West Somerset Healthcare

Quality Report

Williton Surgery
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Somerset Healthcare on 14 April 2016. The overall rating for the practice was good, with the area of safe being rated as requiring improvement. The full comprehensive report on the 14 April 2016 inspection can be found by selecting the 'all reports' link for West Somerset Healthcare on our website at www.cqc.org.uk.

This inspection was an announced focused follow-up inspection of West Somerset Healthcare on 18 April 2017, to confirm that the practice had carried out their action plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good, with the area of safe now rated as good.

At the inspection 14 April 2016 the areas where the provider must make improvement were:

- The practice must follow the guidance on the Control of Substances Hazardous to Health Regulations (2002) and ensure safety data sheets were available in the practice.
- The practice must follow the Electricity at Work Regulations (1989) with regards to electrical system maintenance.
- The practice must review fire safety in line with Health Technical Memorandum 05-01.
- The practice must review emergency system checks including emergency lighting and fire alarms.
- Systems must be in place for the effective prevention and management of infection for equipment used for diagnosis and treatment.
- All staff must receive safeguarding adults training in a timely manner and in line with Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016).
- Patient records must be stored securely in line with national policy.
- The practice must review and risk assess the stock of emergency medicines with regard to the use of atropine for the treatment of bradycardia, as a possible complication of intrauterine device insertion.

The areas where the provider should make improvement were:

Summary of findings

- Effective systems should be in place to record and review fridge temperature readings in a manner that will identify if vaccines had been stored safely.
- A system to record minutes from vulnerable adult meetings to allow for a single document which explained any actions which had been taken to improve quality of care and safety for this group of patients.
- Consent forms for patients who undergo insertion of intrauterine (contraceptive) devices should inform patients fully of the risks associated with the procedure including the potential risk to them if the practice does not stock the recommended emergency medicine.
- Effective systems should be in place to safely store and monitor the security of blank prescriptions as per practice policy.

This inspection was an announced focused inspection carried out on 18 April 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 14 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The provider had ensured there were safety data sheets available in the practice for the storage and handling of chemicals that were required to be kept in accordance to Control of Substances Hazardous to Health Regulations (2002).
- The practice had followed the Electricity at Work Regulations (1989) with regard to electrical system maintenance; an electrical hard wiring safety check had been carried out.
- The practice had reviewed fire safety in line with Health Technical Memorandum 05-01. Fire safety drills, fire safety training, emergency lighting, and external fire safety assessment had been carried out.
- Systems were in place for the effective prevention and management of infection for equipment used for diagnosis and treatment.
- All staff had received safeguarding adults training.
- Patient records were stored securely in line with national policy.
- The practice had reviewed their protocols in regard to the stocking of emergency medicine atropine (for the treatment of bradycardia, as a possible complication of intrauterine device insertion). The practice now ensured it was readily available when these procedures were carried out.
- Effective systems were in place to record and review refrigerator temperature readings to ensure vaccines had been stored safely.
- The provider had implemented a system to record minutes of vulnerable adults safeguarding meetings including any actions which had been taken.
- Effective systems were in place to safely store and monitor the security of blank prescription paper as per practice policy.

The provider should:

- The provider should continue to ensure that all staff remain aware of where the emergency medicine atropine was kept, so that they could respond appropriately if required for coil insertion procedures.
- The provider should continue to ensure that the emergency medicine atropine that is not held centrally with the other emergency medicines is checked in accordance with their emergency medicines policy.

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?

