

# Southmead and Henbury Family Practice

## Quality Report

Southmead Health Centre  
Ullswater Road  
Southmead  
Bristol  
BS10 6DF  
Tel: 0117 950 7150  
Website: [www.southmeadhealth.nhs.uk](http://www.southmeadhealth.nhs.uk)

Date of inspection visit: 23 June 2016  
Date of publication: 09/08/2016

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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

### Detailed findings from this inspection

Our inspection team	6
Background to Southmead and Henbury Family Practice	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection on 18 March 2015. Overall the practice was rated as good with requires improvement for the safe domain. Following that inspection we issued a requirement notice. This notice was due to a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected. A copy of the report detailing our findings can be found at [www.cqc.org](http://www.cqc.org).

Our previous key findings across the areas we had inspected that needed to improve were as follows:

The provider must:

- To ensure all aspects of infection control are maintained. The provider must ensure there are suitable arrangements in place for the management of clinical waste and ensure all areas of the practice are maintained in a way to reduce the risk of cross infection. In addition they must ensure there are suitable arrangements for the safe handling of and management of bodily fluids taken as specimens.
- And:

The provider should:

- Carry out a patient specific fire safety risk assessment.

At this previous comprehensive inspection in March 2015 we had also noted that there were gaps in the prescription paper management at the practice and that the practice did not have a sufficiently detailed business continuity plan.

At this focussed, announced inspection in June 2016 we found that improvements had been made, the provider had implemented their actions and our findings were as follows:

- Safe systems were now in place for the safe management of infection control, the management of clinical waste and the safe handling and management of bodily fluids taken as specimens.
- Changes had been put in place for prescription management security and fire safety assessments were now in place at the practice. It is the provider's responsibility to ensure these changes are sustained.

The provider should:

- The provider should ensure that the new system of prescription paper security is sustained.

# Summary of findings

- The practice should ensure that the patient specific fire safety risk assessment is regularly reviewed and updated when required.

**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.

- Risks to patients were assessed and well managed specifically those relating to infection control.
- Improvements had been made for prescription management security and fire safety assessments at the practice.

**Good**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- The provider should ensure that the new system of prescription paper security is sustained.
- The practice should ensure that the patient specific fire safety risk assessment is regularly reviewed and updated when required.

# Southmead and Henbury Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Southmead and Henbury Family Practice

The Southmead and Henbury Family Practice provide primary medical services across two sites. The main practice is in Ullswater Road, Southmead and the other practice known as the Willow Tree Surgery is in Trevelyan Walk in Henbury.

The practice register lists in excess of 11,300 patients with a higher than average number of children registered. Over 8,000 patients are registered at the Southmead surgery. There are eight partners and two salaried GPs comprising of six females and two males. There is a practice business manager and assistance practice business manager. The nursing team are managed by a senior nurse manager and there is a business support team.

Information from Public Health England indicates the practice provides services in areas of high deprivation with higher than national rates for child poverty, older people living in poverty and long term unemployment. The practice told us the average life expectancy for patients living in this area is 9.4 years less than neighbouring Henleaze.

The practice provides services under the standard personal medical services contract. These being essential, additional

and enhanced services. The core (essential) services include GP consultations, asthma clinics, coronary heart disease clinics and diabetes clinics. Additional services include contraceptive services, maternity services and child health surveillance.

Enhanced services include dementia identification and management, diabetes management and learning disability management. The practice also provides a range of other services including minor surgery. District nurses, health visitors the community matron, podiatry, speech therapy, community midwife and the community nurse for older people were all based within the Southmead health centre. The practice shared the building with a dental practice.

