

# Sea Mills Surgery

## Quality Report

2 Riverleaze

Sea Mills

Bristol

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Website: [www.seamillssurgery.nhs.uk](http://www.seamillssurgery.nhs.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 Sea Mills Surgery on 21 July 2015. Following our comprehensive inspection overall the practice was rated as good with requires improvement for the safe domain. Following that inspection we issued two requirement notices. These notices were due to a breach of Regulation 15 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Premises and Equipment and Regulation 17 Good Governance. The requirement notices were for the practice to implement the necessary changes to ensure patients who used the service were protected against the risks associated with infection prevention and to monitor the quality and safety of the service. A copy of the report detailing our findings can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this focused inspection on 29 June 2016 to follow up the requirement to assess if the practice had

implemented the changes necessary to ensure patients who used the service were protected against the risks associated with infection prevention and to monitor the quality and safety of the service.

Our key findings across all the areas we inspected during this inspection were as follows:

- The practice had in place a regular programme and documented audits for infection control.
- The practice had reviewed and refined their processes for reporting incidents and significant events.
- We found the practice had reviewed their arrangements for the implementation of health and safety and had introduced new policies and procedures and ensured the staff had completed appropriate training.

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 is now rated as good for providing safe services. We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice in July 2015. Actions taken by the practice included updating training for all staff in infection control, fire safety and health and safety. The practice had reviewed and updated policies and procedure including those related to reporting of incidents and significant events, fire safety and infection control.

**Good**



# Sea Mills Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Sea Mills Surgery

Sea Mills Surgery is located in an urban area of North Bristol. They have approximately 6400 patients registered.

The practice operates from one location:

Sea Mills Surgery,

2 Riverleaze,

Sea Mills,

Bristol, BS9 2HL

It is sited in a purpose built two storey building. The consulting and treatment rooms for the practice are situated on the ground floor. There is limited patient parking immediately outside of the practice with spaces reserved for those with disabilities.

The practice is made up of four GP partners and three salaried GPs working alongside qualified nurses and health care assistants.

The practice is open on Monday to Friday 8am – 6.30pm for on the day urgent and pre-booked routine GP and nurse appointments.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is

contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, minor surgery, patient participation, immunisations and remote care monitoring.

The practice is a training practice for doctors who were training to be qualified as GPs, one partner acts as a trainer. Patients seen by these GPs are given longer appointments and the trainee has access to a senior GP throughout the day for support.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the website.

#### Patient Age Distribution

0-4 years old: 5.8%

5-14 years old: 11.6%

Under 18 years: 14.9%

65-74 years old: 22.1% - higher than the national England average.

75-84 years old: 11.6% - higher than the national England average.

85+ years old: 4% - higher than the national England average.

Information from NHS England indicates the practice is in an area of medium deprivation with a much higher than national average number of patients with long standing health conditions, a higher than average number of patients in nursing homes and lower than average levels of paid work. The practice population is stable with several family generations of patients registered at Sea Mills Surgery.

# Detailed findings

## 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. The 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, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

We carried out our previous announced comprehensive inspection at Sea Mills Surgery on 21 July 2015. During this

inspection we issued two requirement notices. The requirement notices were for the practice to implement the necessary changes to ensure patients who used the service were protected against the risks associated with infection prevention and to monitor the quality and safety of the service.

We undertook this focused inspection on 29 June 2016 and visited the practice to follow up the requirement notices for breaches of Regulation 15 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Premises and Equipment and Regulation 17 Good Governance to ensure patients who used the service were protected against the risks associated with infection prevention and to monitor the quality and safety of the service.

# Are services safe?

## Our findings

### Safe track record and learning

At our comprehensive inspection undertaken in July 2015 we found the practice had a system in place for reporting, recording and monitoring significant events. The records we reviewed showed that each clinical event was analysed and discussed by the GPs, nursing staff and senior practice management. We found the recording of events was brief and not always clear if the practice had put actions in place in order to minimise or prevent reoccurrence of events. On this visit we saw the reporting system for significant events had been reviewed and a template made available to all staff to use to report these types of incidents. We read the minutes of meeting where these incidents were reviewed and were told about the intention to provide a yearly summary of incidents and highlight any shared learning or good practice which had resulted from the incident. Minutes were taken for all practice meeting so there were clear records of the meetings taking place and of action from the meetings being implemented. The practice had also introduced a morning 'huddle' in order to promote good communication amongst the team for any ongoing incidents or events.

