

Dr J D Sleath & Dr R G Warner

Quality Report

Kingstone Surgery

Herefordshire

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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 of this practice on 28 April 2015. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet regulatory requirements in relation to;

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance

We undertook a desk based focused inspection for Dr J D Sleath and Dr R G Warner's practice on 5 October 2016 to check that they had followed their plan and to confirm that they now met regulatory requirements. This report only covers our findings in relation to those requirements. The report from our last comprehensive inspection can be seen by selecting 'all reports' link for Dr J D Sleath and Dr R G Warner on our website at www.cqc.org.uk. Overall the practice is rated as good.

Following our inspection on 28 April 2015, the practice were told they must:

- Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. This must include regular audits of infection prevention and control,

arrangements for calibrating equipment used for patient care and a review of policies and procedures to ensure they reflect current legislation and national guidance.

We found that on 5 October 2016 the practice now had improved systems in place.

- The practice had updated practice-specific policies and procedures to support practice and reduce risks associated with infection prevention and control, calibrating equipment and portable appliance testing, and emergency medicines. They had updated policies relating to recruitment, equality and diversity, clinical waste management, consent and chaperones.
- The practice had addressed the areas where we suggested they should make improvements and introduced a system to record that the GP bags were checked to ensure that medicines were correct and in date. They had also introduced a checking system to record the serial numbers of prescriptions and included portable appliance testing as part of the annual equipment calibration checks which had been implemented.

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?

During our comprehensive inspection on 28 April 2015, we identified a breach of legal requirements. The practice needed to introduce systems to ensure that procedures were in place to ensure risks to infection prevention and control were managed, such the use of audit to assess and monitor risk. The practice also needed to ensure that systems were in place to ensure that equipment was calibrated and checked regularly to ensure it was working properly and safe for use. There was a need to update policies to include relevant legislation for some areas such as infection control, equity and diversity and recruitment procedures. During our desk based focused inspection on 5 October 2016 we found the practice had taken action to improve all of these areas and the practice is rated as good for providing safe services.

We noted that the practice had also addressed all areas where we had recommended that improvements should be carried out. For example, we saw the practice had introduced a system of recording the checking the GPs' bags to ensure medicines were in date. They had introduced a system for recording prescription serial numbers and arranged annual portable appliance testing to be carried out annually.

Good



Dr J D Sleath & Dr R G Warner

Detailed findings

Our inspection team

Our inspection team was led by:

The desk based focussed inspection was completed by a CQC Lead Inspector.

Background to Dr J D Sleath & Dr R G Warner

Dr J D Sleath and Dr R G Warner provide a range of primary medical services from location in western Herefordshire. The practice has a catchment area of 170 square kilometres with relatively low levels of deprivation. It has around 4,300 patients who live mainly in the villages of Kingstone, Clehonger, Madley and the surrounding rural areas.

The practice has two male GP partners and two salaried part time female GPs, two practice nurses and a phlebotomist (a member of staff trained to take blood). The clinical team are supported by a practice manager, assistant practice manager and office manager. The practice has an established team of administrative staff and receptionists. The practice is a dispensing practice and employs a dispensary manager and five dispensary assistants.

The practice has a General Medical Services (GMS) contract with NHS England.

The practice does not routinely provide out of hours services but does provide some out of hours cover for patients approaching the end of life. Information for general out of hours cover was provided for patients. This service is provided in Herefordshire by Primecare, a national company providing primary medical services.

Why we carried out this inspection

We carried out a desk based focussed 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, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we asked the provider to submit information and evidence to demonstrate the action they had taken to address the breach of regulatory requirement we identified during our comprehensive inspection on 28 April 2015. We carried out a desk based focused inspection on 5 October 2016 .

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions during our comprehensive inspections:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

However, during our desk based focussed inspection we only asked questions relating to safety.

Are services safe?

Our findings

Safe track record and learning

During our inspection on 28 April 2015 we found some areas where the practice needed to make improvements. These related to checks on GPs' bags, recording of blank prescriptions serial numbers, arrangements for auditing infection prevention and control and for cleaning privacy curtains, calibration of equipment used in the practice and information about checks to monitor the suitability of staff.

The practice addressed the areas we identified and submitted documentary evidence that they had completed this. For example, we received an infection control statement which outlined measures taken to ensure infection control and prevention. This included details of an audit carried out on 9 February 2016 which identified actions taken as a result. We noted that audits had been introduced weekly and monthly to assess the cleanliness of clinical equipment in the treatment room. From 3 March 2016 the practice had included infection control and relevant changes as an agenda item for discussion at team meetings. Changes had been made to the surfaces of furniture to be washable and disposable curtains had been introduced in the treatment rooms. Arrangements had been made for fridges and thermometers to be calibrated and inspected annually.

Overview of safety systems and processes

At our previous inspection on 28 April 2015 we noted that some policies required updating and did not reflect current legislation. The practice had reviewed and updated policies regarding areas such as, infection control, chaperones, consent, recruitment, equity and diversity and clinical waste management to reflect current legislation and submitted evidence to confirm this.

During our inspection on 28 April 2015 we asked about the arrangements for the security of blank prescriptions. The

practice stored blank prescription pads and printer sheets securely but did not keep records of prescription serial numbers or the allocation of prescriptions to the GPs in accordance with national guidance. The practice submitted evidence to demonstrate they had introduced a proforma to facilitate this process and were now recording serial numbers of prescriptions.

During our inspection on 28 April 2015 we identified that the practice had not carried out audit of infection control since 2013. The practice had sought advice from the specialist nurse in infection prevention and control from the local clinical commissioning group and introduced procedures to regularly monitor infection control in the practice. The practice submitted evidence of an audit of infection control carried out on 9 February 2016 and measures taken to address all areas which required action. We noted that audits had been introduced weekly and monthly from then to assess the cleanliness of clinical equipment in the treatment room. The practice included infection control as an agenda item for discussion at team meetings. Changes had been made to the surfaces of furniture to be washable and disposable curtains had been introduced in the treatment rooms. Arrangements had been made for fridges and thermometers to be calibrated and inspected annually.

Monitoring risks to patients

We noted during our inspection on 28 April 2015 that the practice did not routinely have equipment calibrated to ensure that readings were accurate. The practice addressed this issue and submitted documentary evidence to demonstrate that calibration of equipment had been carried out by an external company in February 2016 and arrangements had been made for this to be carried out annually in future. This ensured that maintenance and calibration of equipment was carried out by appropriately qualified and competent persons. We saw that this was scheduled for February 2017.