

High Street Surgery

Quality Report

The Surgery
Rotherham
S62 6LW
Tel: 01709 522022
Website: www.highstsurgery.co.uk

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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



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 Surgery on 5 October 2016. The overall rating for the practice was good with requires improvement for safety. The full comprehensive report on the 5 October 2016 inspection can be found by selecting the 'all reports' link for High Street Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 July 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 5 October 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.

Our key findings were as follows:

- Improvements had been made to the way significant events incidents were recorded, investigated and reviewed to ensure opportunities for learning were maximised.
- Actions taken in response to safety alerts had been recorded.

- Safety notices to identify the storage area for liquid nitrogen had been displayed.
- A risk assessment for the provision of emergency drugs at both sites had been completed.
- Systems had been improved to assist the provider to identify defects and stock issues related to emergency equipment.
- Staff had completed infection prevention and control training.

The practice had also made the following improvements:

- Information about duty of candour requirements had been provided and staff were knowledgeable about these requirement's.
- The recruitment procedure had been further developed to include how training would be verified and gaps in employment history would be identified and managed.
- Arrangements for cleaning of carpets had been improved and we found the carpets in a clean condition.
- An action plan to address poor patient satisfaction with telephone access to the practice had been developed and implemented. The telephone system had been improved following an analysis of use with

Summary of findings

the telephony provider. The telephone system also allowed the practice to monitor calls and waiting times. Systems to enable the practice to text patients and for patients to be able to cancel appointments by text had also been implemented. The practice was also promoting booking on line and had provided information for patients relating to this. Pre-bookable telephone consultations had been implemented and additional, telephone on the day, access to speak to a GP was available 11.30am to 12 midday. Patient satisfaction had been reviewed by the practice and results showed improvement in patient experience and patients we spoke with were satisfied with access to appointments.

- Access arrangements to the main site for patients with a disability had been improved. A doorbell with a sign for patients had been installed so staff could be made aware if patients required help with the doors.
- The complaints information was displayed at the branch site.

However, there were also areas of practice where the provider should make improvements.

- Review processes to ensure all staff understand their role in monitoring and maintaining the cold chain for vaccines stored in the practice.

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 saw improvements had been made since the last inspection and the practice is now rated as good for providing safe services.

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Good



High Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Background to High Street Surgery

The provider, High Street Surgery is a partnership and provides services under Primary Medical Services contract (PMS) for 7,872 patients within Rotherham CCG. The services comprise of the main site at High Street Surgery, The Surgery, Rotherham, S62 6LW and a branch surgery at Thorpe Hesley Clinic, off Slough Hall Avenue, Thorpe Hesley S61 2QU. The main site is a purpose built surgery in the village of Rawmarsh, which is two miles north of Rotherham. The second site is based in a purpose built shared health services building owned by Rotherham CCG in Thorpe Hesley, of which the practice rent two rooms. We visited both sites during this inspection.

All premises have access to car parking facilities; although the car parking at the main site is limited there is a free car park next door at the shopping centre.

There is level access available for wheelchairs and disabled toilet facilities.

The patient population is comparable to the national average and the practice is in an area identified as being one of in the fourth most deprived areas nationally.

This is a teaching practice for doctors who wish to train as GPs.

There are two GP partners and three salaried GPs supported by two nurse prescribers, a health care assistant

and a phlebotomist. The management team consists of a business manager, assistant practice manager and reception supervisor and there is a team of reception staff and administration staff.

Reception is open 8.30am to 6.30pm Monday to Friday.

Appointments are available as follows;

The High Street Surgery - Monday, Tuesday and Thursday 7am to 11am, Wednesday and Friday 8.30am to 11am and Monday to Friday 3.45pm to 6pm. The practice provides extended hours and is open for pre-booked appointments between 7am and 8am Monday, Tuesday and Thursday.

Thorpe Hesley branch surgery – Monday Tuesday, Wednesday and Friday 8.30am to 9.30 am and 3.45pm to 6pm and Thursday 7am to 9.30 am. This surgery operates a doctor triage service in the mornings.

When the practice is closed patients are directed to the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of High Street Surgery on 5 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for safety. The full comprehensive report following the inspection on October 2016 can be found by selecting the 'all reports' link for High Street Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of High Street Surgery on 17 July 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

During our visit we:

- Spoke with a range of staff (GP, business manager and practice manager and reception staff) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area.
- Visited both practice locations
- Looked at information the practice used to manage the practice and deliver care.

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 5 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant events and safety alerts, provision and monitoring of emergency medicines and infection prevention and control training for non-clinical staff were not adequate.

These arrangements had improved when we undertook a follow up inspection on 17 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- Improvements had been made to the way significant events were recorded, investigated and reviewed to ensure opportunities for learning were maximised. The practice had implemented electronic, centrally held, systems for recording incidents which were accessible to all staff. We observed detailed records of incidents and actions taken had been maintained. The records linked to meetings where these had been discussed and significant events were a standing agenda item at staff meetings. We observed a review of the significant events from 2016 had been completed. Staff we spoke with understood the new systems for recording incidents and confirmed any learning from the events had been shared with them.
- Information about duty of candour requirements had been provided to staff and staff we spoke with were knowledgeable about these requirements.
- We observed records of actions taken in response to safety alerts had been developed and maintained. Clinical staff also signed hard copies of the medical alerts to evidence they had seen these.

Overview of safety systems and process

- Non clinical staff had completed infection prevention and control (IPC) eLearning since the last inspection and certificates were held in staff files. Staff we spoke with confirmed they had received this training and demonstrated a good understanding of IPC issues which may arise as part of their role.

- Arrangements for cleaning of carpets had been improved and carpets were maintained in a clean condition. Funding had been agreed to replace the carpets and the practice was waiting for this to be released.
- The recruitment procedure had been further developed to include how training would be verified and gaps in employment history would be identified and managed. We observed employment histories had been obtained for the two staff employed since the last inspection.

However we found one area for improvement:

- The arrangements for monitoring the temperature of the fridge used to store vaccines at the branch surgery may not be effective. We found not all staff responsible for checking and recording fridge temperatures were aware of the temperature range vaccines should be stored at and the action to take if the temperature was found to be outside this range.
- We identified four occasions since January 2017 when the temperatures were recorded as outside the range. In some cases the reason for this was recorded, for example, stock check, but any action taken to minimise risk was not recorded. Storage of vaccines outside of the recommended temperature range may impact on the effectiveness of the vaccine. We requested the practice manager report these instances to NHS England and act on their advice. We received written confirmation following the inspection that the practice manager had reported this as requested and they had been informed no further action was required by the practice in this instance. They also provided written information as to how they were going to provide guidance to staff on maintaining the cold chain.

Monitoring risks to patients

- We observed safety notices to identify the storage area for liquid nitrogen were in place.

Arrangements to deal with emergencies and major incidents

- The provision of emergency drugs at both sites had been risk assessed to see if they were needed. For example, some types of medicines for pain relief were not stocked as these were readily available from the onsite pharmacist. However, other medicines which

Are services safe?

may be required in an emergency were stocked. For example, a drug to alleviate possible side effects which may occur during minor surgical procedures was held at the main site where minor surgery takes place.

- Systems had been improved to assist the provider to identify defects and stock issues related to emergency equipment. Daily equipment checks had been implemented and records of the checks were maintained.