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- The provider had ensured there were safety data sheets available in the practice for the storage and handling of chemicals that were required to be kept in accordance to Control of Substances Hazardous to Health Regulations (2002).
- The practice had followed the Electricity at Work Regulations (1989) with regard to electrical system maintenance; an electrical hard wiring safety check had been carried out.
- The practice had reviewed fire safety in line with Health Technical Memorandum 05-01. Fire safety drills, fire safety training, emergency lighting, and external fire safety assessment had been carried out.
- Systems were in place for the effective prevention and management of infection for equipment used for diagnosis and treatment.
- All staff had received safeguarding adults training.
- Patient records were stored securely in line with national policy.
- The practice had reviewed their protocols in regard to the stocking of emergency medicine atropine (for the treatment of bradycardia, as a possible complication of intrauterine device insertion). The practice now ensured it was readily available when these procedures were carried out.
- Effective systems were in place to record and review refrigerator temperature readings to ensure vaccines had been stored safely.
- The provider had implemented a system to record minutes of vulnerable adults safeguarding meetings including any actions which had been taken.
- Effective systems were in place to safely store and monitor the security of blank prescription paper as per practice policy.
- The provider should continue to ensure that all staff remain aware of where the emergency medicine atropine was kept, so that they could respond appropriately if required for coil insertion procedures.
- The provider should continue to ensure that the emergency medicine atropine that is not held centrally with the other emergency medicines is checked in accordance with their emergency medicines policy.

West Somerset Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector.

Background to West Somerset Healthcare

West Somerset Healthcare is located in West Somerset in the county of Somerset and provides primary medical services for approximately 10,000 patients within the villages of Williton and Watchet and surrounding rural area of 140 square miles.

The main practice is known as Williton Surgery, Robert Street, Williton TA4 4QE. A purpose built building (built in the 1970s) with an accessible car park and an independent pharmacy on the site. Approximately 65% of patients are seen at this location. Two miles north is Watchet, a harbour village where the branch surgery is located. This is known locally as Watchet surgery, 55 Swain Street, Watchet TA23 0AG. The branch surgery is located in a converted factory. Both villages are roughly equidistant between Minehead, Bridgwater and Taunton, lying between the Quantock Hills and the Brendon Hills, close to Exmoor.

West Somerset has a higher than average ageing population, with the longest living population in Europe with over 40% of pensionable age (Office National statistics 2010). This is reflected in the practice demographics with a much higher than average population over 65 years of age.

The practice has a much lower than average population under 39 years of age. The practice has a high level of deprivation with a score of 26.8 which is higher than the England average of 21.8 and the Somerset average of 18.

The practice has a Primary Medical Services contract (PMS) with NHS England to deliver primary medical services. The practice provides enhanced services which include facilitating timely diagnosis and support for patients with dementia; childhood immunisations; learning disabilities; minor surgery and enhanced hours patient access.

The practice team includes five GP partners (male and female) one management partner and one salaried GP. In addition the practice team comprises of two female advanced nurse practitioners, six practice nurses, two health care assistants, a practice manager, a reception manager, and data admin team leader and part time administrative staff which include receptionists and secretaries and a practice administrator. Most of the staff work across this practice and the branch surgery.

The practice is open between 8am to 6.30pm Monday to Friday with extended hours on various evenings, dependant on patient need, until 7pm and on one Saturday per month. Appointments are bookable six weeks in advance. The national GP patient survey (January 2016) reported that patients were satisfied with making appointments. Patients reported they were slightly less than satisfied with the practice opening hours.

The practice is a training practice for trainee GPs.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 out of hours and an Out Of Hours GP service provided care and treatment. Information is displayed in the surgery reception area and on the providers website.

Why we carried out this inspection

We undertook a comprehensive inspection of West Somerset Healthcare on 14 April 2016 under Section 60 of

Detailed findings

the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with the area of safe requires improvement. The full comprehensive report following the inspection on 14 April 2016 can be found by selecting the 'all reports' link for West Somerset Healthcare on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of West Somerset Healthcare on 18 April 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

We carried out a focused inspection of West Somerset Healthcare on 18 April 2017. This involved reviewing evidence relating to the management and administration of the service.

During our visit we:

- Visited the location of Williton Surgery.
- Spoke with a range of staff including the business manager, practice nurse, Nurse Practitioner and administration staff.
- Looked at information and the systems the practice kept in regard to the management of the premises, medicines, training records and the storage of patient records.

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Are services safe?

