

St Stephens House Surgery

Quality Report

St Stephens House
Ashted
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KT21 2DP

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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?

Requires improvement



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 the St Stephens House Surgery on 6 September 2016. We found that the practice required improvement for the provision of safe services because breaches of regulation were identified. The full comprehensive report on the 6 September 2016 inspection can be found by selecting the 'all reports' link for St Stephens House Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 August 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 6 September 2016. This report covers our findings in relation to those issues identified.

The practice remains requires improvement for the provision of safe services. Overall the practice remains rated as good.

Our key findings were as follows:

- Safety and security of medicines including blank prescriptions had improved.

- Health and safety risks had been assessed and mitigated.
- Appropriate staffing checks were in place.
- Significant events were documented and there was evidence of learning.

At the previous inspection on 6 September we also said that the practice should:

- Review systems for recording staff training to ensure up to date information can be readily obtained. At this inspection we found that there was now a system to have oversight of training that staff had completed. However we found staff had not received training appropriate for their role.
- Monitor and ensure the appraisal system is fully embedded and delivered to all staff. During this inspection we saw that all staff had now received appraisals within the last 12 months

There was an area of practice where the provider must make improvements.

Summary of findings

Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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?

At the last comprehensive inspection on the 6 September 2016, we found the practice was not meeting legal requirements for providing safe services. Not all of these arrangements had improved when we undertook a follow up inspection on 17 August 2017. The practice remains rated as requires improvement for providing safe services.

Specifically we found:

At the previous inspection it was found that training records were not always up to date and the practice did not keep track of staff training updates. The practice now had a system whereby a list of training was detailed in each staff members personnel file. However, we saw that this was not effective as a number of staff were out of date with their training or had not received essential training. For example, fire safety and other role specific training updates in relation to chronic disease management.

The arrangements for managing medicines in the practice, including emergency medicines and vaccines, now kept patients safe.

Health and safety risks had been assessed and mitigated.

Appropriate recruitment checks and appraisals had been completed.

Significant events were discussed at practice meetings. The minutes documented actions and learns taken from the events.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Requires improvement



St Stephens House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was undertaken by a CQC Inspector. .

Background to St Stephens House Surgery

St Stephens House Surgery is a practice offering general medical services to the population of Ashted in Surrey. There are approximately 5,700 registered patients. The practice population has a higher number of patients between 0-4 and 50+ years of age and a lower number of patients aged between 15 and 34 than the national and local clinical commissioning group (CCG) average. The number of patients with a longstanding health condition is 48% compared to the CCG average of 52% and national average of 54%. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for both the CCG area and England.

St Stephens House Surgery is run by three partner GPs (female). The practice is also supported by a salaried GP (Female), three practice nurses, a healthcare assistant, a team of administrative and reception staff, and a practice manager.

The practice runs a number of services for its patients including asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and travel vaccines and advice.

Opening hours are Monday to Friday 8am to 6.30pm Monday to Friday. During the times when the practice is closed arrangements are in place for patients to access care from Care UK which is an Out of Hours provider.

St Stephens House Surgery is registered to provide services from the following location:

St Stephens House, Ashted, Surrey, KT21 2DP.

Prior to the inspection we noted that the partners listed on the practices registration certificate was different to those within the practice. The provider told us they were taking immediate action to resolve these issues.

Why we carried out this inspection

We undertook a comprehensive inspection of St Stephens House Surgery on 6 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services. The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for St Stephens House Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of St Stephens House Surgery on 17 August 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

During our visit we:

- Spoke with the practice manager and a nurse.
- Reviewed a selection of practice policies and procedures, including the processes for reporting,

Detailed findings

recording, acting on and monitoring significant events, incidents and near misses to ensure that lessons were learnt. Training, recruitment and health and safety records were also reviewed by us.

- Looked at minutes of practice meetings.

Are services safe?

Our findings

At our previous inspection on 6 September 2016, we rated the practice as requires improvement for providing safe services as during that inspection we found:

- Investigations and learning from incidents were not always fully documented.
- There was no system in place to monitor the use of blank prescriptions.
- The medicines fridge was not kept secure at all times.
- Appropriate recruitment checks for all staff had not been undertaken.
- The practice had not undertaken a health and safety risk assessment or a legionella risk assessment.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.
- The management team did not have effective oversight of training undertaken by staff.

Not all of these arrangements had improved when we undertook a follow up inspection on 17 August 2017. The practice remains rated as requires improvement for providing safe services.

Safe track record and learning

The process for reporting and recording significant events had been improved to ensure detailed reporting and reviews were in place. We saw minutes from practice meetings that detailed significant events that were discussed. Actions and learning points were documented. For example, the practice had two patients with the same name registered and an appointment was booked for the wrong patient. This led to information being entered onto the clinical record for the wrong patient. The practice subsequently ensured that alerts were added to patient records of the same or similar names to minimise the possibility of reoccurrence.

Overview of safety systems and process

The personnel files of staff employed since the last inspection demonstrated that appropriate recruitment checks had been undertaken. We saw that a

comprehensive risk assessment had been undertaken for staff who did receive a disclosure and barring service (DBS) check. (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).

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We saw that a log was being maintained of blank prescriptions to monitor their use within the practice. The vaccine fridge key was now being stored securely.

Monitoring risks to patients

A legionella risk assessment had been undertaken by the practice and areas identified had been actioned. Legionella is a bacterium found in water systems.

For staff recruited since the inspection in September 2016 we found that appropriate references had been requested and obtained in accordance with regulations.

At the previous inspection it was found that training records were not always up to date and they did not keep track of staff training updates. The practice now had a system whereby a list of training was detailed in each staff members personnel file. However, we saw that this was still not effective as a number of staff had not received essential training or training was out of date. For example, fire safety, infection control for administrative staff. We looked at role specific training for nurses and found that the most recent respiratory learning undertaken was 2007. We were told that this training had been done more recently but the practice was unable to provide evidence of this.

Arrangements to deal with emergencies and major incidents

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met:
Maternity and midwifery services	The registered person did not ensure staff received appropriate training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform.
Surgical procedures	This was a breach of regulation 18(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	