

Drs Weaver, Shand & Assadourian

Quality Report

Odiham Health Centre

Deer Park View

Odiham

Hampshire

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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 of Drs Weaver, Shand & Assadourian practice at Odiham Health Centre on 24 February 2015. The overall rating for the practice was good, however, the practice was rated as requires improvement for providing safe services. The full comprehensive report on the February 2015 inspection can be found by selecting the 'all reports' link for Drs Weaver, Shand & Assadourian on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 28 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 24 February 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good, including for providing safe services.

Our key findings were as follows:

- the practice had carried out a legionella risk assessment; and had completed annual infection control statements.
- Medicines and cleaning fluids are stored securely and were now only accessible to authorised people.
- Disclosure and Barring Service (DBS) checks are carried out for staff who perform chaperone roles and a policy documents when such a check is not required.
- fire emergency plans have been reviewed, including arrangements for patients with mobility impairments.
- there are now records in place of induction training for newly appointed staff.
- all relevant, newly appointed staff, receive infection control training.

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?

During our comprehensive inspection on 24 February 2015 the practice was rated as requires improvement for providing safe services. We found that:

- no legionella risk assessment had been carried out.
- no annual infection control statement had been completed.
- some medicines including vaccines were not kept securely and were not only accessible to authorised people.
- some cleaning fluids were not stored securely and were not only accessible to authorised people.
- for staff who perform chaperone roles a Disclosure and Barring Service (DBS) check had not been carried out and there was no documented rationale why such a check was not required.
- the fire emergency plans did not address the possible use of the first floor by patients with mobility impairments.
- there was no record of induction training for newly appointed staff.
- not all relevant staff had received infection control training.

During our focused inspection carried out on 28 March 2017 the practice was rated as good for providing safe services. We found that:

- the practice had carried out a legionella risk assessment; and completed annual infection control statements.
- Medicines and cleaning fluids are stored securely and only accessible to authorised people.
- Disclosure and Barring Service (DBS) checks are carried out for staff who perform chaperone roles and a policy documents when such a check is not required.
- fire emergency plans have been reviewed, including arrangements for patients with mobility impairments.
- there are records of induction training for newly appointed staff.
- all relevant staff receive infection control training.

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 24 February 2015 which applied to everyone using this practice, including this population group. The focused inspection carried out on 28 March 2017 confirmed the population group ratings as good.

Good



People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 24 February 2015 which applied to everyone using this practice, including this population group. The focused inspection carried out on 28 March 2017 confirmed the population group ratings as good.

Good



Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 24 February 2015 which applied to everyone using this practice, including this population group. The focused inspection carried out on 28 March 2017 confirmed the population group ratings as good.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 24 February 2015 which applied to everyone using this practice, including this population group. The focused inspection carried out on 28 March 2017 confirmed the population group ratings as good.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 24 February 2015 which applied to everyone using this practice, including this population group. The focused inspection carried out on 28 March 2017 confirmed the population group ratings as good.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 24 February 2015 which applied to everyone using this practice, including this population group. The focused inspection carried out on 28 March 2017 confirmed the population group ratings as good.

Good



Summary of findings

Drs Weaver, Shand & Assadourian

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection on 28 March 2017 was carried out by a CQC Inspector.

Background to Drs Weaver, Shand & Assadourian

Drs Weaver, Shand & Assadourian, also known as Odiham Health Centre, is a purpose built surgery situated in the centre of Odiham, Hampshire. Drs Weaver, Shand & Assadourian has an NHS general medical services (GMS) contract to provide health services to approximately 11,000 patients. Surgeries are held daily between the hours of 9:00am - 12:00 noon and 2:30pm - 6:00pm, Monday to Friday. Nurse clinics are held daily between the hours of 8:00am and 5:30pm. Early morning GP surgeries are held on Tuesdays and Fridays and evening surgeries on Wednesdays. Saturday morning GP and nurse surgeries are held on alternate weekends. The practice has opted out of providing out-of-hours services to their own patients and refers them to Hantsdoc via the 111 service. Information about the out-of-hours service was available, for example, on the practice website, on the front doors of the surgery and as an answerphone message.

The mix of patient's gender (male/female) is almost half and half. The practice has a higher number of patients aged

between 45 and 49 years old when compared to the England average. The practice is based in an area of low deprivation and has a high number of patients who are families of serving members of RAF Odiham.

