

St Mary Street Surgery

Quality Report

The Surgery
St Mary Street
Thornbury
South Gloucestershire
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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

Requires improvement



Are services safe?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Mary Street Surgery on the 24 May 2016. The overall rating for the practice was requires improvement with the safe and well-led domains rated as requiring improvement.

The main areas where the practice must improve were;

- Ensuring consulting room access was restricted to ensure patient privacy.
- Ensuring blank prescriptions were kept secure and managed effectively.
- Ensuring patient medical records were kept secure and protected against damage and destruction.
- Ensuring the building was fit for purpose.
- Ensuring patients were monitored regularly to demonstrate quality and improvement including regular audits of minor surgery.
- Ensuring policies and procedures were standardised and kept up to date with current guidance and legislation.
- Ensuring there was a risk assessment for the treatment room with a damaged ceiling and actions were taken to ensure it was fit for purpose.

Following the last inspection we said that the practice should also improve by;

- Ensuring the electrical wiring at the practice had been appropriately maintained and that the practice had received a safety installation check, which should occur every five years.
- Ensuring there were regular fire safety drills undertaken
- Ensuring there was a risk assessment for legionella and any actions from it were addressed.
- Ensuring the recruitment process included retaining a proof of identity when new staff were recruited.

The full comprehensive report on the 24 May 2016 inspection can be found by selecting the 'all reports' link for St Mary Street Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 28 February 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 24 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Summary of findings

Overall the practice will remain rated as requires improvement.

Our key findings were as follows:

- Consulting rooms now had door locks and these were routinely locked when not in use or for patient privacy.
- Allocated blank prescriptions were now monitored and kept securely when allocated to individuals. However, prescription stock could be further secured.
- The practice had a plan in place to ensure all patient medical records were kept secure and within suitable containers. This would be completed by 31 March 2017. The practice had medical records kept securely within the practice. Although this could be further improved by ensuring cabinets were locked when not in use. Archived records were still kept within cardboard containers and not protected against damage and destruction.
- A number of improvements had been made to building including a new treatment/consulting room, an additional office, baby changing facilities in the downstairs toilet and a new storage cupboard for nursing supplies. Further works within the reception area were to be completed by 31 March 2017 which will improve patient accessibility and experience.
- Remedial repair work had been completed on the roof of the building to reduce the risk of water leakage into the treatment room. More investigation was required to find the root cause but a temporary fix had been completed. The practice had completed cosmetic work to upgrade the room including plastering walls, installing washable flooring; the window had been moved to improve patient privacy and natural light into the room.
- Three clinical audits had been completed in the last two years and discussions of the results from these audits will now be recorded in future clinical team meetings to ensure all clinical staff shared learning.
- Policies and procedures had been updated to reflect current guidance and legislation.
- Fire safety had improved, although further improvement was still required. The fire risk assessment had not been reviewed since July 2015. The practice provided us with evidence it had been reviewed following this inspection. Mandatory fire safety training had not been completed by three members of staff (one had recently started). Fire

marshal training was due to be completed in March 2017 for two members of staff. A fire drill had been completed in October 2016 and we were informed that this will be undertaken on a six monthly basis.

- Part of the fire risk assessment was to complete an electrical installation safety check which had not been completed; the practice confirmed that this had now been arranged to be completed on 11 March 2017.
- A risk assessment for reducing the risk of legionella had been completed. Actions from this had not been addressed. The practice confirmed they had started to implement the control measures following this inspection.
- When new staff were recruited proof of identity was now retained and kept in their recruitment file. The practice needed to ensure where references and disclosure and barring service checks had not been received prior to employment that a risk assessment was carried out to ensure any risks had been mitigated.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure patient medical records/confidential records were held securely at all times and within appropriate containers to remove the risk of damage and destruction.
- 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 blank prescription stock were kept secure at all times.
- Ensure formal risk assessments took place when staff were employed without all appropriate checks being in place.
- Ensure actions, as identified from the practice legionella risk assessment were carried out.
- Ensure patients were monitored to improve their outcomes and that when auditing took place this was discussed and recorded so all of the clinical team could share learning.

