

# Sheet Street Surgery

## Quality Report

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Windsor,  
SL4 1BZ  
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Website: [www.sheetstreetsurgery.co.uk](http://www.sheetstreetsurgery.co.uk)

Date of inspection visit: We have not revisited Sheet Street Surgery, as part of this review because it was able to demonstrate that it was meeting the standards without the need for a visit.  
Date of publication: 01/03/2017

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

In April 2016, during our previous comprehensive inspection of Sheet Street Surgery, we found issues relating to the safe delivery of healthcare services at this practice. As a result of this inspection, we asked the practice to make further improvements; in order to ensure that fire safety procedures and checks are fully implemented. In addition the practice was asked to develop an action plan to address the issues identified during their most recent fire risk assessment.

We also found that the practice did not have an appropriate process for the handling of blank prescription forms. Furthermore, the practice needed to ensure that all staff had undertaken training including safeguarding, health and safety, equality and diversity, fire safety, infection control and basic life support.

We also found that the practice needed to develop and implement a clear action plan to improve the outcomes for patients with learning disabilities, patients experiencing poor mental health and patients at risk of unplanned admission. The practice also needed to encourage carers to register as such, in order to enable them to access the support available via the practice and external agencies.

Finally at our previous inspection, we also found that the practice needed to ensure partnership details are updated to the practices Care Quality Commission (CQC) registration.

Following the last inspection, the practice was rated as requiring improvement in safe services, and good for effective, caring, responsive and well led services. The practice had an overall rating of good.

We carried out a desk based inspection in November 2016 to ensure the practice had made improvements since our last inspection. The practice sent us evidence in the form of fire policies and procedures, and documents relating to the tracking and monitoring of prescriptions, to demonstrate the range of improvements they had made, since our last visit. The practice also further supplied a chart outlining the areas the practice had attempted to improve and an updated staff training record document.

We found the practice had made improvements since our last inspection in April 2016.

At this inspection we found that:

- The practice had instructed an independent company to re-assess the risk of fire in the practice.
- The practice had reviewed and updated their fire policy.

# Summary of findings

- Improvements had been made to the processes used to handle blank prescriptions.
- Steps had been taken to address the security issues surrounding blank prescriptions.
- Systems were now in place to ensure the processes used to handle blank prescriptions were both safe and effective.
- Staff had undergone training in a wide range of areas. Including safeguarding, equality and diversity, fire safety, infection control and basic life support.
- The practice had supplied a copy of their training records, to demonstrate the steps taken to improve the previous training issues found.
- Systems were now in place to monitor training.
- Steps had been taken to improve the outcomes for patients with learning disabilities, patients experiencing poor mental health, and patients at risk of unplanned admission.

- Action had been taken to encourage carers to register as such to enable them to access the support available via the practice and external agencies.

The areas where the provider should make improvements are:

- Continue to ensure all registration details are up to date on the Care Quality Commission database.
- Ensure all members of staff complete health and safety training, and address any gaps in training staff may have.

Following this desk based inspection we have rated the practice as good for providing safe services. The overall rating for the practice remains good. This report should be read in conjunction with the full inspection report of 7 April 2016. A copy of the full inspection report can be found at [www.cqc.org.uk](http://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?**

Since our last inspection in April 2016, the practice was found to have undertaken work to address the previous issues identified in April 2016. These include:

- Instructing an independent company to re-assess the risk of fire in the practice.
- Reviewing and updating the practice fire policy.
- Improving the processes used to handle blank prescriptions.
- Addressing the security issues surrounding blank prescriptions.
- Providing training for members of staff in a wide range of areas. Including safeguarding, equality and diversity, fire safety, infection control and basic life support.
- Supplying a copy of practice training records, to demonstrate the steps taken to improve the previous training issues found.
- Ensuring systems were now in place to monitor training.
- Taking steps to improve the outcomes for patients with learning disabilities, patients experiencing poor mental health, and patients at risk of unplanned admission.
- Taking action to encourage carers to register as such to enable them to access the support available via the practice and external agencies.

Good



# Sheet Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our follow up desk top inspection was undertaken by a CQC Assistant Inspector.

## Background to Sheet Street Surgery

The Sheet Street Surgery is situated in Windsor. The practice is located in a purpose built premises with limited car parking for patients and staff. Premises is accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of consulting rooms, treatment rooms, a patient waiting area, reception area, administrative and management offices and a meeting room.

The practice has core opening hours from 8am to 6pm Monday to Friday. The practice has offered range of scheduled appointments to patients every weekday from 8am to 5:30pm including open access appointments with a duty GP throughout the day. Extended hours appointments are available every Tuesday and Wednesday mornings from 7am to 8am and Tuesday evening from 5:30pm to 7:30pm. In addition, the practice has offered extended hours appointments Monday to Friday from 6:30pm to 9pm, and every Saturday and Sunday from 9am to 12pm and 2pm to 7pm at Kings Edward Hospital (funded by Prime Minister's Access Fund).

The practice had a patient population of approximately 9,500 registered patients. The practice population of patients aged between 0 to 29 years are lower than the clinical commissioning group (CCG) and national averages

and there are a higher number of patients aged between 40 to 59 years old compared to clinical commissioning group (CCG) and national averages. The practice has a transient patient population including military personnel. This has an impact on screening, immunisation and recall programmes. There are five GP partners and one salaried GP at the practice. Three GPs are male and three female. At the time of inspection the practice's CQC registration was incorrect. A new GP partner had not been added and three previous partners had not been removed from the practice's CQC registration records.

