

Cadbury Heath Healthcare

Quality Report

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Date of inspection visit: This desk based review did
not include a visit
Date of publication: 10/09/2015

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

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Overall summary

Letter from the Chief Inspector of General Practice

This is the report of a desk based review to follow up actions set following the inspection of Cadbury Heath Healthcare on 21 April 2015. On 21 April we found the practice to be good for providing effective, caring responsive and well managed services but it required improvement for providing safe services.

Following that inspection we said the provider must:

- Ensure the security of blank prescriptions including instalment (blue) prescriptions for patients recovering from substance misuse.
- Review how hygiene and infection control is managed and maintained to ensure appropriate standards of hygiene are achieved. Standards should include the cleanliness of all areas of the practice; updating the infection control policy and ensuring all staff have received role specific training in infection control.
- Ensure equipment for use in emergencies is available at all times so that staff have access to it if needed.
- Ensure equipment is calibrated and that portable electrical equipment is safe for use and maintain records to evidence this.

- Ensure staff are aware of the location of emergency equipment so they are able to access it if needed.

In addition we said the provider should:

- Review how risk assessments are recorded and maintained to ensure it is clear who is responsible for taking action to minimise risks to patient and staff safety
- Review processes for checking GPs home visit bags to ensure equipment is in date and safe to use.
- Ensure staff are aware of the staff with responsibility for child protection and safeguarding vulnerable adults so that in the event of cause for concern they know who they should report to.
- Make training available in relation to the Mental Capacity Act 2005 so staff are aware of their responsibilities when dealing with patients who lack the capacity to consent to treatment.
- Ensure staff training records are complete to reflect the training staff have completed.

During this desk based review we examined evidence including photographs and documented evidence related to staff training, risk assessment processes, equipment and prescription security. sent to us by the provider and we found:

Summary of findings

- The security of blank prescriptions had been improved and there were systems to ensure they were kept safely.
- The infection control policy had been updated. There was a risk assessment for maintaining cleanliness and infection control arrangements had been audited. Staff had received training in infection control and hand hygiene and there had been a 'deep clean' of the premises.
- There were arrangements in place to ensure emergency equipment was available and staff knew of its whereabouts.
- The risk policy had been updated and there was a risk register and revised risk assessments in place.
- The practice had introduced a system for checking GP home visit bags and we saw checks were carried out.
- There was a list of those staff in the practice with lead responsibilities including child protection and safeguarding vulnerable adults and this was displayed in staff areas.
- A record of staff training had been compiled, staff were completing individual training 'passports' and had attended training in the Mental Capacity Act 2005.

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?

We only asked one main key question for the purpose of this desk based review. Are services provided to patients by Cadbury Healthcare safe?.

When we inspected the practice on 21 April 2015 it was rated by us as requiring improvement for providing safe services. Since that time the provider provided an action plan in response to what was outlined within our previous inspection report of what they must and should do. They have also provided evidence to us in order to demonstrate their response to the action plan and to show us that the practice now provides safe services.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

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).

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. The practice held a register of patients living in vulnerable circumstances.

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 living with dementia). Staff had received training in the Mental Capacity Act 2005.

Good



Summary of findings

What people who use the service say

We did not speak with any patients for the purpose of this desk based review.

Cadbury Heath Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was carried out by a CQC lead inspector.

Background to Cadbury Heath Healthcare

Cadbury Heath Healthcare is based in Cadbury Heath Health Centre in Parkwall Road, Cadbury Heath, Bristol, BS30 8HS. It was registered with the Care Quality Commission following the merge of the former practices known as The Park Medical Practice and The Oaks Medical Practice on 1 January 2015.

The practice is a partnership of three GPs with two associate GPs. The practice regularly used the same two locum GPs to cover vacant GP posts. Together they provide services to 11,000 patients with the support of the practice nursing team, reception and administrative staff and the community teams.

The practice is open between 8:30 am and 7:30 pm on Monday and from 8:30 am and 6:30 pm on Tuesday to Friday. Appointments are from 9am to 12pm every morning, every afternoon between 2pm and 6pm daily. Extended hours surgeries are offered on Monday from 6:30 pm until 7:30 pm and additional early morning appointments from 7:30 am are available on Friday for patients who work.

Information about the Out Of Hours arrangements are contained within the practice leaflet and included on the practice website. The Practice contracts it's Out Of Hours service with Brisdoc and patients are advised to access this through the NHS 111 service.

The practice is a registered teaching practice and supports the training of medical students; there was one registrar GP working in the practice at the time of our inspection.

Why we carried out this inspection

We carried out a desktop follow up review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions on 8 August 2015. This review was planned to check whether the provider was 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.

Overall, the practice was rated as Good. It was rated as good for providing effective, caring, responsive, safe and well-led services for older people, people with long term conditions and families children and young people. It was also rated as good for providing services for people of working age, the recently retired and students, people whose circumstances make them vulnerable and people with poor mental health including, people living with dementia.

In April 2015 the practice was rated by us as requires improvement for providing safe services to these groups as there were areas where it had to make improvements.

Detailed findings

We completed this desk top review in response to information received from the provider about how the improvements had been made. We also looked at how the provider responded to things we said they should do.

This desk based review report should be read in conjunction with the report of our inspection on 21 April 2015.

How we carried out this inspection

We reviewed the provider's action plan and documents including photographs provided as evidence by the practice. These related to staff training, risk assessment processes, equipment and prescription security.