Our findings

At our previous inspection on 14 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of:

- The practice must follow the guidance on the Control of Substances Hazardous to Health Regulations (2002) and ensure safety data sheets were available in the practice.
- The practice must follow the Electricity at Work Regulations (1989) with regards to electrical system maintenance.
- The practice must review fire safety in line with Health Technical Memorandum 05-01.
- The practice must review emergency system checks including emergency lighting and fire alarms.
- Systems must be in place for the effective prevention and management of infection for equipment used for diagnosis and treatment.
- All staff must receive safeguarding adults training in a timely manner and in line with Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016).
- Patient records must be stored securely in line with national policy.
- The practice must review and risk assess the stock of emergency medicines with regard to the use of atropine for the treatment of bradycardia, as a possible complication of intrauterine device insertion.
- Effective systems should be in place to record and review fridge temperature readings in a manner that will identify if vaccines had been stored safely.
- A system to record minutes from vulnerable adult meetings to allow for a single document which explained any actions which had been taken to improve quality of care and safety for this group of patients.
- Consent forms for patients who undergo insertion of intrauterine (contraceptive) devices should inform patients fully of the risks associated with the procedure including the potential risk to them if the practice does not stock the recommended emergency medicine.
- Effective systems should be in place to safely store and monitor the security of blank prescriptions as per practice policy.

These arrangements had significantly improved when we undertook a follow up inspection on 18 April 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the inspection on 14 April 2016 we saw arrangements were in place to safeguard children and vulnerable adults from abuse. Staff had demonstrated they understood their responsibilities and all had received level three training on safeguarding children. Not all staff, including GPs and practice nurses, had received safeguarding adults training relevant to their role. The provider advised at the time that training was booked for September 2016. We also discussed with a representative of the provider the reason why there were no minutes or detail central records, apart from an attendance log, to record information from vulnerable adult meetings. Information was placed by the responsible clinician into individual patients records after the meetings were held. This meant there was a possible risk that information or actions would be missed or not followed through. Following the inspection we were told the processes were reviewed and details of information and actions recorded directly into patient's records during the meeting. Before and during the inspection 18 April 2017 we were told the provider had implemented a system to record minutes of vulnerable adults safeguarding meetings including any actions which had been taken. These minutes of meetings were password protected and only accessible to staff who required to have access and were held in the shared drive.

During this inspection, 18 April 2017, we were shown information that supported that on line safeguarding training had been provided to most staff, where gaps in training had been identified, training was planned for.

At the inspection on 14 April 2016 we saw the practice maintained appropriate standards of cleanliness and hygiene. However, we saw there was no oversight of the decontamination of medical equipment. For example, equipment such as nebulisers were shared between rooms during consultations. We saw no evidence there was a

cleaning schedule in place for this equipment. This meant there was no system in place for the effective prevention of cross infection of patients from equipment used for diagnosis and treatment.

We were shown during the inspection 18 April 2017 that the practice had a system in place to ensure that all equipment was cleaned regularly. We saw there was a schedule of cleaning which was checked and monitored by one of the administration team. The schedule of cleaning of equipment was now part of the daily, weekly and monthly tasks carried out by the nursing team.

During our visit 14 April 2016 we found three consultation rooms were unlocked and unattended by staff which meant blank prescriptions were not stored securely or in line with practice policy. Following the inspection we were informed the practice had reviewed the situation and had fitted appropriate key code locks to these doors, which secured the rooms when staff were not using them. At this inspection on 18 April 2017 we saw that the practice has continued to follow their policies for safe prescription management in accordance to NHS England Security of prescriptions form guidance.

During the inspection 14 April 2016 we looked at the practices system for the management of the vaccine refrigerators and the cold chain storage. We saw some refrigerators did not have an independent device to measure temperature and the refrigerator at Watchet surgery was not checked daily. This meant there was not an effective system in place to record and review temperature readings in a manner that identified that vaccines had been stored outside of recommended temperature ranges. Following our inspection the practice advised us that a new temperature monitoring device had been installed.

