

# Sabden & Whalley Medical Group

## Quality Report

42 King Street, Clitheroe,  
Lancashire. BB7 9SL

Tel: 01254 823273

Website: [www.whalleysurgery.nhs.uk](http://www.whalleysurgery.nhs.uk)

Date of inspection visit: 18/04/2017

Date of publication: 23/05/2017

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

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

### Detailed findings from this inspection

Our inspection team	7
Background to Sabden & Whalley Medical Group	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sabden and Whalley Medical Group on 26 September 2016. The overall rating for the practice was good with the key question of safe rated as requires improvement. The full comprehensive report on the 26 September 2016 inspection can be found on our website at <http://www.cqc.org.uk/location/1-545680228>

This inspection was a desk-based review carried out on 18 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 26 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- At the inspection in September 2016 we found that liquid nitrogen storage was not risk assessed and clear operating procedures covering: filling containers, hazard signage, safe disposal, use of personal protective equipment and action to take in

event of an emergency or spillage were not in place. At this inspection we saw the practice had risk assessed the storage of liquid nitrogen appropriately and trained staff and produced protocols in relation to its use.

- During our inspection in September 2016, we saw that there was no legionella risk assessment for the surgery. For this inspection we were sent evidence that a legionella risk assessment had been undertaken and that water samples taken in September 2016 contained no trace of the bacteria.
- During our inspection in September 2016 we saw that cleaning of the practice was not permanently recorded. Documents were now available which showed an auditable record of cleaning of the practice.
- During our inspection in September 2016 we found that clinical audits were not full cycle to demonstrate continuous quality improvement in patient outcomes. The practice provided us with plans for a number of full cycle clinical audits to be completed in 2017.

During our inspection in September 2016 we told the practice they should review the use of chaperones, local

# Summary of findings

policy and national guidance to determine whether current procedures are in line with best practice. The practice sent us a document used to train staff members to chaperone, told us they continued to ensure these staff members had received a Disclosure and Barring Service (DBS) check and confirmed they promoted this service to patients.

**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.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in September 2016.

Evidence supplied included:

- Risk assessment and training information regarding the safe use and storage of liquid nitrogen
- Records of cleaning undertaken within the practice.
- Risk assessment and certificate of legionella testing.
- Documents used in the training of chaperones.

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safe practice identified at our inspection on 26 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-545680228>

Good



### People with long term conditions

The provider had resolved the concerns for safe practice identified at our inspection on 26 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-545680228>

Outstanding



### Families, children and young people

The provider had resolved the concerns for safe practice identified at our inspection on 26 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-545680228>

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safe practice identified at our inspection on 26 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-545680228>

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe practice identified at our inspection on 26 September 2016 which applied to everyone using this practice, including this population group. The overall

Good



# Summary of findings

population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-545680228>

## **People experiencing poor mental health (including people with dementia)**

The provider had resolved the concerns for safe practice identified at our inspection on 26 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-545680228>

**Good**



# Sabden & Whalley Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

## Background to Sabden & Whalley Medical Group

Sabden and Whalley Medical Group provides primary medical care services to around 12,604 patients in the rural villages of Sabden and Whalley under a general medical services (GMS) contract with NHS England. The practice is located within East Lancashire and is part of East Lancashire Clinical Commissioning Group (CCG) and has formed a local federation with two local practices.

The main site is Whalley Surgery, King Street, Whalley, Clitheroe BB7 9SL. This is a purpose built primary health care building which has been extended three times to expand with the population. There are nine consulting rooms, a treatment room and minor surgery suite and a dispensary. The branch surgery in Sabden has one consulting room, a treatment room and a dispensary. Both buildings are owned by the GP partners and were visited as part of this inspection.

The practice clinical team consists of five GP partners three male and two female, two salaried female GPs; four female practice nurses and two female health care assistants. The clinical team is supported by a practice manager, 10 administrative and reception staff and six dispensary staff. The practice is also a training practice for trainee GPs.

The practice is open Mondays 8am until 8pm and Tuesdays to Fridays 8am until 6.30pm.

The practice population differs from an average practice population, with fewer children aged 9 and under than average, more 10 to 19 year olds and far less 20 to 39 year olds than average. There are considerably more patients aged 44 to 54 years and 65 to 69 years old than average. The practice has a very low mix of ethnicities with the vast majority of patients being white British. The practice has a low prevalence of many long-term conditions and has undertaken work to validate and review chronic disease prevalence.

Life expectancy is higher for patients at this practice than local and national averages, with an average male life expectancy of 80 years, which is above the CCG average of 77 years and England average of 79 years. Female life expectancy is 84 years, which is also above the CCG average of 81 years and England national average of 83 years. The practice has a low deprivation rate, recorded in NHS England data as ten on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). The practice population in 2014-2015 was recorded as 63% in paid work or education, which is above the CCG average of 57%.

Out of hours treatment is provided by East Lancashire Medical Services Ltd which patients access by calling 111.

## Why we carried out this inspection

We undertook a follow up desk-based focused inspection of Sabden and Whalley Medical Group on 18 April 2017.

# Detailed findings

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.

## How we carried out this inspection

We carried out a desk-based focused inspection of Sabden and Whalley Medical Group on 18 April 2017. This involved reviewing evidence that:

- The practice had risk assessed the storage and use of liquid nitrogen.
- Legionella risk assessment had been undertaken
- An auditable record of cleaning of the practice was available.
- Clinical audits were used to demonstrate continuous quality improvement in patient outcomes.
- The use of chaperones, local policy and national guidance to determine whether current procedures are in line with best practice was considered.



# Are services safe?

## Our findings

At our previous inspection on 26 September 2016, we rated the practice as requires improvement for providing safe services as the practice had not risk assessed the storage and use of liquid nitrogen.

At our previous inspection we also saw that: there was no legionella risk assessment for the surgery; cleaning of the practice was not auditable; clinical audits were not full cycle to demonstrate continuous quality improvement in patient outcomes; and we told the practice they should review the use of chaperones, local policy and national guidance to determine whether current procedures are in line with best practice.

These arrangements had significantly improved when we undertook a follow up inspection on 18 April 2017. The practice is now rated as good for providing safe services.

### Monitoring risks to patients

The practice sent evidence that they had risk assessed the storage of liquid nitrogen and had produced training and protocols regarding the filling of containers, hazard signage, safe disposal, use of personal protective equipment and action to take in the event of an emergency or spillage.

Legionella testing had also been risk assessed by the practice. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). They provided evidence that samples taken from the hot water supply in September 2016 contained no trace of the bacteria.

### Overview of safety systems and process

We saw evidence that cleaning records were no longer recorded on a white board but were documented and auditable.

We saw evidence of annual chaperone training given to staff members.