

Rainhill Village Surgery Quality Report

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Rainhill Village Surgery on 27 September 2016. The overall rating for the practice was good but required improvement in providing safe services. The full comprehensive report on the 27 September 2016 inspection can be found by selecting the 'all reports' link for Rainhill Village Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 February 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 27 September 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:

• The practice had addressed the issues identified during the previous inspection.

• There was system in place to check whether medical equipment on the premises was in date and therefore safe to use.

In addition, the practice had made the following improvements:

- Staff had received additional guidance on chaperoning.
- There was new system for securely storing blank prescription forms.
- There was now a data sharing agreement for patient information to be shared with other GPs when treating patients from other practices.
- Complaints information both in the practice leaflet and on the website had been updated to reflect patients could complain to either NHS England or the practice.
- The practice had arranged end of year meetings to analyse incidents and complaints for trends.

Professor Steve Field (CBE FRCP FFPH FRCGP) Chief Inspector of General Practice

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. The practice had addressed the issues identified during the previous inspection. There was a system in place to check whether medical equipment on the premises was in date and therefore safe to use.

In addition, the practice had made the following improvements:

- Staff had received additional guidance on chaperoning.
- There was new system for securely storing blank prescription forms.
- There was now a data sharing agreement for patient information to be shared with other GPs when treating patients from other practices.
- The practice had arranged end of year meetings to analyse incidents and complaints for trends.

Good



Rainhill Village Surgery Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector.

Background to Rainhill Village Surgery

There were 6872 patients on the practice register at the time of our inspection and 26% of the practice population were over 65 years of age (compared to a national average of 17%).

The practice is a training practice managed by two male GP partners and three salaried GPs (one male, two female). There is a nurse clinician and two practice nurses and two healthcare assistants. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours services, St. Helens Rota.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. Rainhill Village Surgery is part of St Helens Clinical Commissioning Group (CCG).

Why we carried out this inspection

We undertook a comprehensive inspection of Rainhill Village Surgery on 27 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good but required improvement for providing safe services. The full comprehensive report following the inspection on 27 September 2016 can be found by selecting the 'all reports' link for Rainhill Village Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Rainhill Village Surgery on 17 February 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

The inspector :-

- Carried out a site visit.
- Spoke with the practice manager.
- Reviewed documents.

Are services safe?

Our findings

At our previous inspection on 27 September 2016, we rated the practice as good required improvement for providing safe services as the arrangements in respect of monitoring medical equipment were unsafe.

In addition, we found that systems needed improving for the management of:-

- reviewing significant events and complaints for any themes;
- sharing patient information when necessary;
- retaining recruitment records and chaperone training;
- the storage of blank prescription forms.

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

Safe track record and learning

The practice had arranged end of year meetings to discuss and review significant events and complaints received over 12 months. This enhanced shared learning, ensured actions taken were appropriate and that trends were analysed to reduce the risks of reoccurrence.

Overview of safety systems and process

We reviewed two recruitment files for recent employees and found references had been undertaken and the relevant documents kept.

All staff involved in chaperoning had received additional guidance and the protocols had been discussed.

There was a system in place to check whether medical equipment on the premises was in date and therefore safe to use. A full stock check had been completed to establish the location, quantity and expiry dates of all clinical stock held. The information was documented in a spread sheet for monitoring purposes. Stock was checked on a monthly basis by the health care assistant. Checks were audited by the practice nurse and the practice manager.

There was a new system in place to ensure the use of blank printer prescription forms were appropriately stored.