

St Mary Street Surgery

Quality Report

The Surgery
St Mary Street
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Date of inspection visit: 3 July 2017

Date of publication: 27/07/2017

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



Are services well-led?

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 St Mary Street Surgery on 24 May 2016. The overall rating for the practice was requires improvement, with the safe and well-led domains rated as requiring improvement. The provider had resolved some of the concerns for the safe and well-led domains at our focused follow-up inspection on 28 February 2017. However, the provider had not rectified all the issues found previously in our comprehensive inspection and the practice remained as requiring improvement for providing safe and well-led services. Following the focused follow-up inspection we again issued two requirement notices. A notice was issued due to a breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, relating to safe care and treatment; and a notice was issued due to a breach of Regulation 17 of The Health and Social Care Act (Regulated Activity) Regulations 2014, relating to good governance.

Within our last inspection report we reported that the provider must:

- Ensure that confidential records, including patient medical records, were held securely at all times and within appropriate containers to remove the risk of damage and destruction.
- Ensure that all actions from the fire risk assessment had been completed including the electrical installation safety check, to ensure staff were appropriately trained in fire safety including key members of staff who led the team and patients to safety.

In addition, the provider should:

- Ensure blank prescription paper and pads were kept secure at all times.
- Ensure formal risk assessments took place when staff were employed before all appropriate checks had been received.
- Ensure actions, as identified from the practice legionella risk assessment were carried out.
- Improve its systems on how it monitored the quality of care and treatment provided to its patients, and ensure that when auditing took place this was discussed with all of the clinical team to share learning.

Summary of findings

We found the practice needed to improve its systems on how it monitored the quality of the care and treatment provided to its patients. For example, minor surgery results were not monitored for complications or for diagnostic accuracy.

The comprehensive and focused follow-up inspection reports can be found by selecting the 'all reports' link for St Mary Street Surgery on our website at www.cqc.org.uk.

We undertook a subsequent focused follow-up inspection of the practice on 3 July 2017. The inspection was to confirm that the practice had implemented its action plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 28 February 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

There were key findings across all the areas we inspected during this follow-up inspection. We saw documentary and other evidence that:

- The practice had assigned a dedicated room for medical records storage. The records were held in appropriate containers and the room had a lockable door that could only be accessed with a key, which

was accessible by certain staff. In addition, we saw that blank prescription paper and pads were kept secure at all times behind locked doors that were only accessible to authorised staff.

- All actions from the fire risk assessment had been completed, including an electrical installation safety check. Fire warden training had been completed by key members of staff responsible for team and patient safety.

In addition, we saw documentary and other evidence that:

- The practice had a formal risk assessment in place if non-clinical staff were employed before all appropriate checks had been received.
- Actions identified from the practice legionella risk assessment had been carried out. These included a record of weekly water system flushing.
- Clinical audits had been completed and findings discussed with all the clinical team to share learning.

Following this inspection the practice was rated as good across all domains.

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 domain for safe is now rated as good. This is because, during our focused inspection on 3 July 2017, we found:

- All actions from the fire risk assessment had been completed, including an electrical installation safety check. Fire warden training had been completed by key members of staff responsible for team and patient safety.
- Blank prescription paper and pads were kept secure at all times.
- The practice had a formal risk assessment in place if non-clinical staff were employed before all appropriate checks were received. The written risk assessment also covered previous employment references, and evidence of a Disclosure and Barring Service (DBS) check.
- All actions identified from the practice legionella risk assessment had been carried out.

Good



Are services well-led?

The domain for well-led is now rated as good. This is because, during our focused inspection on 3 July 2017, we found:

- The practice had assigned a dedicated room for medical records storage. The records were held in appropriate containers and the room had a lockable door that was secured by lock and key and could only be accessed by staff. In addition, we saw that blank prescription paper and pads were kept secure at all times behind locked doors that were only accessible to staff.
- Clinical audits had been completed and findings discussed with all the clinical team to share learning.

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 safe and well-led services as identified at our inspection on 3 July 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe and well-led services as identified at our inspection on 3 July 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe and well-led services as identified at our inspection on 3 July 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and well-led services as identified at our inspection on 3 July 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and well-led services as identified at our inspection on 3 July 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and well-led services as identified at our inspection on 3 July 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



St Mary Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our focused inspection was completed by a CQC Lead Inspector.

Background to St Mary Street Surgery

St Mary Street Surgery operates from one location, which is:

The Surgery, St Mary Street, Thornbury, South Gloucestershire, BS35 2AT

- The practice is based within Thornbury town centre and provides primary care services to patients from within the Thornbury area including Alveston and the villages of Oldbury-on-Severn, Olveston, Tockington and Tytherington.
- The practice premises were purpose built. They also rented additional space from the building next door and provide minor surgery clinics in the local community hospital.
- Patient services are located on the ground and first floor of the building. The first floor can be accessed by stairs. Patients unable to access the first floor were seen by clinical staff on the ground floor.
- There is no patient parking but there are direct bus routes close to the practice and a short stay car park opposite the practice.
- The practice is open from Monday to Friday 8am-6:30pm. Extended opening hours were available on Monday evening from 6:30pm and Thursday mornings from 7:20am.

- When the practice is not open patients can access the NHS 111 service for advice and if necessary referred to Brisdoc GP out of hours services.
- The practice has a population of approximately 7100 patients.

