

The Norwich Road Surgery

Quality Report

199 Norwich Road

Ipswich

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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

Are services safe?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

3

Background to The Norwich Road Surgery

3

Why we carried out this inspection

3

Detailed findings

4

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of The Norwich Road Surgery in January 2016. The practice was rated as good overall, but rated as requires improvement for providing safe services. As a result of the findings on the day of our initial inspection the practice was issued with requirement notice for regulation 12 (safe care and treatment).

Specifically we identified the areas the provider must make improvements were;

- Infection control audits must be undertaken and any requirements implemented.
- Cold chain management of medicines must be implemented and monitored effectively.

We also identified that the areas where the provider should make improvements were:

- Implement a robust risk assessment system, including premises related risks.

- Ensure staff are supported with timely appraisals.
- Ensure all consumable equipment is in date and fit for use.
- Ensure mandatory staff training is up to date for all members of staff.

The practice sent us an action plan that outlined the steps they were taking to improve and we then carried out a focused inspection of The Norwich Road Surgery on 31 May 2016.

We undertook this inspection to check that they had followed their action plan to address the shortfalls and to confirm that they now met legal requirements.

Our key findings across all the areas we inspected were as follows:

- Improvements had been made that addressed the findings of our inspection on 26 January 2016.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The Norwich Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector.

Background to The Norwich Road Surgery

The Norwich Road Surgery is situated in Ipswich, Suffolk. The practice provides services for approximately 9800 patients. The practice holds a Personal Medical Services (PMS) contract.

According to Public Health England information, the patient population has a higher number of patients aged 25 to 29 compared to the practice average across England. It has slightly lower proportions of patients aged five to 20 and 35 to 54 compared to the average across England.

The number of male patients over 65 years of age is above average. Other age groups are in line with the practice average across England. Income deprivation affecting children and older people is slightly below the practice average across England, as is the overall deprivation across the practice population.

The practice has three GP partners, one male and two female and one female salaried GP, who was due to leave the day after our inspection. There are four nurse

practitioners, five practice nurses, and two health care assistants. The practice also employs a practice manager and office teams with individual leads. The practice is a training practice and had one GP trainee at the time of our inspection.

The practice's opening times at the time of the inspection were 8am to 6.30pm Monday to Friday. Extended hours were available on Monday evenings from 6.30pm until 8pm and Wednesday mornings from 7am until 8am. During out-of-hours, appointments were available with GP+ (an Ipswich GP based out-of-hours provider) between 18:30 and 21:00 on weekdays and between 9am and 9pm during weekends. During the remaining out-of-hours times CareUK provided GP services.

Why we carried out this inspection

We undertook a focused inspection of The Norwich Road Surgery on 31 May 2016. The inspection was carried out to check that improvements had been made to meet legal requirements in respect of compliance with regulation 12 Health and Social Care Act (Regulated activities) Regulation 2014, following our comprehensive inspection on 26 January 2016.

When we inspected the practice on 26 January 2016 we were concerned about the safe care and treatment of the proper and safe management of medicines.

Are services safe?

Our findings

The practice shared evidence of monthly infection control audits. Each room was assessed and records were kept of the audit. Notifications were sent to the practice staff with the findings and any actions that needed to be taken. For example, staff were informed that a sharps bin had been left on the reception work surface. Staff were reminded that it should be kept in the clinical sluice room.

In addition to this, the nursing team completed a check of consumable equipment and a decontamination log for devices and equipment ensuring that it was clean and fit for use.

The practice had introduced protected time for the nursing team to ensure that the temperatures of the fridges were managed safely. We saw from the written logs that the temperatures were monitored and comments regarding any actions needed were made.

The practice had undertaken a robust risk assessment system of the premises and equipment. The assessment included actions that were required or needed to be

reviewed. The practice had an action plan and were managing these requirements. For example, the practice confirmed that the contract with the gas engineer had been renewed and that an annual service would be undertaken of the heating system.

The practice provided evidence that their staff had either received their annual appraisal or that a date had been confirmed for them. We reviewed the appraisals of two staff members and found them to be comprehensive. The practice staff comments reflected that they had been given the opportunity to discuss any issues and any development or training needs they might have. The practice had developed a spread sheet which gave management oversight to the training requirements of the staff. We saw from these records that staff had been given time to undertake training and that protected time had been allocated during June for those to complete any elements that they had outstanding. An IT notification reminded staff of the training time available to them and asked them to ensure that they had an appropriate password for the e-learning system.