

Seymour House Surgery - Hudson

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

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 the practice on 28 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulations 12(f) and (g), 12 (2) (h), 15(2) and 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We undertook this focussed inspection on 9 October 2015 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Seymour House Surgery - Hudson on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe services. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against. Therefore, it was also good for providing services for older people; people with long-term conditions;

families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings across all the areas we inspected were as follows:

- a fire risk assessment as carried out on 28 January 2015 which identified a number of areas to be addressed which have been actioned or are in progress;
- the fire alarm is tested weekly;
- portable electrical appliances have been tested;
- a detailed cleaning schedule has been developed;
- the practice manager carries out regular checks of the standard of cleaning;
- the cleaner has completed training in infection control;
- improvements have been made to staff recruitment practices and for newly appointed staff the required checks were completed before they started;
- systems have been put in place to audit medicines every month and one of the GPs checks these audits.

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.

Improvements had been made in how risks to patients were assessed and managed, audits of medicines were completed, systems were in place for equipment to be checked, a detailed cleaning schedule had been developed and staff recruitment processes ensured the required checks were completed before new staff started work.

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 practice is rated as good for the care of older people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia) As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Seymour House Surgery - Hudson

Detailed findings

Why we carried out this inspection

We undertook a focussed desk-based inspection of Seymour House Surgery on 9 October 2015. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. An inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 28 October 2014 had been made.

We inspected the practice against one of the questions we ask about services: is the service safe. This is because the service was not meeting some legal requirements.

We undertook a focussed desk-based inspection of Seymour House Surgery - Hudson on 9 October 2015. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that the new legal requirements the provider needed to meet were in relation to breaches of regulation 12(2)(f), (g) and (h) Safe Care and Treatment, regulation 15(2) Premises and equipment, regulation 19 (2) Fit and proper persons employed.

We found that patients were at risk of harm because: a fire risk assessment had not been completed, the fire alarm was not tested weekly and not all portable electrical appliances were tested; there was no cleaning schedule or processes to ensure appropriate standards of cleanliness and hygiene were maintained and the cleaner had not received infection control training; staff recruitment did not include a Disclosure and Barring Service check and proof of identity being checked; medicines and prescriptions were not all securely stored and systems to check expiry dates of medicines were not adequate.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 28 October 2014 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe would affect the rating for all the population groups we inspected against.

Are services safe?

Our findings

Medicines management

Improvements had been made to ensure medicines were stored securely. Nurses completed quarterly audits of medicines and dressings to ensure they were in date and fit for use. One of the GPs reviewed these audits. Prescription pads were stored securely and GPs recorded when they took pads out of the practice.

Cleanliness and infection control

The practice developed a detailed cleaning schedule which clearly indicated the areas and items that were to be cleaned on a daily, weekly and monthly basis and the items that needed cleaning after each use. The practice manager carried out weekly checks of the cleaning to ensure it met the required standards. We saw that the cleaner completed training in infection control in December 2014 and this was to be repeated annually.

Equipment

Systems had been put in place to ensure equipment at the practice was checked at the required frequency. The

portable electrical appliances were tested in March 2015. The fire alarm system was tested weekly. A fire risk assessment was completed in January 2015, this identified some additional areas of improvement were required. For example, a policy for portable electrical appliances to be developed, the gas boiler to be checked, the loft space and cupboards to be cleared, the premises to be checked daily to ensure fire exits were not blocked, a fire drill being carried out, staff being trained in fire safety, and signs being displayed to show when oxygen was stored and improvements to fire evacuation signage. The practice manager confirmed that these were completed and we saw records confirming this. Further work was in progress to fit emergency lighting throughout the practice.

Staffing and recruitment

Staff recruitment policies and practices were reviewed and updated to ensure all the required checks were completed before new staff started work. Risk assessments were completed for non-clinical staff regarding them not requiring a Disclosure and Barring Service check. Staff files contained proof of the individual's identity.