

Dr DS Walsh and Partners

Quality Report

Lawrence Hill Health Centre
Hassell Drive
Lawrence Hill
Bristol BS2 0AN

Tel: 0117 9543067

Website: www.lawrencehillhealthcentre.co.uk

Date of inspection visit: 8 September 2015

Date of publication: 22/10/2015

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

Overall summary	Page 2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Dr DS Walsh and Partners	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We undertook a comprehensive announced inspection on 2 December 2014. Overall the practice is rated as good for providing an effective, caring, responsive and well led service; however, at the December inspection the practice was rated as requiring improvement for the safe domain. This was because the arrangements for the recording and monitoring of medicines used for the purpose of the regulated activity were ineffective to ensure patient safety. We carried out a focused inspection on 8 September 2015 to review the action the provider had taken to address these issues.

Our key findings were as follows:

- The provider had reviewed and improved the arrangements for the recording and monitoring of medicines.
- The provider had ensured that staff understood and implemented the practice's agreed protocols and procedures for dealing with incidents and emergencies and accessed additional training resources to support staff learning.

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. We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice in December 2014.

Good



Dr DS Walsh and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector.

Background to Dr DS Walsh and Partners

Dr DS Walsh and Partners is situated in the inner city area of Bristol. It has approximately 9797 patients registered with a range of cultures and ethnicity with a high number of patients from the Somali community (approx. 40% of registered patients). There is an interpreter available onsite who will assist with any translation issues.

The breakdown of patients age at the practice is:

0-4 years old: 9.21%

5-14 years old: 11.25%

15-44 years old: 47.26%

45-64 years old: 19.3%

65-74 years old: 6.29%

75-84 years old: 4.56%

85+ years old: 2.13%

The practice is in an area of high deprivation with child deprivation index of 53% over twice the national average, with a high level of child emergency admissions in the asthma, diabetes and epilepsy categories. The patient demographic shows high number of younger adults on the patient list with high levels of unemployment and poverty. Living in relative poverty means that families tend to make

lifestyle choices that are less healthy than those made by more affluent families. The health centre hosts a variety of additional services planned to meet the specific health issues of the patient group such as those related to smoking, diabetes, obesity, and chronic obstructive pulmonary disease. For example there is a tuberculosis support team based onsite and a Community Lung Education and Rehabilitation team (CLEAR) for pulmonary rehabilitation. The practice holds a clinic to support patients with female genital mutilation which is overseen by one of the practice GPs.

The practice operates from one location:

Dr DS Walsh and Partners

Lawrence Hill Health Centre

Hassell Drive

Lawrence Hill

Bristol BS2 0AN

The practice is made up of five GP partners and two salaried GP's of both genders working alongside a nurse practitioner, seven qualified nurses and three health care assistants (all female).

The practice was previously inspected by the Care Quality Commission (CQC) on 12 December 2013 and was found to be compliant in the five outcome areas that were inspected.

The practice has a general medical services contract with some additional enhanced services such as extended hours for pre booked appointments. The health centre was open 8am – 6.30pm with appointments available between 8.30am -12.30pm and 2pm – 5.30pm. Pre booked

Detailed findings

appointments (enhanced services) 6.30 and 7.30 pm on Tuesday and Thursday evenings, 6.30 and 7.00pm on Tuesday and Wednesday evenings and on alternate Saturday mornings from 8.00 to 10.00am.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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.

How we carried out this inspection

We carried out a comprehensive inspection of the practice in December 2014 when we issued a requirement notice. This notice was that the provider must make improvements in order to ensure services were safe for patients. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against the risks associated with unsafe use and management of medicines. We received an action plan from the provider on 28 May 2015 from the provider which identified all the actions required that they would be in place by 31 July 2015. This focused inspection considered the actions taken by the provider in order to establish whether they had made the required improvements they needed to in order to provide safe services.

Are services safe?

Our findings

Medicines management

We had found during our comprehensive inspection undertaken in December 2014 that the practice staff followed their medicines policy and had recorded when there was any deviation in temperature range for the vaccine refrigerators, however at that inspection there was no evidence or records to show that when there was a deviation in the refrigerator temperature that the refrigerators had been checked again to ensure they had returned to an acceptable temperature range. We reviewed the records on this visit and found the refrigerator temperatures were checked twice a day and clear records had been maintained. We found that there was no recorded temperature outside of the acceptable/safe range. We also found that the equipment had been calibrated by the engineer.

At our last inspection we had asked a lead clinical member of staff about the process the practice had in place to check medicines were within their expiry date and were suitable for use. We were told at that inspection that medicines were checked regularly and there was a record of the completed checks. We found that the record of stock checks for these medicines had showed the process had not been completed regularly and when we carried out a spot check we had found two medicines which were out of date. On this inspection we were shown the new system in place and were able to see the record of monthly checks had been completed on a monthly basis for all medicines, and there were specific records in place of when medicines had been used. This task of audit had been allocated to one member of staff to complete and was overseen by the lead nurse.

When we inspected in December we had asked the GPs about the medicines they took with them on home visits. We had found one medicine was out of date and the calibration test for a spirometer used on visits was not up to date. We had asked about the procedures in place to check these medicines and medical equipment. The practice manager confirmed to us this would be reviewed. At this inspection we were shown the individual lists agreed for each GP of the medicines to be taken on home visits. We found that the GP's now only carried the agreed stock of medicines for home visits and we saw that this was

checked on a monthly basis by the lead nurse and practice pharmacist. At this inspection we spot checked one GP bag used for home visits and found the medicines there were those on their agreed list, all were in date.

The practice had held a small stock of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures that set out how these were managed. These procedures were being followed by the practice staff. The practice had taken the decision that a stock supply of these medicines was no longer required as they were rarely used and took into account that 24 hour emergency access to these medicines was available through a local pharmacy.

Equipment

During our last inspection that staff we spoke with had told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw evidence of calibration of relevant equipment; for example blood pressure monitors, however we found one spirometer which had not been included which was in a GP's bag. At this inspection we found that the required calibration of equipment had been completed and there was evidence that all the equipment used by the practice had been listed and included in the testing process.

Arrangements to deal with emergencies and major incidents

During our last inspection we had found the practice had arrangements in place to manage emergencies and had agreed a protocol for dealing with emergencies, however, we found two staff were unclear about the protocol and who should take the lead for dealing with emergencies. On this inspection it was confirmed to us that all staff had been reminded that the duty GP would take the lead for clinical emergencies. In the event of the duty GP being away, the first clinician at the scene of the emergency would be the lead. Any non-clinical incidents would be managed by the practice manager or deputy practice manager. There was evidence that the emergencies had been discussed in the monthly significant events meeting to ensure the protocol was working effectively for staff and patients.

We found at the last inspection that the practice had carried out a fire risk assessment this included actions required to maintain fire safety. Records at that time had showed that not all staff were up to date with fire training.

Are services safe?

The practice manager had told us they had fire training planned to address this issue. We found at this inspection

that the staff team had been enrolled in the Avon Local Medical Committee e-learning programme and the practice manager confirmed to us that all staff had undertaken the fire training module.