

Milton Park Practice

Quality Report

131 Goldsmith Avenue
Southsea
Portsmouth
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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 safe?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	6
Background to Milton Park Practice	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of 131 Goldsmith Avenue, Southsea, Portsmouth on 16 July 2015.

Our previous inspection in January 2015 found breaches of regulations relating to the safe and well-led delivery of services.

We found the practice required improvement for the provision of safe and well-led services, and was rated good for providing effective, caring, responsive services.

This inspection was undertaken to check the practice was meeting regulations. For this reason we have only rated the location for the key questions to which these relate. This report should be read in conjunction with the full inspection report of 20 January 2015.

We found the practice had made improvements since our last inspection. At our inspection on the 16 July 2015 we found the practice was meeting the regulations that had previously been breached.

Specifically the practice:

- Identified, assessed and managed risks relating to the health and safety of patients, staff and visitors. This included health and safety, legionella and fire risk assessments.
- Ensured the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection.
- Ensured staff received appropriate training, professional development and appraisal.
- Ensured patient paper records were kept securely and could be located promptly when required.
- Had procedures in place to ensure a consistent application of medicine's management processes. This included the management of the security of medicines and prescriptions.

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 taken necessary action to become good for the provision of safe services.

Records we reviewed and processes we observed confirmed this.

In July 2015, we noted the practice had addressed the issues, surrounding infection control and medicines management. These were judged a breach of regulation at our inspection on 20 January 2015.

Medicines management systems and processes had been reviewed and changes had been implemented. Medicines were stored securely and only accessible to authorised staff.

The practice was clean and tidy and systems were in place to reduce the risk of infection. Systems included carrying out infection control audits, training for the infection control lead and the assessment and monitoring for legionella.

Good



Are services well-led?

The practice had taken necessary action to become good for the provision of well-led services. Records we reviewed and processes we observed confirmed this.

In July 2015, we noted the practice had addressed the issues of not carrying out health and safety and fire risk assessments and not securing patient records. These were judged a breach of regulation at our inspection on 20 January 2015.

Health and safety and fire risk assessments had been carried out and monitoring was implemented for fire safety. Monitoring included checks of fire detection and fire fighting equipment and evacuation procedures. Records of these checks were kept.

Patient records were stored securely and only available to authorised staff.

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

As a result of our inspection we found that the required improvements had been made to older people and we have changed the ratings accordingly.

Good



People with long term conditions

As a result of our inspection we found that the required improvements had been made to people with long term conditions and we have changed the ratings accordingly.

Good



Families, children and young people

As a result of our inspection we found that the required improvements had been made to families, children and young people and we have changed the ratings accordingly.

Good



Working age people (including those recently retired and students)

As a result of our inspection we found that the required improvements had been made to working age people accordingly.

Good



People whose circumstances may make them vulnerable

As a result of our inspection we found that the required improvements had been made to people whose circumstances may make them vulnerable and we have changed the ratings accordingly.

Good



People experiencing poor mental health (including people with dementia)

As a result of our inspection we found that the required improvements had been made to people experiencing poor mental health and we have changed the ratings accordingly.

Good



Summary of findings

Milton Park Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a CQC Inspector.

Background to Milton Park Practice

Milton Park Practice is situated in Goldsmith Avenue, Southsea, Portsmouth.

The practice occupies a former domestic residence and provides patient consultations and treatment over two floors. The first floor contains treatment and consulting room but is not accessible to patients who have mobility difficulties. These patients are seen on the ground floor.

The practice has started the process to move to another site which will be accessible and better equipped to meet the needs of its patient groups.

The practice has an NHS general medical services (GMS) contract to provide healthcare and provides health services to approximately 7000 patients who live in Portsmouth and Southsea.

Appointments are available between the 8am and 6.30pm on weekdays. The practice also provides early morning appointments between 7am and 8am on Wednesdays and evening appointments between 6.30pm and 7.10pm on Mondays. The practice offers Saturday appointments between 9am and 11am every fourth Saturday. The practice has opted out of providing out-of-hours services to its patients and refers them to the 111 service run by Care UK.

The practice has three full time and one part time GP partners. All the GPs are female. The GPs are supported by two practice nurses, three locum practice nurses and a phlebotomist (phlebotomists are medical technicians who are trained to take blood samples from patients). GPs and nursing staff are supported by a team of nine receptionists and a reception manager. The practice also has an administration team of four and a deputy practice manager and practice manager.

We carried out our inspection at the practice's main location which is situated at;

Milton Park Practice

131 Goldsmith Avenue

Southsea

Portsmouth

PO4 8QZ

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 20 January 2015 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 16 July 2015 to follow up and assess whether the necessary changes had been made, following our inspection in January 2015. 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.

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 spoke with the deputy practice manager and a practice nurse. The processes, records and documents we reviewed demonstrated how they had addressed the breaches of regulations identified during the focused inspection in January 2015.

Are services safe?

Our findings

Medicines Management

At our last inspection in January 2015 we checked the medicines stored in the treatment room cupboard and medicine refrigerators and found they were stored securely. However, the keys to the medicines fridge and cupboard were not kept securely which made them available to those not authorised to have access. Blank prescriptions forms received at the practice were logged by serial number but following this there was no record kept of distribution of prescription forms within the practice

We received an action plan from the provider informing us of the action they had taken to meet regulation requirements for medicines management.

At our focused inspection on the 17 July 2015 we found that the provider had taken appropriate action to ensure that keys were kept securely and accessible only to authorised staff. Prescription forms were stored securely and serial numbers tracked appropriately.

Cleanliness and infection control

At the last inspection in January 2015 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.

The practice did not have an infection control policy and supporting procedures in place. Procedures missing included infection control audits and an annual infection control statement. A nurse was the infection control lead but had not undertaken any infection control training. We found only two locum staff had received formal training in infection control procedures.

We received an action plan from the provider informing us of the action they had taken to meet the regulation requirements for infection control.

At the inspection in July 2015 we found action had been taken to address areas of improvement that had been identified.

All areas of the practice were visibly clean and odour free. We noted that the infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures and to comply with relevant legislation. All staff had received training about infection control, specific to their role.

We saw cleaning schedules and checklists that were completed to indicate that cleaning had been carried out. An infection control audit had been carried out and the lead nurse received training to support their role.

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.

Are services well-led?

Good 

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

Our findings

Governance

At the last inspection in January 2015 we found patient records stored behind the reception desk. These were accessible by a door which was not kept closed which made the records accessible to unauthorised people. We found that risk assessments had not been carried out for fire and health and safety.

We received an action plan from the provider informing us of the action they had taken to meet the regulation requirements for good governance.

At the inspection in July 2015 we found action had been taken to address areas of improvement that had been identified.

We saw arrangements were in place, and followed by staff, to secure patient records and saw records to support the management of risks associated with fire. Testing included fire alarms, emergency lighting and fire fighting equipment. Regular fire evacuation drills were also carried out in accordance with fire safety legislation.