The practice has three GP partners, four salaried GPs and one GP registrar who together work an equivalent of 7.2 full time staff. In total there are three male and five female GPs. The practice also has five practice nurses and two health care assistants. GPs and nursing staff are supported by a team of 19 administration staff, including receptionists, secretaries, quality control and finance assistants and the practice manager. Odiham health centre is also a training practice for GPs, medical students and registrars.

We carried out our follow up focussed inspection at the practice situated at:

Odiham Health Centre

Deer Park View

Odiham

Hampshire

RG29 1JY

Why we carried out this inspection

We undertook a comprehensive inspection of Drs Weaver, Shand & Assadourian, also known as Odiham Health Centre on 24 February 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, however, it was rated as requires improvement for providing safe

Detailed findings

services. The full comprehensive report following the inspection in February 2015 can be found by selecting the 'all reports' link for Drs Weaver, Shand & Assadourian on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Drs Weaver, Shand & Assadourian on 28 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.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including a GP, practice nurse and practice manager.
- Reviewed a sample of staff personnel files, including records of Disclosure and Barring Service (DBS) checks, induction and training.
- Reviewed policies, procedures, records and other documents, including those relating to legionella risk assessment, infection control, fire safety and chaperones.
- Reviewed arrangements for the secure storage of medicines and cleaning fluids.

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 24 February 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of legionella risk assessment; infection control; secure storage of some medicines and cleaning fluids; fire safety; and DBS checks of staff acting as chaperones were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 28 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At our previous inspection in February 2015 we were told that the practice had trained chaperones who had all received a Disclosure and Barring Service (DBS) check. Other staff we spoke with told us that they also performed chaperone duties but records at the time showed that they had not received any formal training for this role nor had a DBS check been carried out. We asked about this and were told that at no time would a chaperone be left alone with a patient. This arrangement was confirmed by staff who were chaperones but this was not formally recorded in any risk assessment. We spoke with the practice manager about the need for this to be carried out or a documented rationale why such checks were not required especially for those staff who acted as chaperones.

At this follow up inspection in March 2017 we reviewed three staff personnel files and found that DBS checks had been carried out for staff who perform chaperone duties. We saw that the chaperone policy documented when such a check is not required; records confirming that staff had read the policy; and evidence that relevant staff had received appropriate training. We also saw examples of records of induction training for newly appointed staff.

At our previous inspection in February 2015 we found that a system was in place for managing infection prevention and control. However, an annual statement had not been produced (this should follow the guidance as detailed in the Health and Social Care Act 2008 - Code of Practice on the Prevention and Control of Infections); and records showed that only three clinical staff had received annual infection control training in 2012.

At this follow up inspection in March 2017 we saw that an infection prevention and control audit had been carried

out in February 2016; and found that annual infection control statements had been produced for 2015/16 and 2016/17. We saw evidence that all clinical and non-clinical staff had received training in infection control; and minutes showing this was an area discussed at meetings of all practice staff and the practice nurses team.

At our previous inspection in February 2015 we found that whilst medicines were monitored appropriately, two of the four fridges used were not locked which meant that these were accessible to unauthorised people. We also found cleaning materials were stored in unlocked filing cabinets in a stairwell that was accessible to unauthorised people. This did not follow Control of Substances Hazardous to Health (COSHH) Regulations 2002. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We spoke to the practice manager about this who told us they would rectify the situation as a matter of urgency.

At this follow up inspection in March 2017 we found that all four fridges used to store vaccines and the cabinet used to store cleaning fluids were all securely locked when not in use to prevent access to unauthorised people.

Monitoring risks to patients

At our previous inspection in February 2015 we found that no legionella risk assessment had been carried out. At this follow up inspection in March 2017 we saw that a policy and legionella risk assessment had been documented in 2016 and there were records of hot and cold water temperature tests carried out in 2015, 2016 and 2017.

At our previous inspection in February 2015 we found that fire safety checks and full fire drills had been carried out. We were told the first floor was routinely used by patients. We asked staff how they would evacuate a patient down the stairs in event of an emergency which may render the lift unusable. We were informed the provider would review the arrangements for patients using the first floor that had mobility impairments.

At this follow up inspection in March 2017 we saw that fire emergency plans have been reviewed, and arrangements were now in place to ensure the safety of patients with mobility impairments, for example, by ensuring all such patients and any visitors were seen on the ground floor only.