

Dr Atchison and Partners

Quality Report

Queens Road Surgery
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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Atchison and Partners (also known as Queens Road Surgery) on 21 January 2016. Overall the practice was rated as good. The practice was rated good for providing effective, caring, responsive and well-led services, but requires improvement for providing safe care.

This was because the practice needed to update infection control policies and training for staff according to their role, and carry out actions in response to infection control audits to improve patient outcomes. The practice also needed to complete the recommendations in their 2015 fire assessment to improve fire safety.

The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Dr Atchison and Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 January 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 21 January 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as 'good' in the safe domain. Overall the practice remains rated as good.

Our key findings at this inspection were as follows:

- The practice recorded all significant events in detail, with learning points relayed to staff at meetings and recorded in minutes with action points if applicable.
- The practice had updated the safeguarding policy and adult safeguarding training has now been given to administration and reception staff, with online training available to all staff to update their learning when needed.
- Training and Disclosure and Barring Service checks were completed for those staff that undertook the role of chaperone.
- The infection control policy had been updated and improvements evidenced in a recent infection control audit.
- The practice had not completed all the actions of the fire risk assessment. The practice had undertaken some of the required actions and had scheduled works for the outstanding actions, for example the replacement of fire doors and installation of hand rail for the emergency escape route.
- The building had undergone an inspection of electrical installation and wiring this year and was now passed and certified for electrical safety.

Summary of findings

There was one area where the provider should make improvement:

- To review the fire recommendations to complete the action plan that has been put in place.

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 care and services.

- The practice was able to demonstrate that significant events were recorded correctly.
- There were updated safeguarding and chaperone policies in place and the practice had reviewed its cleaning and infection control procedures.
- The practice had a full electrical safety check and was working towards addressing the risks highlighted in the fire risk assessment report undertaken in 2015. There were outstanding actions, for example the replacement of fire doors and installation of hand rail for the emergency escape route.
- Adult safeguarding training had been given to administration and reception staff, with online training available to all staff to update their learning when needed.
- Training and Disclosure and Barring Service checks were completed for those staff that undertook the role of chaperone.

Good



Dr Atchison and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a lead CQC inspector.

Background to Dr Atchison and Partners

Dr Atchison and Partners, also known as Queens Road Surgery, is located at 8 Queens Road, Buckland, Portsmouth, Hants, PO2 7NX. The practice is housed in a purpose built two storey detached building in a suburb of Portsmouth.

The practice has an NHS Personal Medical Services contract to provide health services to approximately 5415 patients and the practice area covers the whole of the Portsmouth area. The practice is an urban, city centre practice with a varied and diverse population. There is a high instance of deprivation and an increasing elderly population. The practice is part of the Portsmouth clinical commissioning group.

The building is at ground level making it accessible for all. There is a spacious waiting room with reception, consulting rooms and treatment room. There are three consulting rooms with adjoining examination rooms and a treatment room. There are further rooms on the first floor with a conference room, office room and a consulting room.

The practice currently has two full time partner GPs and a salaried GP, two of whom are male and one who is female. The practice has two practice nurses. The practice uses regular locums to provide cover where needed.

The clinical team are supported by a practice manager and a team of seven receptionists, a typist and administration support staff. One of the receptionists is also able to work as a health care assistant.

The practice is open from 8am to 6.30pm, Monday to Friday. Routine pre-bookable appointments are available up to four weeks in advance. The practice offered urgent same day appointments. Appointments could be made on line, in person or by telephone. The practice aimed to see all patients within 72 hours for routine appointments and on the same day for urgent problems. Urgent consultations are available daily with the triage GP. Telephone consultations are also available on a daily basis.

Extended hours for pre-bookable appointments only are available on Saturdays from 8.30am to 11.30am.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the out of hours service via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Atchison and Partners (known as Queens' Road Surgery) on 21 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, but with requires improvement in safe care. The full comprehensive report following the inspection on 21 January 2016 can be found by selecting the 'all reports' link for Dr Atchison and Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Atchison and Partners (known as Queens' Road Surgery) on 17 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the

Detailed findings

quality of care and to confirm that the practice was now meeting legal requirements. This was because the practice needed to update infection control policies and training for staff according to their role, and carry out actions in response to infection control audits to improve patient outcomes. The practice also needed to complete the recommendations in their 2015 fire assessment to improve fire safety.

How we carried out this inspection

Before our visit the provider had sent us documentation relating to infection control policies and activities, chaperoning, safeguarding training and policies, complaints, significant events and electrical safety.

During our visit we:

- Looked at the fire risk assessment document and action plan.
- Reviewed the layout of the practice with reference to the concerns of the fire assessment.
- Spoke to reception and management staff regarding fire training and procedures.
- Reviewed the documentation relating to infection control, safeguarding, complaints, significant events and electrical safety.

Are services safe?

Our findings

At our previous inspection on 21 January 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control were not adequate. In addition, there were concerns that the actions arising from a recent fire risk assessment had not been acted upon.

