

Capelfield Surgery

Quality Report

Elm Road
Esher
Surrey
KT10 0EH
Tel: 01372 462501
Website: www.capelfieldsurgery.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 Capelfield Surgery on 21 January 2016. The overall rating for the practice was good, but breaches of legal requirements were found in the safe domain. The practice sent to us an action plan detailing what they would do in relation to the shortfalls identified and the action taken in order to meet the legal requirements in relation to the following:-

- The practice did not have a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- Clinical specimens were seen to be stored in the same fridge as medicines which does not comply with the Public Health England Protocol for ordering, storing and handling vaccines.
- Printer prescription paper was not monitored within the practice and large quantities of prescription paper were observed left in printers with the rooms left unlocked.
- The practice was unable to provide evidence that an evacuation drill had been carried out.

- There was a wall mounted mercury sphygmomanometer, an instrument used for measuring blood pressure, in one room but there was no mercury spill kit on site.
- The practice could not provide proof that all clinicians had received Mental Capacity Act (MCA) and deprivation of liberties (DoLs) training.

The full comprehensive report on the 21 January 2016 inspection can be found by selecting the 'all reports' link for Capelfield Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 March 2017 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 21 January 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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

- The practice now had a system in place for the production of Patient Specific Directions.
- The practice no longer stored specimens in the vaccine fridge.

Summary of findings

- Printer prescription paper was now stored in a locked cupboard and a system for monitoring it throughout the practice introduced.
- A fire evacuation drill had been carried out and recorded.
- The mercury containing instrument had been removed.
- All clinical staff had received Mental Capacity Act and Deprivation of Liberty training.

Additionally we saw that:

- Staff had been trained in adult safeguarding and basic life support.
- The practice had a recruitment policy in place, but had not employed any new staff since the previous inspection.

- However the procedure for registering a new manager and the regulated activity 'maternity and midwifery' had not yet been completed.

The areas where the provider should make improvement are to:

- Ensure that the process to register a manager with CQC is completed.
- Ensure that all regulated activities being provided are registered with CQC including maternity and midwifery.

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 this inspection we found that safety systems and procedures had improved and the practice were no longer in breach of the legal requirements. The practice now had a system in place for the production of Patient Specific Directions. They had also made changes in their arrangements with respect to specimens and no longer stored specimens in the vaccine fridge. Processes had been put in place to ensure that printer prescription paper was now stored in a locked cupboard and a system for monitoring it throughout the practice introduced. A fire evacuation drill had recently been carried out and recorded and there were no longer any mercury containing instruments in the practice. We saw that all clinical staff had received Mental Capacity Act and Deprivation of Liberty training.

Other improvements that had been made were that staff had been trained in adult safeguarding and basic life support. Also the practice had a recruitment policy in place, but had not employed any new staff since the previous inspection.

Good



Capelfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector.

Background to Capelfield Surgery

The Capelfield Surgery is situated in the Claygate area of Esher. The practice is located in a purpose built property owned by the partners. At the time of our inspection there were approximately 7,700 patients on the practice list. The practice has three female GP partners and two salaried GPs (one male, one female), one nurse, two healthcare assistants, two phlebotomists, a practice manager, reception and administration staff. The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are offered 9am to 12pm every Saturday. Patients requiring a GP outside of normal hours are advised to call 111 where they are redirected to the most appropriate external out of hours service. The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice offers enhanced services for example; various immunisation schemes.

The service is provided at the following location:

Capelfield Surgery

Elm Road

Claygate

Esher

Surrey

KT10 0EH

The practice population has a higher number than average of younger patients from birth to 14 years and patients from 40 to 54 years. It has a lower number than average of patients from 20 to 34 years. It also has a lower than average percentage of patients with long standing health conditions and of patients with health-related problems in daily life.

The CQC (Registration) Regulations 2009 require a GP partnership to have a registered manager and to be registered for all the regulated activities that they provide. Capelfield Surgery do not currently have a registered manager although they have started the application process and are not registered to provide maternity and midwifery services which they are providing.

Why we carried out this inspection

We undertook a comprehensive inspection of Capelfield surgery on 21 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and good for providing effective, caring, responsive and well-led services, but requires improvement for providing safe services. The full comprehensive report following the inspection on 21 January 2016 can be found by selecting the 'all reports' link for Capelfield Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Capelfield Surgery on 10 March 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.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Capelfield Surgery on 10 March 2017. During our inspection we:

- Spoke to staff including the practice manager.
- Visited the surgery.

- Reviewed evidence demonstrating what the practice had done to resolve the breaches of regulations identified at the inspection of January 2016.

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

At our previous inspection on 21 January 2016, we rated the practice as requires improvement for providing safe services.

These arrangements had improved when we undertook a follow up inspection on 10 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process:

At the inspection on 21 January 2016 we found that the practice did not have a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

On this occasion the practice demonstrated that they had a system that ensured Person Specific Directions (PSDs) were in place for the health care assistant. A Patient Specific Direction (PSD) is the written instruction, signed by a doctor, for medicines to be administered to a named patient after the patient has been assessed on an individual basis.

At the last inspection we saw that clinical specimens were seen to be stored in the same fridge as medicines which does not comply with the Public Health England Protocol for ordering, storing and handling vaccines.

At this inspection we saw that the practice had changed their provider for pathology services and the new provider picked up samples twice a day. Patients were informed of the time that all samples had to be dropped off by and samples were no longer stored overnight.

At the inspection on 21 January 2016 we saw that printer prescription paper was not monitored within the practice and large quantities of prescription paper was observed left in printers with the rooms left unlocked.

On this occasion we saw that printer paper was stored in a locked cupboard overnight, they were placed in the printers in the morning and back in the cupboard in the evening. The rooms were locked when unoccupied. There was now a system in place to track the prescriptions within the practice.

At the inspection on 21 January 2016 we saw that there was a wall mounted mercury sphygmomanometer, an instrument used for measuring blood pressure, in one room but there was no mercury spill kit on site.

On this occasion we saw that the instrument had had been removed from the practice.

At the last inspection the practice could not provide proof that all clinicians had received Mental Capacity Act (MCA) and Deprivation of Liberties (DoLs) training.

At this inspection we saw that shortly after the last inspection during a clinical meeting, all clinical staff received MCA and DoLs training.

Monitoring risks to patients

At the previous inspection the practice were unable to provide evidence that an evacuation drill had been carried out.

At this inspection we saw a record in the fire safety log that an evacuation rehearsal had been carried out, the practice were intending to carry out evacuation rehearsals six monthly.