changes they would make to comply with the regulation they were not meeting at that time.

We undertook a focussed follow up inspection in October 2016 to ensure that the necessary changes had been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We have not revisited The Liphook and Liss Surgery as part of this review because the practice was able to demonstrate compliance without the need for an inspection visit.

How we carried out this inspection

We reviewed information provided to us by the practice, including fire risk assessments, logs of ongoing checks and servicing of equipment related to fire safety, photographic evidence, the fire safety policy and supporting documentation, and the staff fire safety training log.

Are services safe?

Our findings

At our last inspection on 21 July 2015, we found that there were procedures in place for monitoring and managing risks to patient and staff safety except in relation to fire safety. The practice had conducted a premises risk assessment during which some risks in relation to fire had been assessed, but it did not have a specific fire risk assessment. We saw that there was a fire procedure dated July 2002 and reviewed in 2003. This was brought to the attention of the practice, and the procedure was reviewed and updated on the day of our inspection. There was no record of fire safety training for staff. Staff acknowledged that any training they had received had taken place a number of years ago.

On 7 October 2016, the practice submitted us a copy of the fire risk assessments undertaken in August 2015 at both branches, along with supporting logs of ongoing checks and servicing of equipment related to fire safety, photographic evidence of action taken, the practice's current fire safety policy and supporting documentation, and the staff fire safety training log. In total, this demonstrated that all necessary actions highlighted in the fire risk assessments had been undertaken within an appropriate timescale, and practice staff had received up-to-date fire safety training.