There were further concerns regarding policies, procedures and training relating to vulnerable adult safeguarding; background checks for staff undertaking chaperoning duties; recording minutes from staff meetings regarding shared learning.

At our inspection on 17 January 2017, we found these arrangements had significantly improved. The practice is now rated as good for providing safe services.

Safe track record and learning

At our last inspection on 21 January 2016, we reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always shared to make sure action was taken to improve safety in the practice and minutes of meetings did not clearly record any actions required. Significant events and complaints were not listed as a standing agenda item at GP meetings and only entered as an item if something needed discussing. When significant events were discussed the notes were very limited and no detailed evidence of discussion or action points was recorded.

On 17 January 2017, the practice was able to provide evidence that significant events were recorded correctly. There were significant event staff meetings that focused on any recent significant events in the practice and the learning points or actions needed to be taken as a consequence. Detailed records were kept relating to each significant event and the action taken or learning required. These were handled correctly with learning given to the staff after the meetings. For example a child was given an immunisation a few days before the recommended time had passed from the previous immunisation. The practice contacted Public Health England who reassured them that the vaccination would still be effective. There followed a

staff meeting to discuss how this had happened; now both reception and nursing staff always check dates of previous immunisations before booking appointments or giving medicines.

Overview of safety systems and process

At our last inspection on 21 January 2016, we found that the practice did not ensure that all staff were trained in safeguarding for vulnerable adults.

On 17 January 2017, the practice was able to demonstrate that there is an updated safeguarding policy in place that states who the practice safeguarding leads are in the practice and the procedures to follow. Adult safeguarding training has now been given to administration and reception staff, as per the policy requirements, with online training available to all staff to update their learning when needed. All staff have been trained to an appropriate level, with GPs trained to level three safeguarding.

At our last inspection on 21 January 2016, we observed not all staff who acted as chaperones were trained for the role or had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

On 17 January 2017, we found that the correct training was given to the staff that undertook the role of chaperone. All staff had received up to date DBS checks.

At the inspection on 21 January 2016, the practice was observed to be clean and tidy; however there was an infection control protocol in place which required updating. Annual infection control audits were undertaken and we saw an audit by the clinical commissioning group from October 2015 that highlighted that action was required in certain areas. We saw evidence that not all the actions had been taken to address all the improvements identified. For example, the audit highlighted that there was no evidence of a domestic cleaning schedule and on the day of the inspection we were unable to locate any new logs of daily cleaning schedules.

On 17 January 2017 we found the practice had reviewed the cleaning procedures and was able to demonstrate that the infection control policy had been reviewed. The clinical commissioning group had undertaken an audit in October

Are services safe?

2016, and found that there was improvement from the previous audit, including evidence of a comprehensive cleaning checklist in place that staff used daily in accordance with the infection control policy.

Monitoring risks to patients

At our last inspection on 21 January 2016, we found that the practice had up to date fire risk assessments and carried out fire drills, although these were not consistently recorded. The practice had employed a private company to conduct a fire risk assessment in February 2015. The assessment identified several areas for action and some for immediate action. We were not able to find evidence that these actions had been completed, for example obtaining a five year electrical system test.

On 17 January 2017, the practice was able to demonstrate that there had been a full electrical safety check with works undertaken to ensure that the practice was now fully compliant with electrical safety wiring regulations.

The fire risk assessment action plan dated February 2015 had also indicated that actions needed to be taken with regards to emergency lighting, nominated responsible people as fire wardens and keeping an up to date fire safety log book. In addition, there were concerns that the fire escape route at the back of the building had dangerous barbed wire preventing safe access from the practice in the case of fire. There were also concerns regarding the suitability of the fire doors in the building and whether they complied with the relevant safety specifications that give a 30 minute resistance time.

On 17 January 2017, we found there was clear signage indicating fire exits and locations of fire extinguishers. All areas were clutter free and all fire doors were easy to access. A risk assessment had been undertaken regarding the need for emergency lighting and, as a result, there were battery operated torches easily available for staff to use should there be a need for extra lighting in an emergency. These were regularly checked to make sure that they were working properly.

Fire training was given to all staff and there were nominated responsible persons identified. The fire policy was easily accessible to all staff. A fire log book was up to date, and weekly testing of alarms and regular fire drills were undertaken.

On 17 January 2017, the outside fire escape was visually checked. The barbed wire was no longer on the pathway and therefore the pathway was safe to use as a fire exit. We also saw that the practice had sought quotes for works to add a handrail to the fire escape as an added safety improvement, and this work is scheduled for the end of March 2017.

On 17 January 2017, we noted that the fire doors had not been updated to the requirements of the 2015 fire risk assessment. We saw that the practice had quotes for work and that the works are scheduled to occur before the end of March 2017. The plan is for replacement of the doors and the surrounding door frame at the top of the internal staircase. The policy in the practice was that patients with any mobility issue were seen on the ground floor only. The only consulting room on the first floor had direct access to the outside fire escape.