The practice has a Personal Medical Services contract (PMS) with NHS England to deliver general medical services. In addition to this contract the practice had enhanced services which included facilitating timely diagnosis for patients with dementia and childhood immunisations.

The practice has the following staffing:

- Four GP partners (two male and two female); working to the equivalent to 3.1 whole time equivalent GPs.
- A nurse prescriber, two practice nurses, a health care assistant and a phlebotomist (all female) working to the equivalent of 3.3 whole time equivalent nursing staff.
- An operations practice manager and a strategic practice manager.
- A senior receptionist and six receptionists and four administrators.
- St Mary Street Surgery is a GP teaching practice; there are four GP trainers and one GP registrar.

Why we carried out this inspection

We undertook a focused follow-up inspection of St Mary Street Surgery on 3 July 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

Before writing our report, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We visited the practice to undertake a focused inspection on 3 July 2017.

Before producing our report we:

- Spoke with the strategic and operational practice managers.
- Reviewed a range of documents, such as those relating to mandatory training, risk assessments, and information sharing.

Are services safe?

Our findings

At the last focused follow-up inspection of St Mary Street Surgery on 28 February 2017 we rated the practice as requires improvement for safe services, as arrangements for fire risk assessments, recruitment and equipment checks, and prescription storage did not keep patients safe.

There was one area of significant concern identified at the practice. The provider must:

- Ensure all actions from the fire risk assessment had been completed including the electrical installation safety check, to ensure staff were appropriately trained in fire safety including key members of staff who led the team and patients to safety.

In addition, the provider should ensure that:

- Blank prescription paper and pads were kept secure at all times.
- Formal risk assessments were undertaken and recorded if staff were employed before all appropriate checks were received.
- All actions identified from the practice legionella risk assessment were carried out.

These arrangements had improved when we undertook a focused inspection on 3 July 2017. The practice is now rated as good for providing safe services. This was in regard to:

Overview of safety systems and processes

- During the focused follow-up inspection of St Mary Street Surgery on 28 February 2017 we found that although the practice had a risk assessment in place if non-clinical staff were employed before all appropriate checks were received, this was not recorded. During our subsequent follow-up inspection on 3 July 2017, we saw documentary evidence that this issue had been addressed. The written risk assessment also covered professional registration, previous employment references, and evidence of a Disclosure and Barring Service (DBS) check.

Monitoring risks to patients

- During our focused follow-up inspection of St Mary Street Surgery on 28 February 2017, we reviewed the practice fire safety procedures and found there was no nominated individual appropriately trained to take the lead in the event of a fire. We also saw three members of staff had not completed their annual fire safety training. During our subsequent follow-up inspection on 3 July 2017 we saw documentary evidence that the practice had now appointed three nominated individuals to lead on fire safety, to ensure full cover for staff absences throughout a working week. A new fire risk assessment had been completed in June 2017 and we saw certificates and a mandatory training spreadsheet showing that all staff were trained in fire safety procedures and a record made of when this training was due for renewal. Fire alarm checks were undertaken on a weekly basis and a record made of this. During our follow-up inspection on 3 July 2017 we saw documentary evidence that an electrical installation safety check had been completed for the practice in March 2017.
- At the last focused follow-up inspection on 28 February 2017 we found that although an assessment for reducing the risk of legionella had been completed, the actions from this had not been addressed. During our subsequent follow-up inspection on 3 July 2017, we saw documentary evidence that all actions had been completed and recorded. These actions included a dedicated staff member responsible for weekly water system flushing.
- At the last focused follow-up inspection on 28 February 2017 we found that blank prescription paper and pads were kept in a cabinet in a staff area. We were informed and saw this was not routinely locked by staff even though the cabinet had the ability to lock. During our subsequent follow-up inspection on 3 July 2017 we saw that this cabinet was locked, and kept in a room secured by lock and key.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At the last focused follow-up inspection of St Mary Street Surgery on 28 February 2017, we rated the practice as requires improvement for well-led services. This was because of issues concerning the safety of patient medical records, and the sharing of learning when clinical audits took place.

These arrangements had improved when we undertook a subsequent focused follow-up inspection on 3 July 2017. The practice is now rated as good for providing well-led services. This was with regard to:

Governance Arrangements

During our focused follow-up inspection of St Mary Street Surgery on 28 February 2017, we found that although audit results were discussed at clinical meetings, these meetings were not recorded and there was no regular agenda item for it to be discussed. During our subsequent focused follow-up inspection on 3 July, we saw documentary

evidence, over a three month period, that this issue had been addressed. We saw that audits were discussed at the practice's bi-monthly clinical team meetings and were a standing agenda item.

During our focused follow-up inspection on 28 February 2017, we saw patient medical records were held securely. However, some archive medical records were not held appropriately within containers that would reduce the risk of damage and destruction. Also, we observed that security of confidential information within the reception area could be improved, for example, cabinets should be routinely locked and only unlocked when in use. During our subsequent focused follow-up inspection on 3 July, we saw documentary evidence that this issue had been addressed. Patient medical records were held within secure, appropriate containers and had all been relocated to a room dedicated for their storage and accessible only to authorised staff. We saw that the room was secured by lock and key and was housed within a secure staff area. We saw that this change added more lockable cupboard space and enabled staff to reduce the amount of information which was held on the reception desk.