Professor Steve Field CBE FRCP FFPH FRCGP

Summary of findings

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 had made a number of improvements since the last inspection and still had some areas to improve upon.

- Consulting rooms could now be locked to improve patient privacy and when not in use.
- Remedial repair work had been carried out on the roof and had improved the damage within the treatment room and cosmetic work had also been carried out.
- A legionella risk assessment had been completed but the recommended actions identified had not been addressed.
- Fire safety improvements were required including the undertaking of an electrical installation safety check. Some staff still required training in fire safety and additional training to ensure patients and staff could be appropriately led to safety in a fire.
- Recruitment files now retained proof of identity. However, formal risk assessments should be completed when outstanding checks had not been received prior to employment. For example, disclosure and barring service checks and references.

Requires improvement



Are services well-led?

The practice had made a number of improvements since the last inspection and still had some areas to improve upon.

- There had been a number of substantial improvements to the building including an additional treatment/consulting room and a new storage cupboard for nursing supplies to reduce patient disruption.
- Clinical audits had been completed and we were told they had been discussed but there was no record to evidence this and if all relevant staff attended the discussion.
- Policies and procedures had been updated to reflect current guidance and legislation.
- Security of records had improved but some records were still held within cardboard boxes. Further improvements were to be made to the building by 31 March 2017 where this will be rectified.

Requires improvement



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 some of the concerns for safety and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. However, there were still some improvements to be made. The population group ratings will continue to be requires improvement.

Requires improvement



People with long term conditions

The provider had resolved some of the concerns for safety and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. However, there were still some improvements to be made. The population group ratings will continue to be requires improvement.

Requires improvement



Families, children and young people

The provider had resolved some of the concerns for safety and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. However, there were still some improvements to be made. The population group ratings will continue to be requires improvement.

Requires improvement



Working age people (including those recently retired and students)

The provider had resolved some of the concerns for safety and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. However, there were still some improvements to be made. The population group ratings will continue to be requires improvement.

Requires improvement



People whose circumstances may make them vulnerable

The provider had resolved some of the concerns for safety and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. However, there were still some improvements to be made. The population group ratings will continue to be requires improvement.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved some of the concerns for safety and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. However, there were still some improvements to be made. The population group ratings will continue to be requires improvement.

Requires improvement



St Mary Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC 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.

Please note one of the GP partners is not registered with the Care Quality Commission. However, they had made a number of attempts to register since the last inspection and have confirmed to us that this is in progress.

Why we carried out this inspection

We undertook a comprehensive inspection of St Mary Street Surgery on 24 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on May 2016 can be found by selecting the 'all reports' link for St Mary Street Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook this follow up focused inspection of St Mary Street Surgery on 28 February 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 visited the practice to carry out a focused inspection of St Mary Street Surgery on 28 February 2017.

During our visit we:

- Spoke with the strategic manager and operations manager.
- Reviewed training for relevant staff to ensure they had completed safeguarding children training to the required level.
- Reviewed a sample of policies and procedures to ensure they had been updated to show current legislation.
- Reviewed the refurbishments the practice had completed since the last inspection.
- Looked at the security of the premises in respect of confidential information and how blank prescriptions were held.

Are services safe?

Our findings

At our previous inspection on 24 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of;

- Ensuring consulting room access was restricted to ensure patient privacy.
- Ensuring blank prescriptions were kept secure and managed effectively.
- Ensuring patient medical records were kept secure and protected against damage and destruction.
- Ensuring the building was fit for purpose.
- Ensuring there was a risk assessment for the treatment room with a damaged ceiling and actions were taken to ensure it was fit for purpose.
- Ensuring the electrics had been appropriately maintained and received a safety installation check, which should occur every five years.
- Ensuring there were regular fire safety drills undertaken.
- Ensuring there was a risk assessment for legionella and any actions from it were addressed.
- Ensuring the recruitment process included retaining a proof of identity when new staff were recruited.

