

# Richmond Surgery

## Quality Report

Richmond Close

Fleet

Hampshire

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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



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of Richmond Surgery, Richmond Close, Fleet, Hampshire on 17 July 2015.

This inspection was undertaken to check the practice was meeting regulations. For this reason we have only rated the location for the key questions to which these relates.

Our previous inspection in October 2014 found breaches of regulations relating to the safe delivery of services.

We found the practice required improvement for the provision of safe and well-led services, and was rated good for providing effective, caring, responsive services.

We found the practice has made improvements since our last inspection. At our inspection on the 17 July 2015 we found the practice was meeting the regulations that had previously been breached.

### Specifically the practice:

- Operated safe systems of recruitment by ensuring recruitment arrangements included all necessary employment checks for all staff.
- Ensured the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection including legionella.
- Ensured appropriate measures were in place in relation to the security of the premises.
- Ensured medicines were only accessible to authorised people.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

### 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 good for providing safe services.

The practice had made improvements to the safety of services. On 17 July 2015, we saw they had addressed the issues surrounding infection control, medicines management, recruitment and safety and security of premises, since our inspection on 15 October 2014. Records we reviewed and processes we observed confirmed that risks were assessed and well managed.

Good



### Are services well-led?

The practice is rated as good for well led.

The practice had made improvements with regard to well led services. Our inspection of 15 October 2014 showed that the governance of the practice had not ensured the management of all health and safety risks. On 17 July 2015, we noted the provider and staff were now clear about their responsibilities and had addressed the issues surrounding health and safety risks; such as in relation fire safety.

Good



## Summary of findings

# Richmond Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was carried out by a CQC Inspector.

## Background to Richmond Surgery

Richmond Surgery is situated in Richmond Close, Fleet, Hampshire and shares its premises with a pharmacy.

The practice is responsible for providing services to approximately 12,700 patients who live in Fleet, South of the Canal, Church Crookham and Crookham Village.

Appointments are available between the 8 am and 6.30 pm on weekdays. The practice also provides an early morning commuter clinic from 7.30am to 8am on a Monday, Thursday and Friday and an evening commuter clinic from 6.30pm to 8pm on a Tuesday, Wednesday and Thursday.

The mix of patients' male to female is almost equal. Approximately 2,300 of patients are aged over 65 years old and at the time of inspection 93 patients lived in care homes. Approximately 800 patients are under five years old.

The practice has four full time GP partners. Three are male and one is female GPs. The GPs are supported by a specialist nurse and three practice nurses, a health care assistant and a phlebotomist (phlebotomists are medical technicians who are trained to take blood samples from patients).

GPs and nursing staff are supported by a team of 12 receptionists and a reception manager. The practice also has an administration team which consists of two medical secretaries, three administrators and the practice and business manager.

Richmond Surgery is a GP training practice for medical students who study at both Imperial College London and the University of Southampton.

We carried out our inspection at the practice's only location which is situated at;

Richmond Surgery

Richmond Close

Fleet

Hampshire

GU52 7US

## 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 as part of our regulatory functions. This inspection took place on 15 October 2014 and we published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a focused inspection on 17 July 2015 to follow up and assess whether the necessary changes had been made. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection.

## Detailed findings

This 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, review the breaches identified and the rating awarded for the safe domain, under the Care Act 2014.

### How we carried out this inspection

Before visiting, the provider confirmed they had completed the actions outlined in their action plan. During our visit we spoke with the practice manager and a practice nurse. The processes, records and documents we reviewed demonstrated how they had addressed the breaches of regulations identified during the comprehensive inspection in October 2014.

# Are services safe?

## Our findings

### Staffing and Recruitment

At our inspection in October 2014 we had concerns that patients could not be assured that they were supported or cared for by staff that had been safely recruited. Appropriate checks were not always completed before new staff commenced employment. Concerns specifically related to locum GPs employed by the practice.

We received an action plan from the provider informing us of the action they had taken to meet the regulation when employing staff.

At our focused inspection on the 17 July 2015 we examined two staff recruitment files and found that both had appropriate checks carried out prior to commencing their employment. Checks included proof of identification, evidence of satisfactory conduct in previous employment, in the form of references, verification of qualifications, registration with the appropriate professional body and a Disclosure and Barring Service (DBS) check. 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.

### Medicines Management

At our inspection in October 2014 we found medicines were stored in unlocked drawers in a treatment room which made them accessible to unauthorised people.

We received an action plan from the provider informing us of the action they had taken to meet the regulation for medicines management.

At the focused inspection on the 17 July 2015 we found that the provider had taken appropriate action to ensure that drawers which contained medicines were locked and accessible only to authorised staff.

### Cleanliness and Infection Control

At our inspection in October 2014 we found the practice did not have a policy for the management, testing and investigation of legionella (a germ found in the

environment which can contaminate water systems in buildings). A risk assessment for the detection and management of legionella had not been completed to ascertain whether action was needed to minimise risk of infection. One of the treatment room floors had floor covering missing in places which did not allow for effective cleaning. Fabric curtains were used in treatment and consulting rooms, but there was no schedule of planned cleaning or changing of these curtains to minimise the risk of cross infection.

We received an action plan from the provider informing us of the action they had taken to meet the regulation requirements for infection control.

At the inspection in July 2015 we found action had been taken to address areas of improvement that had been identified. A full risk assessment of the practice water systems had been undertaken by an external company. The assessment identified areas requiring action which were seen to be completed. Sealed washable flooring had been installed in the treatment room and a programme of curtain cleaning/replacement had been introduced and was being followed.

### Monitoring safety and responding to risk

At the inspection in October 2014 we found a quiet room situated next to the reception desk which we were told was used for private conversations between patients and staff. The door to this room was not lockable which compromised the security of the reception and the back office both during and out of practice opening hours.

We received an action plan from the provider informing us of the action they had taken to meet the regulation for safety and suitability of premises.

At the inspection in July 2015 we found action had been taken to address areas of improvement that had been identified. The door from the public area of the practice and the back office had a lock fitted and keys were kept by staff. A shutter was installed above the reception desk which together with the locked door made the staff area secure when the practice was closed.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Governance arrangements

At the inspection in October 2014 we found that a fire risk assessment was carried out by an external specialist company in March 2014. An action plan resulting from this assessment had not been fully implemented.

We received an action plan from the provider informing us of the action they had taken to meet the regulation for good governance.

At the inspection in July 2015 we found action had been taken to address areas of improvement that had been identified. We saw records to support the management of risks associated with fire. Testing included fire alarms, emergency lighting, and fire fighting equipment. Regular fire evacuation tests were also carried out in accordance with fire safety legislation.