At this inspection 18 April 2017, we looked at the records relating to the monitoring of vaccine refrigerators. We saw the practice had invested in USB sticks to continually monitor refrigerator temperatures. These records were used in conjunction with the physical temperature checks carried out by staff on a daily basis when the surgery premises were in use. Information was downloaded from the USB sticks regularly and a second check by an administrator was carried out to ensure that no breaches of temperature control had occurred.

During the inspection visit 14 April 2016 we had found patient records stored in an unlocked cupboard in an unlocked consulting room. This meant appropriate controls were not in place to keep confidential information safe. Following our inspection we received confirmation patient records had been moved to a safe storage room. At this inspection on 18 April 2017 the provider's representative assured us that paper records were kept securely and centrally in one place, staff adhered to the practices policy in regard to safe storage of records, none of which included being stored in areas that patients had access to.

Monitoring risks to patients

During the inspection on 14 April 2016 we found there were procedures in place for monitoring and managing risks to patient and staff safety. However, we sought confirmation that a mains electrical system testing schedule was in place, including the last electrical testing certificate for both locations. The provider could not provide evidence that this had been carried out in accordance to the Electricity at Work Regulations (1989). We were provided with details after the inspection of the planned scheduled electrical hard wiring test; and provided with evidence prior to the inspection on 18 April 2017 that tests had been carried out. At this inspection on 18 April 2017 we spoke with the lead administrator who undertook coordinating and collating information for the maintenance and the management of the buildings. They showed and told us about the processes they were developing to ensure that key maintenance and safety checks such as the mains electrical system testing were not missed, were planned and budgeted for.

At the inspection 14 April 2016 we saw the practice had an internal fire risk assessment procedure and that in 2013 an external fire risk assessment had been carried out with recommendations for the fire system at Williton surgery to be upgraded. We saw the current risk assessment register had an action to upgrade this system by 2016. However, this had not yet been done. Following our inspection we were told that an external fire risk assessment had been undertaken at both locations on 18 April 2016 to ensure that they comply with the most current fire safety regulations. Prior to this inspection, on 18 April 2017, we were provided with information to show that the provider had an action plan in place to rectify any outstanding issues found during these external fire risk assessment processes. This had included upgrading fire alarm systems and on-going fire safety checks and drills. The provider

informed us at this inspection, 18 April 2017, they had identified a designated lead member of staff to monitor and have oversight of the fire safety and risk assessment processes to ensure that works required and the regular safety checks are completed.

During the inspection 14 April 2016 we saw evidence fire safety training for staff had not taken place since 2014. Staff had told us they had not carried out, or participated in, regular fire drills. When we spoke to a representative of the practice management and following our inspection we were told a fire drill would be planned with a fire training update in 2016. We also saw the practice did not have records for emergency lighting checks and that fire alarm testing was undertaken on an ad-hoc basis. This meant the practice was not following Health Technical Memorandum 05-01 with regards to managing healthcare fire safety.

At this inspection 18 April 2017 we saw that fire safety training had been undertaken by all staff. The practice informed us they had purchased a new online training package to ensure that all staff had access to complete any mandatory health and safety training they required. There was evidence that regular fire safety drills were undertaken every six months at both locations. Fire alarms and emergency lighting checks were regularly undertaken. Again, a member of staff had been delegated the task to monitor staff had completed fire training and that fire alarm testing, fire drills and emergency lighting checks were carried out.

At the inspection 14 April 2016 we saw the practice had a variety of detailed risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, at the time of our visit the required documentation for handling chemicals used for cleaning at the practice and required to be kept in accordance to Control of Substances Hazardous to Health Regulations (2002) (COSHH) used for cleaning at the practice were not available. When we spoke to a representative of practice they advised us the cleaning contractor had removed the documentation to update it.

During this inspection on 18 April 2017 we saw that the required information for COSHH was readily available for the chemicals used by the cleaning contractor and those used by the practice staff; and records were maintained and kept up to date. A member of the practice staff monitored and checked regularly these documents were available and kept up to date and liaised with the cleaning company to ensure that this did not occur again.

