

# Mulberry Surgery

## Quality Report

38 Highfield Road  
Southampton  
SO17 1PJ

Tel: 02380 554549

Website: [www.MulberrySurgery@nhs.net](http://www.MulberrySurgery@nhs.net)

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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 focussed inspection of Mulberry Surgery on 16 June 2016 to check that action had been taken since our previous inspection in April 2015. Overall the practice is rated as good.

At our inspection in April 2015 we rated the practice as good overall. We found that the practice required improvement in the Safe domain due to breaches of regulations relating to safe delivery of services. The practice was good for Effective, Caring, Responsive and Well Led services.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met 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 the 'all reports' link for Mulberry Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings across all the areas we inspected were as follows:

The provider had made improvements to:

- Ensure a legionella risk assessment was carried out and action was taken.
- Ensure that emergency fire procedures were updated.

### 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.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. We found that legionella risks to patients had been addressed and fire emergency procedures had been updated. There were enough staff to keep patients safe.

**Good**



# Mulberry Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

At this visit our inspection team consisted of a Care Quality Commission Inspector.

## Background to Mulberry Surgery

Mulberry Surgery is located in a converted private house on the outskirts of Southampton and provides care and treatment to approximately 3100 patients living in and around the Highfield area of Southampton. The practice also has a branch practice, St Denys Surgery, St Denys Road, Southampton. At this inspection we did not visit the branch practice, no risks or concerns at the branch had been identified prior to or during this inspection.

The Mulberry surgery staff team consists of two GP partners, one female and one male, who are supported by a nursing team of two practice nurses and one health care assistant. There is a management team of five receptionists, a medical secretary and administrator and a practice manager that covers both sites. The practice has a General Medical Services contract with NHS England for delivering primary care services to local communities.

**Opening Times:** The practice is open from 8am until 6.30pm on Monday, Tuesday, Thursday and Friday, and from 8am until 12pm on Wednesdays. On Wednesday afternoons any emergencies are covered by St Denys Surgery.

The practice offers a range of appointment types such as same day, book one day in advance, book one week in advance and book two weeks in advance. The purpose of

the different appointment types is to ensure there are sufficient appointments available to book at any one time so that entire surgeries are not fully booked weeks in advance.

To obtain an appointment patients telephone, attend the practice or alternatively if they have registered to do so book and cancel appointments online.

The practice is able to offer some surgeries outside of the above hours for those who find it difficult to attend for routine problems due to their working hours or other commitments; on some Monday and Thursday evenings and some Saturday mornings on a rota basis. Patients are asked to speak with the receptionist to find out more information of times and dates.

The practice has opted out of providing out-of-hours services to their own patients. Out of hours cover is provided by Hants Doc via the NHS 111 service.

## Why we carried out this inspection

At the inspection carried out on 28 April 2015, we made a requirement to address shortfalls with Regulation 17(2) (b) of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Providers must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

On 28 April 2015 the provider had not carried out full assessments to mitigate and minimise risks to patients. We found the emergency fire procedures had not been updated for several years and a full legionella risk assessment had not been carried out.

# Detailed findings

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.

We have followed up to make sure that the necessary changes have been made and found the provider was now meeting the regulations included within this report. This report should be read in conjunction with the full inspection report.

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

### Overview of safety systems and processes.

At our visit in April 2015 we saw that there were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice. The practice had fire risk assessments and fire drills were carried out. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment had been checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The emergency fire procedures had not been updated for several years and a full legionella risk assessment had not been carried out.

At our visit on 16 June 2016 we saw records and evidence that that practice had completed the actions they had set out in the report they sent to us to make the practice compliant with the regulations.

For example, we saw that the practice had used a professional company to perform a fire risk assessment on

12 May 2015 and as a result of an action point a powder fire extinguisher had been replaced by a CO2 extinguisher. A fire alarm service had taken place in June 2015 and all fire extinguishers were serviced in September 2015. Emergency fire procedures had been updated and we saw evidence of daily and weekly checks of the fire systems. Emergency lighting checks were also taking place.

The practice had used the services of a professional company to perform a legionella risk assessment and test. The practice supplied us with a legionella testing certificate dated 18 November 2015 showing that analysis of water samples were made by an accredited testing laboratory and no legionella bacteria were isolated in the samples analysed. The practice had also commenced records around water temperature testing.

The practice had also ensured that further servicing dates had been entered on a calendar and that the maintenance company they were using would send the practice reminders informing them of when various services to the practice and equipment used were due.