

The Boat House Surgery

Quality Report

The Boat House Surgery
Whitchurch Road
Pangbourne
Reading
Berkshire
RG8 7DP

Tel: 0118 984 2234

Website: www.pangbournesurgery.gpsurgery.net

Date of inspection visit: 28 July 2015

Date of publication: 27/08/2015

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

	Page
Overall summary	2
The five questions we ask and what we found	3
Areas for improvement	4

Detailed findings from this inspection

Our inspection team	5
Background to The Boat House Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of The Boat House Surgery, Whitchurch Road, Pangbourne, Reading, Berkshire RG9 8DP on 28 July 2015. This inspection was undertaken to check the practice was meeting regulations. Our previous inspection in November 2014 had found breaches of regulations relating to the safe delivery of services. We found the practice required improvement for the provision of safe services, and was rated good for providing effective, caring, responsive and well-led services.

We found the practice has made improvements since our last inspection on 5 November 2014. At our inspection on the 28 July 2015 we found the practice was meeting the regulations that had previously been breached.

Specifically the practice was:

- Operating safe systems of recruitment. This included pre-employment checks, DBS checks and risk assessments.

- Systems were in place to manage infection control processes to specifically reduce the spread of the legionella.
- Procedures were in place to ensure a consistent application of medicine's management processes and procedures. This included the management of emergency medicines and the security of medications and prescriptions.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Review the security of surgery rooms where prescriptions are stored.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

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 had made significant efforts to improve safety of services. In July 2015, we saw they had addressed the issues surrounding infection control, medicines management and recruitment that we judged a breach of regulation at our inspection of 5 November 2014. Records we reviewed and processes we observed confirmed this.

Medicines management systems and processes had been reviewed and changes had been implemented. Medicines were managed appropriately and stored safely. Prescription tracking and security had improved but further changes were required. The practice was clean and tidy and systems were in place to reduce the risk of infection, specifically relating to the Legionella germ.

The practice had taken action to revise their recruitment process in relation to pre-employment checks, Disclosure and Barring Service (DBS) checks and risk assessments. This had improved the way they managed these aspects of their service.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Review the security of surgery rooms where prescriptions are stored.

The Boat House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspection Manager and included a GP specialist advisor and a pharmacist inspector.

Background to The Boat House Surgery

The practice moved to its current premises in 1993. They provide primary medical services to over 11,000 patients in Pangbourne, Berkshire, with an older than average practice population and very low deprivation scores. Local demographic data indicates the practice serves a population which is one of the more affluent areas in England. The Boat House surgery has a high number of patients registered who are over 65 years old.

The practice occupies a purpose built building with a large onsite parking facility and is a dispensing practice. Consultation and treatment rooms are spread on the ground and first floor. The practice has a lift facility for access to the first floor consultation rooms.

Care and treatment is delivered by a number of GPs, practice nurses, health care assistants and phlebotomist. In addition, the practice is supported by district nurses and health visitors who are based on the premises. The practice also works closely with district midwives. The practice also provides other medical services in-house, such as physiotherapy and minor surgery. Outside normal surgery hours patients were able to access emergency care from an Out of Hours (OOH) provider. Information on how to access medical care outside surgery hours was available on the practice leaflet, website and waiting area.

The practice is involved with the local and clinical commissioning group (CCG); two of the partners and the nurse practitioner have active and lead roles in the CCG.

The practice has a Primary Medical Services (PMS) contract. PMS contracts are negotiated locally with the local office of NHS England.

The practice is a GP training practice, which looks after GP registrars as well as medical students in years four and five of the Oxford Deanery. This was a focused inspection.

The practice provides services from:

The Boat House Surgery

Whitchurch Road

Pangbourne

Reading

RG8 7DP

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 5 November 2014 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a focused inspection on 28 July 2015 to follow up and assess whether the necessary changes had been made, following our inspection in November 2014. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection.

Detailed findings

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, review the breaches identified and the rating awarded for the safe domain, under the Care Act 2014.

spoke with a GP who was a partner and the registered manager, the dispensing manager and team, the practice manager and administration manager. The processes, records and documents we reviewed demonstrated how they had addressed the breaches of regulations identified during the focused inspection in October 2014.

How we carried out this inspection

Before visiting, the provider confirmed they had completed the actions outlined in their action plan. During our visit we

Are services safe?

Our findings

Cleanliness and infection control

At the last inspection in November 2014 we found the practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). There was no risk assessment to determine if action was required to reduce the risk of legionella infection to staff and patients.

