

Grange Street Surgery

Quality Report

2 Grange Street, St Albans, Hertfordshire.

AL3 5NF.

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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 well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Grange Street Surgery on 17 May 2017. We identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided well-led services. Consequently the practice was rated as requires improvement for providing well-led services. The focused report from the 17 May 2017 inspection can be found by selecting the 'all reports' link for Grange Street Surgery on our website at www.cqc.org.uk.

After the focused inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

- Good governance.

The areas identified as requiring improvement during our inspection in May 2017 were as follows:

- Ensure plans of action to control and resolve the risks identified by the health and safety and Legionella risk assessments are completed.
- Ensure that the Legionella management policy is adapted to the specific needs and requirements of the practice.

- Ensure the governance arrangements in place provide staff with a clear understanding as to who is responsible for managing and responding to health and safety related issues and risks.

In addition, we told the provider they should:

- Ensure that all clinical staff are participating in the practice's programme of online essential training (e-learning).

We carried out an announced focused inspection on 30 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulation that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key finding on this focused inspection was that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

The practice is now rated as good for providing well-led services.

On this inspection we found:

- The governance arrangements at the practice supported the provision of a safe work place and patient environment.

Summary of findings

- Action was taken or in progress to respond to the risks identified and the improvements required by the health and safety review and Legionella risk assessment.
- The Legionella management policy was specific to the needs and requirements of the practice.
- Staff demonstrated a clear understanding as to who was responsible for managing and responding to health and safety related issues and risks.

Additionally where we previously told the practice they should make improvements our key finding was as follows:

- Clinical staff were participating in the practice's programme of online essential training (e-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 well-led?

At our focused inspection on 17 May 2017, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided well-led services. During our focused inspection on 30 August 2017 we found the provider had taken action to improve and the practice is rated as good for providing well-led services.

- The governance arrangements at the practice supported the provision of a safe work place and patient environment.
- Action was taken or in progress to respond to the risks identified and the improvements required by the health and safety review and Legionella risk assessment.
- The Legionella management policy was specific to the needs and requirements of the practice.
- Staff demonstrated a clear understanding as to who was responsible for managing and responding to health and safety related issues and risks.
- Clinical staff were participating in the practice's programme of online essential training (e-learning).

Good



Grange Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

Background to Grange Street Surgery

Grange Street Surgery provides a range of primary medical services from its premises at 2 Grange Street, St Albans, Hertfordshire, AL3 5NF. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a population of approximately 10,179 and is a training practice. The area served is less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 0 to 9 years and 30 to 49 years. There is a considerably lower than average population of those aged from 15 to 29 years.

The clinical team includes two male and two female GP partners, one female salaried GP, two female trainee GPs, four practice nurses and one healthcare assistant. The team is supported by a practice manager and 20 other managerial, administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is staffed with the phone lines and doors open from 8.30am to 6.30pm Monday to Friday. There is extended opening from 7am every Tuesday and from 8.30am to 10.30am one in every four Saturdays.

Appointments are available from approximately 8.30am to 11.45am and 4pm to 6.30pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

We undertook a focused inspection of Grange Street Surgery on 17 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided well-led services. Consequently the practice was rated as requires improvement for providing well-led services.

The focused report following the inspection on 17 May 2017 can be found by selecting the 'all reports' link for Grange Street Surgery on our website at www.cqc.org.uk.

We undertook an announced follow up focused inspection of Grange Street Surgery on 30 August 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

Before our inspection, we reviewed information sent to us by the provider. This told us how they had addressed the breaches of legal requirements we identified during our focused inspection on 17 May 2017. We carried out an

Detailed findings

announced focused inspection on 30 August 2017. During our inspection we spoke with a range of staff including the practice manager and members of the managerial, reception and administration team. We reviewed the relevant documentation and policies.

Are services well-led?

Good 

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

Our findings

Governance arrangements

At our inspection on 17 May 2017 we found there were some weaknesses in the governance arrangements at the practice that needed to be strengthened to ensure the provision of a safe work place and patient environment.

The practice's health and safety risk assessment from September 2016 and Legionella risk assessment from October 2016 did not have action plans in place to respond to the risks identified and the improvements required. This was despite some actions requiring implementation as a priority. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). None of the staff we spoke with were aware of the actions required from the Legionella risk assessment. The Legionella management policy was a generic document dated July 2015 that had not been adapted to the specific needs and requirements of the practice. With the exception of one individual, the staff we spoke with were unclear as to who had responsibility for health and safety related issues at the practice. This included who was responsible for implementing the actions required from the risk assessments. However, the practice was making considerable progress in reorganising its practice management structure to ensure appropriate governance arrangements were in place.

At our previous inspection we also identified an area where we told the practice they should make improvements. GPs were not participating in the practice's programme of online essential training (e-learning) although they were completing training in other ways.

During our follow up focused inspection and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to improve in these areas.

We saw the practice had commissioned an external company to complete a full health and safety review of the practice in June 2017. The review identified 47 issues relating to fire safety, policy, monitoring and Legionella among other things, with 33 of those requiring prompt action. We saw the practice had used the review to develop 37 of its own action points. We looked at a sample of those and found the practice had made considerable progress in

completing the actions. This included completing a new fire risk assessment and subsequent actions such as servicing the air conditioning system, updating the health and safety policy and providing the appropriate information to staff about the structure of responsibility for health and safety at the practice.

The practice had a new Legionella risk assessment completed in June 2017. The report rated the practice as a medium to low risk and detailed eight actions to be implemented as a priority (within three months). We saw that action had been taken or recurring action was in progress for all the issues identified. This included reinstating a hot water supply to the accessible toilet, repairs to the cold water tank and commencing a programme of the flushing of an infrequently used outlet. We saw that where necessary the appropriate records were maintained.

The practice's Legionella management policy had been rewritten on 31 May 2017. We saw that it was specific to the needs and requirements of the practice. For example, the policy nominated responsible persons for Legionella management at the practice and detailed the roles of those individuals.

We found the practice had completed the reorganisation of its management structure to ensure appropriate governance arrangements were in place. We spoke with all the staff nominated as having day-to-day responsibility for health and safety related issues at the practice. They demonstrated a comprehensive understanding of their roles and responsibilities and were able to detail the work they had completed in the past three months to ensure the practice was complying with health and safety and Legionella related requirements. This matched with the records maintained and the requirements of the practice's updated policies. Other staff we spoke with said they were clear as to who had responsibility for health and safety related issues at the practice and who they would go to with any issues or concerns. They told us they had been given information about this which included a presentation at one of the practice's target training days in June 2017.

Our review of training records showed that GPs were participating in the practice's programme of online essential training (e-learning). We saw that for the four GPs we looked at, between May and August 2017 they had all

Are services well-led?

Good 

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

received training that included: health and safety, infection control, fire safety and adult safeguarding. This was in addition to any other in-house or external training they'd completed.