### Overview of safety systems and processes

During the comprehensive inspection undertaken in July 2015 we saw evidence the practice had accessed infection control audit documentation but no audits had been completed to provide an adequate review of infection control and preventing the risk of spread of infection within the practice. We found some areas in the practice where infection control measures had not been fully considered or implemented. For example, the routine cleaning of consulting/treatment room privacy curtains was undertaken by the GP or nurse who used the room and this was not recorded, so there was no assurance of the frequency of the process or that the curtains had been cleaned according to national guidance. We observed the waste bins in toilet areas did not have foot pedals; chairs used by staff and patients were fabric and were not able to easily clean; there was no established protocol for cleaning examination couches between patients; no protocol for sterilising peak flow meters, the baby changing area had no facility to clean the changing mat or dispose of soiled nappies.

We observed on this visit that the infection control policy and procedures had been reviewed and records that all staff had completed an online training update. The system for cleaning of curtains had been formalised so that it was undertaken on a regular basis however the process for cleaning them to meet best practice national guidance could not be assured. The staff who spoke with us stated that the intention was to replace all the curtains with disposable paper curtains and they had started this process in the treatment room. We saw that toilets now had pedal operated waste bins, alcohol wipes were available for cleaning the changing mat and a prominent notice guided patients to take away any soiled nappies.

The practice had initiated a steam cleaning protocol for all fabric covered chairs and had a rolling programme in place to replace the chairs for those with cleanable surfaces. The practice had established protocols for cleaning of clinical equipment and examination couches. We observed in treatment rooms that staff had indicated on the calendar when they had completed the cleaning protocol. The practice had also completed a comprehensive infection control audit.

### Monitoring safety and responding to risk

We found at our comprehensive inspection undertaken in July 2015 the practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice did not routinely undertake annual or monthly checks of the building or the environment. Action was taken when needed to rectify any issues as they occurred. On this visit we found that new systems and processes had been put in place so that there were ongoing environmental inspections and reviews for compliance with health and safety guidance. For example, we saw there had been inspections of the consulting and treatment rooms and items identified for action such as the installation of elbow taps on sinks to meet best practice guidance. We observed that for the location of some sinks made this unworkable and advised further risk assessment and review of a suitable solution to meet best practice guidance. We saw records which indicated staff had completed an online update in health and safety in the workplace.

### Arrangements to deal with emergencies and major incidents

## Are services safe?

We observed on our previous visit the practice had arrangements in place to manage emergencies. We saw there was first aid equipment available on site and trained nurses acted as first aiders for staff and patients. However there were no contingency plans in place to cover the times when no trained nurse was available to provide first aid. Since then a member of staff had undertaken statutory first aid training and was the nominated first aider to support the nurse team.

We had also found at the inspection in July 2015 that the building had a fire system and firefighting equipment, which was in accordance with the fire safety legislation. We saw records that showed the system had been maintained and tested six monthly. There were no records of any equipment checks or fire system test in between these dates. The practice did not have a current fire safety risk assessment. Records showed that staff had completed initial fire training at induction. The practice had not

undertaken recent fire safety training or practised regular fire drills. We found on this visit that the practice had updated their fire safety risk assessment and produced an action plan. We saw there were nominated fire marshals available when the practice was open. We saw records for the weekly fire alarm test and equipment check including a plan which identified where specific equipment should be located. There were building plans available by the fire alarm points which indicated the nearest exits. There was evidence of a maintenance test of the fire alarm system. We saw records that staff had attended a fire training session and completed online training. In addition to this fire drills had been undertaken in January 2016 and June 2016 which involved staff evacuating the building. The building does not have any emergency lighting as this was not needed as part of the original design, however there are torches and light sticks placed at strategic points should they be needed.