We inspected both locations within this organisation. This report relates to the regulatory activities being carried out at:

Southmead Health Centre

Ullswater Road

Southmead

Bristol

BS10 6DF

## Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 23 June 2016. During our visit we:

- Spoke with a range of staff including the practice manager, deputy practice manager, senior practice nurse and administration and reception staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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 the previous comprehensive inspection undertaken in March 2015 we carried out an audit of infection control arrangements using a recognised infection prevention and control audit tool. We had found whilst most of the arrangements for hand hygiene were in place we noted hand hygiene did not feature as an integral part of staff induction and there were some hand washing facilities where there was no liquid soap. At this focussed, follow up inspection completed in June 2016 we found the whole practice approach to infection control had been reviewed which included carrying out regular hand hygiene audits with all staff. We also found that liquid soap was provided at all handwashing facilities at the practice.

In March 2015 we had found areas of the practice were not maintained in a way to reduce the risk of cross infection. In the sluice room laminate shelving was damaged and there were areas around the building where paint had chipped. In one of the GPs consulting rooms there was damaged laminate on the desk and the bottom of the storage drawers. Trolleys for clinical use needed replacing as there was flaking of the outer surface of the coating around the edges leading to an infection control risk and difficult to keep clean.

We saw the curtains in one of the treatment rooms needed replacing. In an examination room we saw dirty paper roll on the examination couch and a used examination glove left on the floor. We saw the skirting board around the sink in one of the consulting rooms was loose. During this inspection in June 2016 we saw evidence to show the updated policies and procedures for infection control had been implemented, including the audit processes carried out in the practice. New equipment, including trolleys had been purchased and there was a regular programme of checks and system in place to replace disposable curtains. Examination couches with compromised covers had been replaced. In addition, practice staff were in the process of implementing an additional audit system to highlight replacing other examination couches that were not height adjustable to reduce the risk of falls for patients and injury to staff.

In March 2015 we had also found the arrangements for the disposal of clinical waste were not satisfactory. We found

bins were dirty and were not of the foot pedal opening type to reduce the risk of cross contamination. At this inspection in June 2016 these had been replaced and checks of these bins were now included in the infection control audit processes.

During the inspection in March 2015 we reviewed the arrangements for the safe handling of specimens. We had found there were no records to show staff had been trained in the safe use of equipment used for handling specimens and there was no hand washing facility in the sluice room. The lead practice nurse for infection control provided information at this inspection to show that this had been addressed. We saw that the sluice room had been refurbished with hand wash facilities, liquid soap and paper towel dispenser. In addition, the room had been cleared of additional equipment and was now easy to maintain as a clean safe environment.

Since the last inspection in March 2015 the practice had continued with a system of prescription paper security logging. During this previous inspection we had found that prescription paper was left unsecured in computer printers. This included removing prescription paper at the end of a working day, storing these securely and replacing prescription paper back in the printers the next morning. At this inspection in June 2016 we looked at this process to check its effectiveness in keeping the prescription stationary secure. We found that although prescription paper was removed from printers at the end of the day, rooms were left unsecure during the day when staff were not in attendance. This meant that prescription paper could be tampered with or removed without staff knowledge. Before the end of this inspection we saw that prescription paper from unoccupied rooms was removed immediately and returned to safe storage. Following the inspection were also provided with a copy of a new room security policy and procedure to ensure a more robust process had been implemented.

### Monitoring risks to patients

At the last inspection in March 2015 we identified that the provider had some systems in place for health and safety but had gaps in the fire risk assessment information held at the practice. This was because the provider utilised the fire risk assessment carried out by the landlord for the building and did not have a service specific one in place to meet the needs of the GP service itself.



## Are services safe?

During this inspection in June 2016 we were shown the new health and safety policies and procedures and some of the updated fire safety assessment documents from the landlord. Although the provider had greater information available to support fire safety systems were in place, the policy, procedures and risk assessment were not specific to the provision of the GP service. Following this inspection we were given an updated version of a fire risk assessment specific to the practice and associated fire policies and procedures. All documents included information from the landlord's fire safety protocols but now also included detailed information relative to the GP service.

We saw an updated copy of the practice business contingency plan, should the service delivery be halted through fire, power shortage or access to building be prohibited. We found this new updated document clear and provided staff with good instruction of how to respond should such an event occur. There was a system in place to review and update on a regular basis all policies and procedures relating to health and safety.