Are services safe?

Our findings

Medicines management

When we inspected the practice on 21 April 2015 we found some out of date syringes and hypodermic needles in two GPs home visit bags. This presented a risk to patients if they were used and they were disposed of by the provider at the time of the inspection.

We reviewed the provider's action plan received after the draft report of the inspection was despatched. The provider showed they were committed to reviewing the process for checking GPs home visit bags to ensure equipment was in date and safe to use. They produced a GP home visit bag checklist and we saw evidence to show the checklist had been used to check GPs bags. The evidence we were sent confirmed the member of staff who checked the bags and demonstrated that the GP had signed the form to verify the check had been carried out. The action plan showed checks to ensure the safe use of GP home visit bags would be carried out every three months.

When we inspected the practice on 21 April 2015 there was no system for recording the issue of prescription paper making it difficult to track who had received the prescription paper.

We reviewed information sent to us by the practice and saw within the provider's action plan the implementation of a prescription issue record. It gave details of the prescription box number, who took prescriptions from the supply and for which area of the practice. Evidence we were sent confirmed the boxes of blank prescriptions, including those for instalment prescription (blue prescriptions) for patients recovering from substance misuse, were now stored in a lockable cupboard and showed the prescription issue record for security and audit purposes was used.

Cleanliness and infection control

At our inspection in April 2015 we saw the premises were generally clean and tidy although there were some areas such as corners of treatment rooms that were dirty and not cleaned. There was dust under some of the treatment couches. We saw there were cleaning schedules in place and audits were conducted by a representative of the cleaning contractor. We looked at the audits carried out on the day of our visit. Two of the rooms had been rated as 'unacceptable' by the auditor however, there was no follow

up action recorded and it was unclear whose responsibility it was to take action to rectify the issues noted. The examination couch in room six was rated as 'exceeds' (the specification) however there was dust on the couch.

The practice had identified a lead GP for infection control. There was an infection control policy however we found this had not been reviewed since January 2013. Staff training in infection control was variable with some clinical staff having had no training and others completing online training. Staff knowledge and understanding of hand hygiene had not been checked. The last audit of infection control arrangements was carried out in November 2012 and related to The Parks Medical Practice.

We reviewed the provider's action plan and saw there was a commitment to review how hygiene and infection control was managed and maintained to ensure appropriate standards of hygiene were achieved.

The provider had met with the cleaning contractor and recorded the meeting and agreed that action would be taken following cleaning audits. They told us a deep clean of the premises had taken place since our inspection and assured us the practice was cleaned to an appropriate standard and this would be maintained.

We saw evidence to show an infection control audit had been undertaken in May 2015 and the infection control policy was revised following the last inspection. We saw evidence of a hand hygiene audit and we were told the hand washing notices in the toilets had been replaced. All staff had received updated training in infection control procedures, roles and responsibilities.

Equipment

During our inspection in April 2015 staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. However we noted records showed on many occasions the blood glucose meter was missing from the emergency trolley and there were other occasions when it was not recorded as being available when the trolley contents were checked.

The practice manager told us that all equipment was tested and maintained regularly however, they could not produce equipment maintenance logs or other records to confirm this.

Are services safe?

The action plan we received from the provider showed there was a commitment to ensure equipment for use in emergencies was available at all times so that staff had access to it, if needed. The provider produced a template to record checks of equipment stored on the emergency trolley and we saw evidence to show checks were carried out and the checklist was kept with the trolley. We were told staff were sent a reminder message and were shown where the emergency trolley was kept.

The provider told us they had completed a maintenance log of all "tested" equipment to show testing was up to date.

Staffing and recruitment

Records we looked at during our inspection in April 2015 contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, for GPs there was proof of identification and right to work, evidence of General Medical Council (GMC) registration, specialist qualifications, and criminal records checks through the Disclosure and Barring Service (DBS). In addition for nurses there was evidence of registration with the Nursing and Midwifery Council (NMC) and references. References were also obtained for administrative staff.

Following that inspection we said the provider should ensure staff training records were complete and reflected the training staff had completed. We also said the provider should make training available in relation to the Mental Capacity Act 2005 so that GPs and nursing staff were aware of their responsibilities when dealing with patients who lacked the capacity to consent to treatment.

In response to our report the provider said they would produce a list of staff and the training they had undertaken. They sent us the list and a copy of the template for recording individual training (training passports). The provider confirmed all staff had attended training in the Mental Capacity Act 2005 on 23 July 2015.

Monitoring safety and responding to risk

The practice had a comprehensive risk management policy that stated a register of identified risks was held in the practice however, a register was not in place. The policy was compiled in July 2012 and due for review in July 2015. However, the policy itself stated that it should be reviewed, at the most, bi-annually; consequently the review was out of date.

We saw risks were assessed thoroughly and six actions were identified but there was no evidence of ownership and no evidence of any actions having been completed.

The provider's action plan recorded there would be a review of how risk assessments were recorded and maintained to ensure it was clear who was responsible for taking action to minimise risks to patient and staff safety.

We were sent the updated risk policy and risk register that was completed in June 2015. It recorded the practice objectives, a description of the associated risks and actions required to mitigate these. Each risk was rated and a date set for review.

Individual risk assessments were completed and we saw these relating to maintaining a safe environment, infection control and cleanliness, stabilising the workforce and the minor illness clinic.