

Forest Group Practice

Quality Report

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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

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 Forest Group 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 an announced comprehensive inspection at Forest Group Practice on 8 August 2016. The overall rating for the practice was rated as Good overall and good for providing effective, responsive, caring and well-led services. The practice was rated as requires improvement for providing safe services. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Forest Group Practice on our website at www.cqc.org.uk.

This inspection was desk-based review carried out on 31 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 8 August 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. However, on the inspection on 8 August 2016, there were areas of practice where the provider needed to make improvements.

We found that the provider must:

- Ensure that the actions identified in the fire risk assessment are completed and that the practice

conducts regular fire drill and formal awareness training. Ensure the fire exit that is accessed through a treatment room has clear signage so that staff and patients are aware.

In addition we found the practice should:

- Develop a system to ensure that regular audits are undertaken to monitor quality and performance and to encourage improvement.
- Review the practice training log to improve management oversight. When requested the practice had not been able to produce all the information easily.
- Review the system and ensure all clinical staff immunisations are recorded.
- Embed the new system to manage infection control monitoring and audit.

At this inspection we found that;

- Actions identified in the fire risk assessment were completed. Fire drills and fire training had been conducted. A fire exit that was accessed through a treatment room had clear signage to ensure staff and patients were aware of the exit.

Summary of findings

- The practice had developed a system to ensure that regular audits were undertaken to monitor quality and performance and to encourage improvement. We saw evidence of audits having been commenced.
- The practice had reviewed the way it managed staff training and had implemented a staff training policy. An audit of staff training had been undertaken with individual training logs for each member of staff.
- The practice had implemented a staff vaccination policy and was in the process of recording all staff immunisations.

- The practice was in the process of embedding the new system to manage infection control with audits undertaken on a rolling cycle.

The areas where the provider should make improvement are:

- Continue to embed the systems in place to ensure regular audits are undertaken and reviewed to monitor quality and performance and to encourage improvement.

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 the last inspection in August 2016, we found that improvements were needed to ensure that risks to patients were assessed and well managed. For example:

- Actions identified in the fire risk assessment required completion. Fire drills and fire training were not conducted regularly. We noted that one fire exit that was accessed through a treatment room did not have clear signage to ensure staff and patients were aware of the exit.
- There was scope to develop a system to ensure that regular audits were undertaken to monitor quality and performance and to encourage improvement.
- There was scope to improve the management oversight of staff training. When requested the practice had not been able to produce all the information easily.
- There was no effective system to ensure all clinical staff immunisations were recorded.
- A new system had been implemented to manage infection control monitoring and audit; this system needed to be embedded.

Our focused inspection on 31 March 2017 found that:

- Actions identified in the fire risk assessment were completed. Fire drills and fire training had been conducted. A fire exit that was accessed through a treatment room had clear signage to ensure staff and patients were aware of the exit.
- The practice had developed a system to ensure that regular audits were undertaken to monitor quality and performance and to encourage improvement; we saw evidence to demonstrate that audits had been commenced.
- The practice had reviewed the way it managed staff training and had implemented a staff training policy. An audit of staff training had been undertaken with individual training logs for each member of staff.
- The practice had implemented a staff vaccination policy and was in the process of recording all staff immunisations.

The practice was in the process of embedding the new system to manage infection control with audits undertaken on a rolling cycle.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to embed the systems in place to ensure regular audits are undertaken and reviewed to monitor quality and performance and to encourage improvement.

Forest Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Background to Forest Group Practice

The practice is situated on the Suffolk Norfolk borders and covers the area of Brandon and thirteen local villages. They offer health care services to approximately 7,000 patients. A two weekly GP service, (this is a limited service) and a weekly phlebotomy service is held in the village hall in Mundford for those patients that find it difficult to travel to the main site at Brandon. We did not inspect the room at Mundford.

The partnership took over the practice in 2012 and they hold an Alternative Provider Medical services (APMS) contract (until 2020).

There are currently six GP partners (four male and two female) and three salaried GPs. There are also three practice nurses one nurse practitioner, one healthcare assistant/phlebotomist.

A team of administration and reception staff support the operation manager and business manager. The practice is open between 8am and 6.30pm Monday to Friday and offers pre-booked GP and nurse appointments on Saturdays from 8.30am to 12pm.

If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.

The practice profile for age range of patients aged over 50 is higher than the national average. The deprivation score is below the England average; however the practice told us that it is higher than the average for the county of Suffolk.