We issued a requirement notice in respect of these issues and found arrangements had improved in the majority of areas when we undertook a follow up inspection of the service on 28 February 2017. However, there were still some improvements to be made. The practice is still rated as requires improvement for being safe.

Overview of safety systems and process

At the inspection in May 2016 we saw some staff had not completed level 1 in child safeguarding training. At this inspection we reviewed the training log and saw all staff had completed the appropriate level of child safeguarding for their role within the last three years. For example, GPs had completed level three, nursing staff including a nurse prescriber had completed level two and non-clinical staff had completed level one in child safeguarding.

At the inspection in May 2016 we saw the practice needed to improve infection control. For example, treatment room floors were carpeted and one of the treatment rooms had been damaged caused by a water leakage from the roof. At this inspection on 28 February 2017 we saw treatment

room floors had been replaced and were no longer carpeted. We also saw action had been taken to establish the cause of the leak from the roof which had caused damage in the upstairs treatment room. We were informed the landlord had had the roof assessed and temporary action had been taken to reduce the risk of leaks from the roof of the building. The practice was waiting for the landlord to carry out further works to determine the root cause of the problem to minimise the risk completely.

At the inspection in May 2016 we saw blank prescription stationary was routinely left in printers in unlocked rooms and drawers. Prescriptions stationary practices did not follow an adequate audit trail to ensure they could be traced. At this inspection we found the following;

- Consulting rooms were routinely locked when not in use. Although there was one occasion we observed a consulting room had been left unlocked without being in use.
- Blank prescription stationary was kept in a cabinet. We were informed and saw this was not routinely locked by staff even though the cabinet had the ability to lock. We were informed that in future this cabinet would be locked at all times.
- A new audit tool had been developed to monitor the delivery and use of prescription stationary to ensure there was an effective audit trail throughout the practice. This had been implemented in the week before we inspected so there had not been sufficient time to embed this in order to see if this was an effective process.

At the inspection in May 2016 we found that when recruiting new staff proof of identification was not routinely kept within recruitment files even though it was taken during the recruitment process. At this inspection we looked at two recruitment files of newly recruited staff. We found proof of identification was now kept. However, it was noted there had been no formal written risk assessment when references and disclosure and barring service checks had not been received before the staff member had started employment. This would ensure staff were employed safely and precautions taken when all checks were not in place.

Monitoring risks to patients

At the inspection in May 2016 we saw the premises required some redecoration and remedial repair work. For example, the need to improve patient accessibility, such as the

Are services safe?

installation of a power assisted door. At this inspection, we were informed that the practice had successfully been granted a fund from NHS England to complete minor improvements within the practice. The works for this had to be completed by the 31 March 2017.

Part of this improvement grant was to carry out the following;

- Transform the reception area to improve patient confidentiality/experience at the reception desk, for example, lower and reduce the width of the reception desk, install a power assisted door at the front entrance, improve space behind desk aiding further confidentiality of patient information and lighten the hall way within the consulting room area.
- Convert part of the loft space into a storage facility for patient medical records, so they could be held securely and stored within appropriate containers.

Since the last inspection the practice had carried out additional works to improve facilities for patients. They had utilised space within the practice by;

- Installing baby changing facilities to the downstairs patient toilet.
- Converting part of the upstairs into an additional treatment/consulting room.
- Making an additional office and moving administration staff into a different room.
- Making a large cupboard for holding essential nursing stock, so nurses could access stock without having to disturb patients.

At the last inspection in May 2016 we found the practice needed to undertake regular fire drills and complete an

electrical installation safety check, which had been required from the practice fire risk assessment from July 2014. On this inspection we reviewed the practice fire safety procedures and found;

- The last fire risk assessment had been completed in July 2014 with a review date of July 2015. After our inspection the manager had completed a new fire risk assessment.
- The practice had received a fire inspection undertaken by ABC fire safety in December 2016.
- We also saw evidence of a fire drill which had been completed in October 2016 and further drills are planned on a six monthly basis.
- Fire alarm checks were undertaken on a weekly basis.
- There was no lead in fire safety who had been appropriately trained to take the lead in a fire. Since the inspection as part of their fire risk assessment the practice had arranged for fire marshal training for two members of staff in March 2017.
- We saw three members of staff had not completed their annual fire safety training.
- The practice had attempted to arrange for the electrical installation safety check to take place since our last inspection. However, this had not been completed. They had now arranged for the electrical installation safety check to be completed on the 11 March 2017.

