Central Surgery

Quality Report

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Sawbridgeworth
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Date of inspection visit: 11 May 2017
Date of publication: 05/06/2017

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

We carried out an announced comprehensive inspection at Central Surgery on 16 March 2016. The overall rating for the practice was good with requires improvement for safe.

The full comprehensive report from the March 2016 inspection can be found by selecting the 'all reports' link for Central Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 March 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 in all areas.

Our key findings were as follows:

- The practice had a clearly defined and embedded system and process in place to manage the receipt and action of patient safety alerts and MHRA (Medicines Healthcare products Regulatory Agency) alerts.
- Control of substances hazardous to health (COSHH) risk assessments for the cleaning products used in the practice had been completed.
- Risk assessments had been completed for staff carrying out chaperone duties to determine if a check through the Disclosure and Barring Service was required.
- The stock levels of controlled drugs were recorded in a bound book to avoid anyone tampering with the record.

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?

Good

The practice is rated as good for providing safe services.

- The practice had a clearly defined and embedded system and process in place to manage the receipt and action of patient safety alerts and MHRA (Medicines Healthcare products Regulatory Agency) alerts.
- Control of substances hazardous to health (COSHH) risk assessments for the cleaning products used in the practice had been completed. They identified potential risks, control measures and actions required.
- The practice had completed a risk assessment to determine if individual staff members, particularly non-clinical staff who were trained to carry out chaperone duties required a check through the Disclosure and Barring Service (DBS). The risk assessment considered if staff members would be left alone with patients. The chaperone policy reflected the risk assessment and advised these staff members should depart the consulting room if the clinician was required to leave the room.
- The stock levels of controlled drugs were recorded in a bound book to avoid anyone tampering with the record.

Central Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Central Surgery

Central Surgery provides a range of primary medical services to the residents of Sawbridgeworth and the surrounding area. The practice has been at its current purpose built location of Bell Street, Sawbridgeworth, Hertfordshire, CM21 9AQ, since 1972.

The practice population is pre-dominantly White British with a higher than average number of patients aged from 40 to 79 years and a lower than average number of patients aged from 15 to 34 years. National data indicates the area is one of low deprivation. The practice has approximately 12,200 patients with services provided under a nationally agreed general medical services (GMS) contract.

There are two GP partners, one male and one female and they employ six salaried GPs, one male and five female. The nursing team consists of one nurse practitioner, two practice nurses and two health care assistants, all female. The practice employs a practice manager and there are a number of reception and administrative staff led by the assistant practice manager and the reception manager.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening hours from 6.30pm to 7.30om on Tuesdays and Wednesdays and alternate Saturday mornings from 9am to 12pm.

When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Central Surgery on 13 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for safe. The full comprehensive report following the inspection on March 2016 can be found by selecting the 'all reports' link for Central Surgery on our website at www.cqc.org.uk.

We undertook a focused follow up inspection of Central Surgery on 11 May 2017. 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 focused inspection of Central Surgery 11 May 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the deputy practice manager and the reception manager.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

Detailed findings

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

At our previous inspection on 13 March 2016, we rated the practice as requires improvement for providing safe services.

We found that the provider had not implemented a process to audit that medicine alerts were acted upon and to show continued actions were taken for patients to receive treatment in accordance with best practice. We also found the provider had not carried out a control of substances hazardous to health (COSHH) risk assessment for the cleaning products used in the practice.

These arrangements had significantly improved when we undertook a follow up inspection on 11 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

Patient safety alerts and MHRA (Medicines Healthcare products Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to relevant staff. We were informed if there was a medicine alert, a search of patients electronic records were made and changes to prescribing were implemented. When we inspected the practice in March 2016 we checked an anonymised sample of patients' notes, following an alert, and found that it had not been acted upon in a number of cases and there was no process in place to re audit the information. At the inspection on 11 May 2017 we reviewed the process and ran searches of the computerised patient record system and found the process had been followed. We found that actions had been taken for all MHRA alerts received in the last 12 months. There was an explanation on the patients' computerised record for any medicines prescribed against the recommended guidance. The practice had a schedule in place to re audit the record system at regular intervals to ensure continued adherence to MHRA alerts and best practice guidance.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. When we inspected in March 2016 the practice employed their own cleaning staff but had not completed a control of substances hazardous to health (COSHH) risk assessments for the cleaning products used by these staff members. Following the inspection the practice employed the services of a cleaning and maintenance company.

At the inspection on 11 May 2017 we found that the practice, in conjunction with the cleaning company had COSHH risk assessments in place for all the products used. The risk assessments were detailed and included pictures of the products. They had identified potential risks, control measures and actions required. This also covered the delivery, storage, usage and disposal of the products.

Overview of safety systems and processes

At the inspection in March 2016 we advised the practice they should consider whether staff members were left alone with patients when they completed the risk assessment to determine whether a check through the Disclosure and Barring Service (DBS) was required for their staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Reception and administration staff acted as chaperones and were trained for the role but had not received a DBS check. The practice had completed a risk assessment to explain their rationale for this but it did not state that these staff members would not be left alone with patients.

At the inspection on the 11 May 2017 we reviewed the risk assessments for staff who were trained to chaperone and noted that this now included a question to consider if they would be left alone with patients. We also reviewed the chaperone policy that was available for all staff to access on the practice computer system. The policy stated that chaperones should depart the consulting room if the clinician was required to leave the room.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. However, at the inspection in March 2016 we found that the practice used a loose leaf book to record the stock levels of these medicines rather than a bound type to avoid anyone tampering with the record. At the inspection on 11 May 2017 we reviewed the book used and noted the practice now used a bound book to record the stock levels.