Unemployment in the practice population is lower than the England average, the percentage of patients who provide unpaid care is in line with the national average.

Male and female life expectancy in this area is in line with the England average at 79 years for men and 84 years for women.

Why we carried out this inspection

We undertook a follow up desk-based focused inspection of Forest Group Practice on 31 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

We carried out a desk-based focused inspection of Forest Group Practice on 31 March 2017. This involved reviewing evidence that demonstrated:

- Actions identified in the fire risk assessment were completed. Fire drills and training had been undertaken. Fire exits were clearly signed.
- An ongoing clinical audit plan had been implemented.
- An audit of staff training had been undertaken.
- The practice had implemented a staff vaccination policy and recorded all staff immunisations.

Detailed findings

- The practice had embedded the system to manage infection control with audits undertaken.

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 8 August 2016, we rated the practice as requires improvement for providing safe services as we found that actions identified in the fire risk assessment required completion. Fire drills and fire training were not conducted regularly. We noted that one fire exit that was accessed through a treatment room did not have clear signage to ensure staff and patients were aware of the exit.

The provider sent us an action plan informing us about the action they would take to ensure that patients were safe.

These arrangements had significantly improved when we undertook a follow up inspection on 31 March 2017. The practice is now rated as good for providing safe services.

Monitoring risks to patients

At the August 2016 inspection we found that the practice had an up to date fire risk assessment.

However, we were concerned that the system in place to keep patients and staff safe was not effective. A risk assessment had been carried out on 5 July 2016 and sixteen actions points identified that there was action required within one month; we noted that only some of the actions had been completed; for example the report identified that improvements on signage and staff training was needed.

We did not see a previous fire risk assessment. The practice tested the fire alarms weekly but they did not regularly conduct fire drills. The practice staff told us that they had undertaken fire training at various times and practice staff we spoke with were able to demonstrate a safe understanding of the actions to take in the event of a fire. The management oversight of this training was not clear.

Our focused inspection on 31 March 2017 found that the practice had implemented an effective system to keep patients and staff safe. We saw that:

- The practice had completed all the tasks identified in the fire risk assessment including comprehensive signage throughout the building identifying to patients and staff where exit and assembly points were.

- The practice fire safety policy had been amended to include names of designated fire marshals. This included a fire policy for visiting contractors which was provided at the point of signing in at the practice.
- The practice fire safety training log identified that all staff had undertaken both online and practical fire training. The practice had a specific training course scheduled for all designated fire wardens.
- More specific fire risk assessments had been undertaken. The outcome of these had resulted in the implementation of staff daily checks when opening and closing the practice. In addition the practice had updated the oxygen storage and handling protocol, including data sheets with each kit, and the practice account details and oxygen signage were displayed on rooms that stored oxygen.

There were also areas identified at the previous inspection that we told the provider they should improve;

The practice had initiated a schedule of clinical audits, with a plan to re-audit at regular intervals. We were told these were in their infancy and were part of an on-going process. Examples we saw included an audit of patients taking high risk medicines completed in February 2017; the purpose of this audit was to ensure patients' blood tests had been undertaken and patients had the correct dose and instructions on their repeat prescription electronic template. This audit identified that all patients' templates were in order; however six out of eight patients required a repeat blood test. The practice sent letters to these patients and set a reminder task on the patient records to check the blood test had been completed within a set time frame. A re-audit was scheduled for May 2017.

The practice had reviewed how it managed staff training and had implemented a new training policy, based on mandatory training including National Institute for Health and Care Excellence (NICE) guidelines and best practice guidance. We saw the practice had undertaken an audit of staff training in line with the new policy and had created individual training logs for all staff which highlighted when training expired. Notifications would be sent to staff one month prior to their training expiring.

The practice had implemented a staff immunisation policy and had written to all members of staff regarding their Hepatitis B immunisations, they were in the process of

Are services safe?

obtaining and assimilating all these records. As part of the practice induction programme this information was now required from all clinicians before they commenced employment.

The practice continued to undertake infection control audits on a rolling cycle. These had been initiated prior to

the August 2016 inspection. We saw evidence of the surgery room checklists, cleaning audits, nursing duties which highlighted the role of each member of the nursing team, the infection control induction for all new members of staff and the nursing log. The practice were in the process of updating their infection control plan for 2017 to 2018.