

# West Walk Surgery

## Quality Report

Yate West Gate Centre,  
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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 at West Walk Surgery on 6 May 2015. Overall the practice was rated as good with requires improvement for the safe domain. During this inspection we issued a requirement notice. This notice was due to a breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment, in that the provider must make improvements in order to ensure services were safe for patients. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against the risks associated with infection prevention.

We undertook this focused inspection on 8 June 2016 to follow up the requirement notice made under Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014.

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

- The practice had in place a regular programme and documented audits for infection control for both West Walk Surgery and Coalpit Heath Surgery.
- The practice had installed appropriate signage warning of the storage of dangerous gases, such as oxygen.
- The practice had undertaken a risk assessment at the Coalpit Heath Surgery for prevention of legionella as this was not in place at our last inspection.
- We found the practice had ensured that evidence for the proof of identity and recent photographs of staff employed, in line with the practice's recruitment policy, were available.

**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. We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice in July 2015. Actions taken by the practice included update training for all staff in infection control, instigating a rolling programme of infection control audit and ensuring any risk from legionella were identified and addressed.

**Good**



# West Walk Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to West Walk Surgery

West Walk Surgery, Yate West Gate Centre, 21 West Walk, Yate, Bristol BS37 4AX is situated in the town centre of Yate, South Gloucestershire. The practice has a small branch surgery, known as Coalpit Heath Surgery, located at 3 Church Lane, Coalpit Heath, Bristol, BS36 2SR, 3 miles away from the main practice. Overall, the practice had approximately 13,100 registered patients from Yate and the surrounding areas. West Walk Surgery serves approximately 85% and Coalpit Heath 15% of the practice population. The majority of the patients attending the Coalpit Heath Surgery were of the older age group.

The West Walk Surgery is located in purpose built premises, in an NHS Health Centre that provides health care to the local community. The practice is situated on the first floor of the building and is accessible by lift or stairs. There is a central patient waiting room with a reception desk with consulting and treatment rooms leading off these areas. Administration, management and meeting rooms are located in the shared space on the 2nd floor of the building. The practice has a primary medical service contract with South Gloucestershire Clinical Commissioning Group.

The practice supported patients from all of the population groups such as older people, people with long-term

conditions, mothers, babies, children and young people, working-age population and those recently retired; people in vulnerable circumstances who may have poor access to primary care and people experiencing poor mental health.

Over 35% of patients registered with the practice were working aged from 15 to 44 years, 25.6% were aged from 45 to 64 years old. Just below 13% were over 65 years old. Around 7.5% of the practice patients were 75-84 years old and 2.8% of patients were over 85 years old. Just above 16% of patients were less than 14 years of age.

The practice consisted of seven GP partners and two salaried GPs. Of these nine GPs there were four male and five female GPs. There was a nurse manager and deputy nurse manager with four practice nurses and three health care assistants all of whom provided health screening and treatment five days a week. There were additional clinics implemented when required to meet patient's needs such as the undertaking of influenza vaccinations. There was a team of administration, reception and secretarial staff. The practice had a full time practice manager who was in charge of the day to day management of the service.

West Walk Surgery had core hours of opening from 8.30am to 6.30pm every weekday. They did offer some appointments outside of these core hours such as from 7.30 on some mornings with the nursing staff. There was a GP pre-booked appointment system on Monday and Tuesday evenings up to 8pm. The Coalpit Heath Surgery was open from 8.30am to 12.30am and 2pm to 5.30pm, Monday. On Tuesday and Thursday the practice was open mornings 8.30am to 12.30am and including Friday re-opened for 2pm to 5pm. Wednesday and Friday mornings the practice morning period closed slightly earlier at 12 midday. There was no afternoon surgery on Wednesdays. The Coalpit Heath practice was not open at weekends West Walk Surgery provided Saturday appointments.

# Detailed findings

The practice referred patients to NHS 111 and BrisDoc for out of hour's services to deal with any urgent patient needs when the practice was closed.

## Why we carried out this inspection

We carried out a focused 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

We carried out a comprehensive inspection of the practice in July 2015. During this inspection we issued a requirement notice. This notice was that the provider must make improvements in order to ensure services were safe for patients. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against the risks associated with cross infection.

# Are services safe?

## Our findings

### Overview of safety systems and processes

At our comprehensive inspection undertaken on 6 May 2015 we found the practice lead person for infection control had recently been designated the role. They had not yet undertaken further training to enable them to provide advice on the practice infection control policy and carry out audits, or staff training. The practice at that time were unable to supply recent evidence that documented audits for infection control had been carried out at either West Walk Surgery or at Coalpit Heath Surgery. The practice did not have information available in regard to a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings) and they had not undertaken a risk assessment for legionella to establish that the risk was sufficiently low to make formal testing unnecessary.

On this inspection we found the practice had a lead person for infection control oversight who had received additional training in respect of this area in July 2015. We found all of the staff team had attended update training for infection control in August 2015.

The arrangements for ensuring there were infection prevention measures in place had been reviewed and we found at West Walk Surgery that all consulting and treatment rooms which were the responsibility of the practice were audited for infection control purposes every quarter. This allowed them to monitor when items such as curtains needed changing and to take appropriate action, and ensure equipment to prevent cross-contamination was in place. West Walk surgery is located in an NHS managed building and responsibility for the cleaning contractor was managed externally. The practice manager

told us they were due to attend a meeting with the new contractor appointed from April 2016 to ensure the cleaning schedules and auditing programme met the needs of the practice.

At the Coalpit Heath site we found responsibility for infection control measures had been delegated to a member of staff based at the site. In addition to the treatment rooms and consulting room audits they also ensured that the building was cleaned effectively and liaised directly with the cleaning contractor. We also observed that waste management at this site was managed effectively.

The practice had information available in regard to a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings) and we were provided with evidence of an assessment that had also been undertaken for the Coalpit Heath site.

At our inspection on 6 May 2015 we found the practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Although records we looked at contained evidence that recruitment checks had been undertaken prior to employment we noted that photographic identity was not always retained. On this visit we found that this evidence was kept on file for new staff and a computerised record for other staff.

### Arrangements to deal with emergencies and major incidents

At our inspection on 6 May 2015 we noted that there was not appropriate signage warning of the storage of dangerous gases, oxygen, in these locations. On this visit we saw the signage was in place.