

Esher Green Surgery

Quality Report

Esher Green Surgery
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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 Esher Green Surgery on 22 December 2015. The practice had been rated as good for effective, caring, responsive and well-led, however, required improvement in safe. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensure that all recruitment checks were carried out and recorded as part of the staff recruitment process. This included retaining information for Disclosure and Barring Service (DBS) checks for those staff that need them, proof of identity, CV with full employment history and references and the completion of a risk assessment as to which staff required a criminal records check with the Disclosure and Barring Service (DBS).
- Completing a legionella risk assessment.

In addition the provider should:

- Ensure staff were aware of the business continuity plan.
- Ensure there was improved dissemination of information of patient care plans when carried out by the Advanced Nurse Practitioner.
- Ensure that the carpet in a treatment room was replaced with suitable flooring as specified in the practice refurbishment plan.

We undertook this announced focused inspection on 8 September 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. The provider was now meeting all requirements and is rated as good under the safe domain.

This report only covers our findings in relation to those requirements.

- Staff recruitment files contained the relevant information and pre-employment checks had taken place. All staff had been risk assessed to see if their role required a DBS check.
- A legionella risk assessment had taken place in December 2015.

In addition we saw evidence that the provider had:

- Ensured all staff were aware of the business continuity plan and its location.
- Ensured GP involvement in care plans carried out by the Advanced Nurse Practitioner.
- Replaced the carpet in a treatment with suitable flooring.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

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 rated as good for providing safe services.

At our last inspection, undertaken on 22 December 2015, the practice was rated as requires improvement for providing safe services, as there were areas where it needed to make improvements. Previously we found that:-

- Although risks to patients who used services were assessed, the systems and processes to address those risks were not always implemented well enough to ensure patients were kept safe. For example, the practice had not conducted a legionella risk assessment and recruitment files we reviewed did not contain the required information.

At this inspection, we found:-

- The practice had conducted a legionella risk assessment and had completed any actions required from the assessment. Staff recruitment had been reviewed and new files created for staff members. We reviewed files for newly recruited staff and found all relevant information recorded. This included proof of identity, and an up-to-date CV with full employment history and references. All staff files included a risk assessment of whether a DBS check was required, appropriate to the staff member's job role. For example, staff in an administration role who were also trained as a chaperone had received a check and had a DBS certificate recorded in their recruitment record. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Good



Esher Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

22 December 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was 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

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 8 September 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Overview of safety systems and processes

At our previous inspection, we reviewed five personnel files of staff recently employed and records we looked at did not all contain evidence that appropriate recruitment checks had been undertaken prior to employment. We found that the files reviewed did not include information specified in Schedule Three of the Health and Social Care Act. For example, some files did not contain CV's or job applications, proof of identification, references from past employers, a full works history which included months and years, an investigation into gaps in employment and reasons for leaving past employers. There was also no written risk assessment as to why administration or reception staff had not received a criminal record check via the Disclosure and Barring Service (DBS).

At this inspection, we found that staff recruitment files for recently employed staff contained the correct information. This included full work history with no gaps, proof of identification, references from previous employers and

reasons for leaving employment. A risk assessment has also been undertaken on all members of staff as to whether a DBS check was necessary for the role they undertook. We saw that the findings were recorded and filed with individual staff recruitment files with a copy of the job role. Any non-clinical staff who acted as chaperones were required to have a DBS check and we saw evidence this had been completed as well as the relevant training.

Monitoring risks to patients

Risks to patients were assessed and well managed, with the exception that at the previous inspection a legionella risk assessment had not been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

At this inspection, we found that after the previous inspection the practice had arranged for an external company to complete a risk assessment. Findings of the risk assessment had been acted on and we saw evidence of certificates of work completed and the legionella assessment.