At the last inspection in May 2016 we found no evidence of a legionella risk assessment. At this inspection we saw the Operations manager had completed a risk assessment, however, they had not carried out any checks to reduce the risks found. Since our inspection they had sent us a new monitoring form that incorporates the checks from the assessment. We were informed checks would be carried out from 6 March 2017.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 24 May 2016, we rated the practice as requires improvement for providing well-led services for the following;

- Ensuring current guidance was followed on how patient medical records should be stored and kept secure.
- Ensuring patients were monitored regularly to demonstrate quality and improvement including regular audits of minor surgery.
- Ensuring policies and procedures were standardised and kept up to date with current guidance and legislation.

We issued a requirement notice in respect of these issues and found arrangements had improved in the majority of areas when we undertook a follow up inspection of the service on 28 February 2017. However, there were still some improvements to be made. The practice is still rated as requires improvement for being well-led.

Governance arrangements

At the inspection in May 2016 we found policies and procedures required standardisation and to include best practice. At this inspection we found all policies were held on the practice computer system and all staff could access this. We reviewed seven policies including medicines management, practice security, recruitment, information governance and safeguarding children and adults. We found they had been reviewed recently and were up to date with current guidance and good practice.

At the inspection in May 2016 we saw patient medical records were not held securely and within appropriate containers. Since the last inspection the practice had reached an agreement with NHS England for some additional minor improvement funding. They had planned on upgrading the premises to facilitate an area of the practice to hold archived patient medical records. This would enable the practice to hold patient medical records securely and within appropriate containers. At this inspection 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. Part of the improvement plan was to add more lockable cupboard space which would enable staff to reduce the amount of information which was held on the reception desk.

At the inspection in May 2016 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. At this inspection we found the practice had completed three audits in last two years;

- Minor surgery audit from Feb 2016 to Feb 2017 to determine any complications and diagnostic accuracy.
- An audit on patients who had atrial fibrillation or paroxysmal atrial fibrillation who may require anticoagulation medicines to reduce the risk of a thrombotic stroke.
- A full cycle audit for the implant (a long-term contraception) monitoring on how each procedure was documented and whether it followed guidance, audits had been completed in 2012, 2013 and 2016 and had notably improved over each audit.

The GP partners had a plan in place to re-audit the minor surgery and anticoagulation audit to determine if there had been any improvement. They also planned to review the monitoring of patients on disease-modifying anti-rheumatic medicines and safeguarding children. The GP partner explained they did discuss audit results within clinical meetings. However, these meetings were not recorded and there was no regular agenda item for it to be discussed. They informed us they would be ensuring audits were now discussed on a regular basis and would be a standing agenda item for the meeting.

Leadership and culture

At the last inspection in May 2016 we found parts of the building requiring remedial repair work and this had not been fully addressed. Since we had inspected the practice had ensured works had been carried out to remedy the damaged ceiling, although this had been a temporary fix, plans were in place to continue this improvement. The practice had completed cosmetic work to upgrade the room including plastering walls, installing washable flooring, the window had been moved to provide more patient privacy and light into the room.

Are services well-led?

Requires improvement



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

The practice had overseen the development of the building improvement upstairs including a new treatment room, new store cupboard, change of administration areas and an additional office space for management. They had also secured funding for minor improvements to the reception area and creating additional secure space for patient medical records. However, we found an action plan from

April 2016 that had been sent into us which recorded that the electrical installation safety check would have originally been completed by June 2016, however, this would not now be completed until March 2017, although there were reasons why this had not been completed this did not show an effective system for monitoring risk.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Actions should be addressed promptly following risk assessments to reduce the health and safety risks to patients and staff and others using the service, including fire safety and legionella.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Records relating to the care and treatment must be stored and kept securely in line with current legislation and guidance.