

High Street Practice

Quality Report

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Date of inspection visit: 10 January 2017

Date of publication: 17/02/2017

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 at High Street Practice on 11 January 2016. Although, the overall rating for the practice was good, we found the safe domain required improvements. The full comprehensive report on January 2016 inspection can be found by selecting the 'all reports' link for High Street Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 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 11 January 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good in the safe domain and good overall.

Our key findings were as follows:

At the previous inspection, we found the practice did not have a named infection control lead, or a schedule for the cleaning of carpets and curtains. In addition, some of the sterile single use equipment had expired beyond the date the manufacturer recommended it to be used by. At this inspection, we found the practice had a named lead for

infection control. The practice manager had completed a comprehensive infection prevention and control risk assessment. Where the risk assessment had identified any risks, staff had implemented an action plan to mitigate these. For example, the staff had replaced the carpets in clinical areas with vinyl flooring, replaced the curtains in clinical areas with disposable curtains, and set up a system to check the expiry dates of single use equipment. We saw that staff had labelled the waste boxes for sharp instruments correctly.

At the previous inspection, we found the staff had not effectively monitored the refrigerators used for the safe storage of vaccines. At this inspection, we found the practice had investigated and learned from our findings at the previous inspection and had implemented a system to make sure staff monitored the fridge temperatures correctly.

At the previous inspection, we found medication was passed the date for safe use and there were unlocked medications in the treatment room. At this inspection, we found the practice had purchased locked cupboards for the storage of medicines and that staff had implemented a new computer database to log all the practice medications on. This identified when stock was low and if the medication had passed the date of safe use.

Summary of findings

At the previous inspection we found the practice had inadequate arrangements in place to respond to emergencies and major incidents. At this inspection we found the practice had implemented a system to ensure emergency medication was checked and safe to use. The practice had purchased a defibrillator and instructed staff on how to use it. Staff checked the oxygen and defibrillator weekly. However, the resuscitation airways did not have an expiry date. The nurse agreed to check these were safe to use.

At the previous inspection we found that staff had not secured the blind cords in accessible areas with a cleat; this could pose a risk to children's safety. The practice manager explained that they had removed the blinds in the reception area and staff were always present in the consulting and treatment rooms. Following the inspection the practice manager provided us with a risk assessment to show how the risks were managed.

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?

At our previous inspection on 16 January 2016, we rated the practice as requires improvement for providing safe services as staff had not carried out all that was reasonably practicable to mitigate any risks to patients. At this inspection we found:

- The practice manager had implemented a new process to ensure that staff monitored fridge temperatures correctly.
- Staff had implemented new procedures to assess and mitigate any risks to patients to prevent and control the spread of infectious diseases.
- Staff had procedures in place to ensure that single use equipment was safe to use.
- The practice had purchased a defibrillator and trained staff in its use.

Good



High Street Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Background to High Street Practice

High Street Practice is located in a suburban area of Barnsley, serving a population of approximately 5767 patients. The practice catchment area is within the group of the fourth most deprived areas in England. There are two male GP partners who are supported by three female practice nurses, a practice manager and administration staff.

The reception, waiting areas, consulting rooms and disabled toilet facilities are on the ground floor. There is step free access into the building and a concrete ramp provides easy access for those in wheelchairs or with pushchairs. There is a car park to the side of the building.

Surgery opening times are Monday to Friday 8.30am to 6pm, with the exception of Wednesday 12pm to 1.30pm when it is closed for staff training.

There is telephone access from 8:00am every day. Care UK provides telephone cover between 6.00pm and 6.30pm daily. Patients can access out of hours services by the surgery telephone number or by calling the NHS111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of High Street Practice on 10 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in the safe domain. The full comprehensive report following the inspection on 11 January 2016 can be found by selecting the 'all reports' link for High Street Practice on our website at www.cqc.org.uk.

How we carried out this inspection

During our visit we:

- Spoke with the practice manager, a nurse and a receptionist.
- Reviewed documentation about how the practice assesses and minimises risks to patients. Visited all practice locations.
- Looked at the medication and parts of the premises.

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.

Are services safe?

Our findings

At our previous inspection on 11 January 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness, the storage of medication and the monitoring of risks to patients were unsafe.

These arrangements had significantly improved when we undertook a follow up inspection on 10 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the previous inspection on the 11 January 2016, we found that the management team had not always shared with staff the lessons learned following an incident. At this inspection, we found the practice manager shared any learning from incidents, new policies, and procedures with staff at practice meetings and through e-mail. In addition, the practice manager sought confirmation that the staff had received and understood them.

Overview of safety systems and process

At the previous inspection, we found the practice did not advertise the opportunity for patients to request a chaperone in the waiting room and staff had not undertaken formal training. At this inspection we found staff made patients aware of the availability of chaperones, and staff had undertaken formal training. When a member of staff acted as a chaperone, this was recorded in the patient notes.

At the previous inspection, we found the practice did not have a named member of staff as the infection control lead, and did not have a schedule for the cleaning of carpets and curtains. In addition, we found some of the sterile single use equipment had expired the date the manufacturer recommended it to be used by. At this inspection, we found the practice had a named lead for infection control. The practice manager had completed a comprehensive infection prevention and control risk assessment. Where the risk assessment had identified any risks, staff had implemented an action plan to manage these. For example, the practice had replaced the carpets in clinical areas with vinyl flooring, replaced the curtains with disposable curtains, and set up a system to check the expiry dates of single use equipment. We saw staff had labelled the waste boxes for sharp instruments correctly.

At the previous inspection, we found the staff had not effectively monitored the refrigerators used for the safe storage of vaccines. At this inspection, we found the practice had investigated and learned from our findings. The practice had monitored the fridge temperatures, and installed data loggers on both fridges to check the fridge temperatures. The practice had also, purchased computer software that alerted the practice manager if the temperatures were outside of the correct ranges.

At the previous inspection, we found out of date and unlocked medications in the treatment room. At this inspection, we found the practice had purchased locked cupboards for the medicines and staff had implemented a new computer database to log all the practice medications on. This identified when stock was low and if the medication had passed the date of safe use.

At the previous inspection we found that staff had not secured the blind cords in accessible areas with a cleat; this could pose a choking risk to children. The practice manager explained that they had removed the blinds in the reception area and when in doctors consulting rooms or the treatment room staff were always present. Following the inspection the practice manager provided a risk assessment for the premises that included the actions staff would take to manage this risk.

Monitoring risks to patients

At the previous inspection, we found the practice did not hold all records to show whether staff were immunised against infectious diseases. For Hepatitis B. It is recommended that individuals who are a continuing risk of infection should be offered a single booster dose of vaccine, once only, five years after primary immunisation and a blood test. At this inspection, we found the practice manager held an up to date list of the staff immunisations.

Arrangements to deal with emergencies and major incidents

At the previous inspection we found the practice had inadequate arrangements in place to respond to emergencies and major incidents. This was because emergency medication was found to have passed its date for safe use and the practice did not have a defibrillator. Also, the practice did not have a system in place to make sure there was sufficient oxygen and the equipment was safe to use. At this inspection we found the practice has implemented a system to ensure emergency medication

Are services safe?

was checked and safe to use. The practice had purchased a defibrillator and instructed staff on how to use it. Staff checked the oxygen and defibrillator weekly. However, the patient airways used for resuscitation did not have an expiry date.