At the inspection in July 2015 we found action had been taken to address areas of improvement that had been identified. A full risk assessment of the practice water systems had been undertaken by an external company. The assessment identified areas requiring action. These included providing training for staff undertaking the required testing and a system for testing water temperatures on a monthly basis.

The practice had identified all of the recommendations from the external assessment and added them to an action plan. Some actions had been completed with others due for completion in the next eight months. We noted the practice manager had attended legionella eLearning training and a system had been developed to commence water temperature recording throughout the practice in August 2015.

Staffing and recruitment

At the last inspection in November 2014 we had concerns that patients were not supported or cared for by staff who had been suitably recruited. This was because appropriate checks were not always completed before new staff commenced employment. We found no evidence to demonstrate that all of these checks had been undertaken in the staff records we reviewed. The practice advised us that they had undertaken risk assessments to determine which staff and roles required a DBS check but there were no records to confirm this.

We received an action plan from the provider informing us of the action they had taken to meet the regulation requirements when employing staff. At the inspection on the 28 July 2015, the provider confirmed that they had taken appropriate action to ensure all staff were subject to suitable checks prior to commencing employment and that

these checks had been undertaken for all staff. This included collecting two references for new staff members and ensuring staff were physically and mentally fit to carry out their roles.

During the inspection, we looked at 10 staff files which contained documented information to demonstrate that appropriate recruitment checks had been undertaken prior to the employment of staff. For example, we noted two references had been identified for five new members of staff and the practice had implemented a system where new staff members were assessed to ensure they were physically and mentally fit to carry out their roles.

All of the 10 staff files we reviewed included a check with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS) or a risk assessment to determine why the individual did not require one. The risk assessment form was clear and outlined the considerations and recorded the decisions as to whether a staff member required a DBS check in their role.

The practice had a revised recruitment policy that set out the standards it followed when recruiting all staff. A standardised list had been developed to help ensure all relevant checks and information was obtained during the recruitment process for new staff.

Medicines Management

At the last inspection in October 2014 we had concerns that controlled drugs requisition orders were not always being signed by the GPs, dispensing staff were making changes to medicines outside of the scope of their expertise, emergency medicines were not checked and recalls had not always been effectively actioned. We also noted the prescriptions were not always stored correctly and medicines were stored in unlocked fridges.

We received an action plan from the provider informing us of the action they had taken to meet regulation. The provider confirmed that they had taken appropriate action to ensure that all medicines management processes and procedures had been reviewed and updated to meet the requirements of the regulations.

Are services safe?

At the inspection on the 28 July 2015 we reviewed the detailed and updated standard operating procedures (SOP) for emergency drugs, making changes to drugs on the practice system, drug recalls, the management of prescriptions and controlled drugs.

We checked the emergency medicines held at the practice. Appropriate medicines were available in the event of an emergency. The medicines were stored securely and a system was in place to regularly check the dates of expiry. We saw records to confirm the expiry checks had taken place.

We found dispensing staff were able to make changes to medicines on the practice system that were within the scope of expertise. The practice had implemented a system to make changes to medicines following review. A GP checked the changes once made and before signing any new prescriptions. This was reflected in the amended standard operating procedures.

We noted that controlled drug requisition orders were being signed by a GP. This was also reflected in the practice's own SOP ordering controlled drugs protocols, which clearly stated the form, must be signed by a GP before it is processed. We saw recent orders signed by the GP on the day of inspection.

On the inspection in July 2015 we found drug recalls had been processed appropriately. The practice had enhanced

the system for processing recalls and ensuring checks were in place to confirm action had been taken. We saw records to confirm this and the updated process was reflected in the standard operating procedure, for the recall of drugs.

The practice had a system to ensure the security of prescriptions and they had updated their process and procedures. We saw a tracking system had been developed and checks were in place. This meant the practice kept accurate records of the prescriptions in use at any point in time. However, we noted prescriptions were accessible in a number of printers across the surgery, in rooms which were unlocked[WJ1] [CN2]. This could increase the risk of prescriptions being misappropriated. We spoke with a GP partner/registered manager on the day of inspection who confirmed action would be taken to secure the rooms where prescriptions were stored in printers.

In November 2014, we found that vaccines were kept in unlocked fridges. At the inspection in July 2015 we noted that all fridges were locked to keep the vaccines secure.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated and reviewed regularly.