

Dr Sarah Bond and partners

Quality Report

Kingsclere Medical Practice
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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 Dr Sarah Bond and partners on 7 June 2016. The overall rating for the practice was good, with the safe domain rated as requires improvement. The full comprehensive report on the 7 June 2016 inspection can be found by selecting the 'all reports' link for Dr Sarah Bond and partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 25 April 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 7 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection in April 2017 the practice is now rated as good overall and all domains are rated as good.

Areas which did not meet the regulations at the June 2016 inspection were:

- Vaccine fridge stock was not kept secure when treatment rooms were not in use.
- Prescription printer paper was stored in the printers in an unlocked room when unoccupied.

- Security of the controlled drugs cabinet was not maintained in that the keys were stored in an unlocked cabinet.
- Infection control procedures were not implemented in line with practice policy or as a result of recommendations from audits.
- Cleaning checks of treatment and consulting rooms were not recorded.

We made recommendations where the provider should make improvement on the following areas:

- Control and access to staff only areas.
- Arrangements for communicating with patients who are hard of hearing or who used hearing aids.
- Records of significant events to included actions resulting from clinical discussions.
- Coding all patients known to be vulnerable adults on the practices electronic records system and maintaining an up to date vulnerable adult risk register.
- Act on the results of the Legionella risk assessment.
- Reviewing arrangements for a Disclosure and Barring Service (DBS).

Key findings at the inspection on 25 April 2017:

- The vaccine fridge stock was kept secure when treatment rooms were not in use.

Summary of findings

- Prescription printer paper was stored securely and removed from the printers when the rooms were unoccupied.
- Security of the controlled drugs cabinet was maintained and keys were stored in a locked cupboard.
- Infection control procedures were implemented in line with practice policy and as a result of recommendations from audits.
- Cleaning checks of treatment and consulting rooms were recorded.

We also noted that all recommendations where the provider should make improvements had been actioned:

- Access to staff only areas was restricted by the use of key pad locks.
- Staff had been trained on how to use the hearing loop and it was readily available.

- The processes for recording significant events had improved and now contained full details of actions resulting from clinical discussions.
- The practice maintained a register of vulnerable patients and ensured they were coded appropriately on their system. They had also reviewed their safeguarding adults policy to ensure it contained up to date and relevant information.
- An action plan had been implemented and carried out in line with recommendations from the results of the Legionella risk assessment.
- The practice had carried out a review of all recruitment files and ensured they had the relevant checks needed prior to a new member of staff commencing. When needed a risk assessment had been carried out to demonstrate why a Disclosure and Barring Service (DBS) check was not required.

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.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The vaccine fridge stock was kept secure when treatment rooms were not in use.
- Prescription printer paper was stored securely and removed from the printers when the rooms were unoccupied.
- Security of the controlled drugs cabinet was maintained and keys were stored in a locked cupboard.
- Infection control procedures were implemented in line with practice policy and as a result of recommendations from audits.
- Cleaning checks of treatment and consulting rooms were recorded.

Good



Dr Sarah Bond and partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Sarah Bond and partners

Dr Sarah Bond and partners (also known as Kingsclere Medical Practice) is located at North Street, Newbury, Hampshire, RG20 5QX.

The practice provides services under a NHS General Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice has approximately 5500 registered patients. The practice population has a slightly higher than average elderly population (19% are aged over 65 compared to a CCG and national average of 17%). There is a lower than average age of under 18s registered at the practice of 19%, compared with the CCG and national average of 21%. The practice population is predominantly White British with only 2.5% of registered patients being an ethnicity other than White British.

The practice is a dispensing practice dispensing medicine to approximately 50% of its patients. The building is owned by NHS Property Services. The practice has two GP partners and two salaried GPs which is equivalent to just under 3.5 full time GPs. One of the GPs is male. The GPs are supported by two practice nurses (equivalent to just over 1.5 full time nurses) and two health care assistants as well as a phlebotomist. The clinical team are supported by a management team including secretarial, dispensing and administrative staff.

The practice reception and phone lines are open between 8.30am and 6.30pm Monday to Friday. The practice operates an emergency telephone answering service from 8am to 8.30am and 1pm to 2pm daily. Extended hours appointments are offered on a pre-bookable basis from 6.30pm to 8pm every Monday. Morning appointments with a GP are available between 9am and 1pm daily. Afternoon appointments with a GP are available from 3pm to 6pm daily (Monday evening appointments are available until 8pm).

Dr Sarah Bond and Partners have opted out of providing out-of-hours services to their own patients and patients are requested to contact the out of hours GP via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Sarah Bond and partners on 7 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with requires improvement in the safe domain. The full comprehensive report following the inspection on 7 June 2016 can be found by selecting the 'all reports' link for Dr Sarah Bond and partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Sarah Bond and partners on 25 April 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.

Detailed findings

How we carried out this inspection

We carried out an announced visit to the practice on 25 April 2017 and looked specifically at the shortfalls identified in the requirements notices made after our inspection in June 2016.

We did not look at population groups or speak with patients who used the service.

We spoke with the GP partners, the practice manager, nursing staff and reception and administration staff.

We looked at policies and procedures and inspected records related to the running of the service. These included significant events and action plans produced by the practice to address the issues in the requirement notices.

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 7 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control; medicines management; and staff recruitment were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 27 April 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- Safeguarding policies for children and adults had been reviewed and contained all necessary and relevant information. There were nominated safeguarding leads and contacts details for other agencies which needed to be informed of safeguarding concerns. Staff were able to describe what actions they would take if they suspected patients were a risk of harm. The practice maintained a safeguarding register and all patients on this register were appropriately coded on their computer system.
- Blank prescription forms and pads stored securely and there were systems in place to monitor their use. Consulting rooms had been fitted with keypad locks to maintain security when rooms were unoccupied. Blank prescription stationery was removed from the printer each day until the two remaining rooms had keypad locks fitted.
- Medicine keys were held securely in locked cabinets and access was restricted to staff members only.
- Access to the consulting room corridors was directly off of the waiting area and not restricted from public access. The practice had ensured that staff only areas were secure with doors leading to these areas being fitted with keypad locks.
- All staff had received refresher training on information governance and we did not observe any instances of smart cards being left in computer whilst rooms were unoccupied.
- We reviewed the personnel file of one member of staff who was been recruited since our previous inspection in June 2016. We found there was evidence of appropriate recruitment checks carried out prior to employment. For

example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references and qualifications. A risk assessment was in place to demonstrate why a Disclosure and Barring check (DBS) was not needed. 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. The practice held details of DBS checks on their computer system and this included risk assessments for staff who did not require a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the provision of a foot operated bin in one of the treatment rooms.
- The practice worked with the external cleaning company to develop cleaning schedules and records. We saw that cleaning logs were in each room and had been completed to show what tasks had been done. There was also a comment sheet to allow the practice to make specific requests on areas which needed more attention to maintain standards.
- An equipment audit had also been undertaken and a plan of routine decontamination and cleaning implemented. Records showed this had been maintained. The practice had an ongoing plan to replace larger items of equipment and furniture built into their business plan. For example, chairs used in consulting rooms and dressing trolleys.

Monitoring risks to patients

- The practice had obtained a copy of the Legionella risk assessment carried out by an external company. Actions needed were checks of water temperatures to ensure they were within safe limits; records confirmed that these had been done regularly and there were no issues.