The practice employs four practice nurses. The practice manager is supported by a reception team leader, a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice informed us that they had faced recruitment issues over a period of last 18 months due to three senior partners retiring, two regular doctors went on maternity leave around the same time and there was no practice manager for four months. The practice informed us they had implemented a number of measures to mitigate the loss of the staff and these steps had been successful to provide the stability in the staff team.

The premises is undergoing extension and refurbishment work. The provider is building an additional two consulting rooms and installing a lift in the current premises. The building work is due to finish in July 2016.

Two partners have completed a postgraduate certificate in clinical education and the practice is working towards a training practice status.

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and

# Detailed findings

these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes after closing time (between 6pm and 6:30pm) by East Berkshire Primary Care service or after 6:30pm, weekends and bank holidays by calling NHS 111.

Services are provided from following location:

## Detailed findings

The Surgery  
21 Sheet Street  
Windsor  
SL4 1BZ

## Why we carried out this inspection

We carried out a comprehensive inspection on 7 April 2016 and published a report setting out our judgements. The practice was overall rated as good. However, it was found to be requires improvement in the safe domain. This was due to issues surrounding the fire safety procedures and policies, not being fully implemented.

We also found that the practice did not have an appropriate system for handling blank prescriptions. In addition, the system in place for handling blank prescriptions was not in accordance with national guidance, as the prescriptions were not tracked through the practice and kept securely at all times. Furthermore, the practice needed to ensure that all staff had undertaken training including safeguarding, health and safety, equality and diversity, fire safety, infection control and basic life support.

We also found that the practice needed to develop and implement a clear action plan to improve the outcomes for patients with learning disabilities, patients experiencing poor mental health and patients at risk of unplanned admission. The practice also needed to encourage carers to register as such, in order to enable them to access the support available via the practice and external agencies.

Finally at our previous inspection, we also found that the practice needed to ensure partnership details are updated to the practices Care Quality Commission (CQC) registration.

We carried out a focussed desk based 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.

This report should be read in conjunction with the full inspection report. A copy of the full inspection report can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

We undertook a focused desk based inspection of Sheet Street surgery on 16 November 2016. This was carried out to check that the practice had resolved the issues which had been found during our previous inspection in April 2016. We asked the provider to send evidence of the changes they had made to comply with the standards they were not meeting previously.

To complete this desk based inspection we:

- Reviewed evidence that the practice provided to demonstrate the improvements made.

Because this was a focused follow up inspection we looked at one of the five key questions we always ask:

- Is it safe?

We have not revisited Sheet Street Surgery as part of this review because the practice was able to provide the evidence requested, without the need for an inspection visit.

This report should be read in conjunction with the full inspection report of CQC visit on 7 April 2016. A copy of the full inspection report can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

# Are services safe?

## Our findings

### Monitoring risks to patients

- The practice had advised us that they had employed an independent company to re-assess the risk of fire. Following this assessment, some structural changes had been made. Including the replacement of every door in the building with fire doors.
- The practice had also advised us of further improvements they had made to address other areas of concern, raised within their fire risk assessment. Including increased signage, and the implementation of a fire log book. The fire log book was used to register maintenance, fire drills and alarm testing. However, we did not see evidence to confirm this.
- In order to evidence the changes made to their fire policy. The practice had supplied a copy of their updated fire policy. This fire policy included the details of a named responsible person in the practice. The responsible person would be required to organise fire drills, co-ordinate evacuations in the event of a fire, and maintain all safety records.
- In order to evidence their fire evacuation plan, the practice had supplied a copy of this also. The fire evacuation plan included action staff should take on hearing the fire alarm. The plan also provided staff with knowledge of fire escape routes, assembly points and the location of fire safety hazards and other fire related equipment within the building.

### Overview of safety systems and processes

- As part of the system of ensuring all blank prescriptions were handled appropriately, the practice supplied a safeguarding prescriptions policy.
- The management of prescriptions policy included details of how each prescription would be logged using a manual tracking system. The system included the prescriptions being logged according to the date of delivery, serial number and other identifying information. The practice was also able to supply evidence of the documentation used to track and record prescriptions.
- The practice had advised us that they had nominated a member of staff to remove all prescriptions from the printers at the end of the day. Thus ensuring that blank prescriptions were kept secure and safely stored. In addition the practice advised us that they now had a system in place for ensuring damaged prescriptions were destroyed of appropriately, then documented and audited by the Practice Manager.
- The practice had provided a copy of their training matrix. The matrix was used to record topics of training courses completed by all staff members. The training matrix evidenced that all GPs and nurses had completed training in safeguarding, equality and diversity, fire safety, infection control, and basic life support. However there were still some gaps in health and safety training. For example, two GPs and one member of the administrative team had not completed this training. Furthermore, some members of the administrative and clerical staff had not completed safeguarding, basic life support and equality and diversity training.
- The practice had advised us that they had taken steps to improve the outcomes for patients with learning disabilities, patients experiencing poor mental health, and patients at risk of unplanned admission. Reception staff had been further trained to identify patients who have been discharged from hospital and have a care plan in place. This was to ensure that such patients are telephoned within 72 hours of leaving hospital by a clinician. In addition, the practice had stated that they had allocated each patient group a different responsible doctor. Furthermore, the practice also informed us that care plans for patients were now discussed weekly at clinical meetings. We were also informed by the practice that their learning disability patients and mental health registers were up to date. Care plans for unplanned admissions were also up to date, according to information provided by the practice.
- The practice had advised us that their carers register had been updated. According to the practice, their registration form for new patients had also been redesigned. This was to request additional information, in order to help identify carers as they register, and support them in gaining support from external agencies. However, we did not see evidence to confirm this.