At the last inspection on 14 April 2016 we looked at the system for responding to medical and safety emergencies. We saw there was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. However, staff told us during an emergency they would shout for help. We spoke to the practice management and they advised us this was the practice procedure. Both practices had a large patient waiting area and emergency medical equipment was kept in consultation rooms. This meant during busy times or when staff were consulting with patients there was a risk that someone shouting for help may not be heard.

During this inspection 18 April 2017 we reviewed what steps the practice staff had taken to ensure that these concerns were risk assessed and if necessary, addressed. The provider had informed us since the last inspection that there was a whole team discussion and the decision was to remain following their policy of calling for help verbally. They would use the panic button on the computer system and the telephone system only for discreet calls for support, should there be any issues within the consulting or treatment rooms. The provider told us that they had reviewed their policy and procedure to make sure that staff were clearly given instruction on how to use these systems as alternative or additional means of calling for support. When we spoke with the nurse practitioner they were able to describe a recent incident of how the system of shouting or calling for assistance had worked well when a patient collapsed in their treatment room. Other members of the staff team responded quickly to supply support and provide effective emergency treatment for the patient.

At the inspection 14 April 2016 we saw emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, we saw the practice did not stock atropine, a medicine used for treating a slow heart rate, a potential side effect from the insertion of intrauterine devices (coil insertion) used for family planning and treatment. A risk assessment was not in place to support the decision. This meant the practice was not working under good practice guidelines from the Resuscitation Council UK and the

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Faculty of Sexual & Reproductive Healthcare. We also saw that consent forms for patients undertaking the insertion of intrauterine (coil) devices did not record advice to patients that the practice did not hold atropine. This meant patients could not make an informed choice about the risks associated with the procedure including any significant possible adverse outcomes. Shortly after this inspection the provider informed us, 13 May 2016, after taking advice from local commissioners, that they had determined the risk was low and they would not routinely stock atropine. The provider told us and showed evidence they had implemented a risk assessment and amended the patients consent form to reflect this. We were informed the lead GP for this procedure was undertaking a Family Planning update in November 2016 when definitive guidance would be obtained.

Information provided before and during the inspection 18 April 2017 showed that the policy and procedure for contraceptive services were reviewed and updated following the lead GP's Family Planning update training in November 2016. We saw the practice policy and procedure now was to use directly the instruction from Faculty of Sexual and Reproductive Healthcare 2016 (in conjunction with Resuscitation Council). This included detail of essential resuscitation equipment and the stocking of atropine in order to respond appropriately to an emergency should one occur. We were informed by the provider prior to this inspection that atropine was stored with the emergency medicines and equipment. However, when we checked the emergency medicines monitoring systems it did not appear to be held with these medicines or included on their checking processes. When we spoke with nursing staff there was some uncertainty as to where the atropine was kept, apart from identifying that the health care assistant who usually accompanied the lead GP when coil insertion took place took the lead for this. Nursing staff promptly recognised the gap in information and implemented changes to ensure that atropine was included in the emergency medicines checks carried out and that all staff were aware of where it was kept and were able to respond accordingly should their assistance be required.

We saw at the inspection 14 April 2016 that staff received training that included basic life support and information governance. However, safeguarding adults and fire safety update training, although mandatory and identified within the training matrix as being required, had not been provided for all staff. We saw evidence that training had been booked for later in the year.

We saw during this inspection 18 April 2017 the provider had identified a designated lead member of staff to monitor and have oversight of the training for staff to ensure that the required mandatory training was achieved and planned for. We saw that for most staff mandatory training was up to date, where evidence of completion was required and not yet submitted by staff this was identified and staff were prompted to undertake training when it was required. We saw that the practice had regular training or meeting days where mandatory training was carried out such as fire safety, fire extinguisher and resuscitation training. We also saw that there was a planned programme of clinical updates such as contraception updates and whole practice training for infection control and hand hygiene.