

# Nightingale Valley Practice

### **Quality Report**

**Brooklea Health Centre** Wick Road Brislington Bristol BS44HU

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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 the Nightingale Valley Practice on 26 November 2015. Overall the practice was rated as good but the safe domain was rated as requires improvement. This was because of areas of risk were identified at its branch site (Riverside Surgery. Wyatts View, St Anne's Park, Bristol BS4 4WW). Following the inspection we issued a requirement notice. The notice was issued due to a breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, relating to safe care and treatment.

Areas of risk identified at the Riverside branch site were:

- The provider must ensure improvements in respect of the management of infection control.
- The provider must ensure that Control of Substances Hazardous to Health (COSHH) items are stored safely and in accordance with guidance.
- The provider must ensure that there is a method of assuring that a trained first aider is present at all times when the practice is open, or that the practice has carried out a proper risk assessment to evidence that a first aider is not required.

The full comprehensive report on the 26 November 2015 inspection can be found by selecting the 'all reports' link for The Nightingale Valley Practice on our website at www.cqc.org.uk.

This inspection was a focused desk top inspection carried out on 10 February 2017 to confirm that the practice had carried out their action plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 26 November 2015. 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 across all the areas we inspected during this inspection, were as follows:

- We saw documentary evidence that the practice completed an audit for the management of infection control and produced an action plan. Some of the actions on the plan were due to be completed by the time of this follow-up inspection, and we saw documentary evidence that this had happened.
- We saw documentary evidence that the practice had taken steps to ensure that substances hazardous to health were stored safely and in accordance with guidance.

# Summary of findings

• We saw documentary evidence that the practice had addressed the issue of a trained first aider being present at all times when the practice was open.

Following this inspection the practice was rated overall as good across all domains.

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 domain for safe is now rated as good. This is because:

- Following the announced comprehensive inspection at the Nightingale Valley Practice on 26 November 2015, the provider had completed an audit for the management of infection control and produced an action plan. Some of the actions on the plan were due to be completed by the time of this follow-up inspection, and we saw documentary evidence that this had happened. For instance, we saw documentary evidence that a plastic dispenser had been installed in the practice's public and staff toilets to hold paper towels, and that bins had also been placed in these areas to dispose of sanitary waste.
- The provider had taken steps to ensure that substances
  hazardous to health were stored safely and in accordance with
  guidance. We were given information that the door leading to
  the sluice and COSHH store was secured by a key code lock,
  and could only be accessed by practice staff.
- The provider had addressed the issue of a trained first aider or someone able to treat in an emergency being available at all times when the practice was open. We were provided with information that a GP and/or nurse were available on site from when the practice opens its doors to when it closes to patients and other staff on the premises. We also were provided with information that a first aid kit was available at the practice branch, (Riverside Surgery) at all times.

Good





# Nightingale Valley Practice

**Detailed findings** 

## Our inspection team

Our inspection team was led by:

Our focused desk-top inspection was completed by a CQC Lead Inspector.

# Background to Nightingale Valley Practice

Nightingale Valley Practice is located in the Brislington area of Bristol. They have approximately 15750 patients registered. The practice operates from two locations:

Brooklea Health Centre

Wick Road

Brislington

Bristol

BS44HU

And

Riverside Surgery

Wyatts View

St Anne's Park

Bristol

BS4 4WW

Nightingale Valley Practice is sited in a leased purpose built health centre which is shared with other healthcare providers. The consulting, treatment rooms and administration area for the practice are situated on one level. There are treatment rooms (for use by nurses, health care assistants and phlebotomists); reception and

administration and records room; and a waiting room area. There is patient parking immediately outside the practice with spaces reserved for those with disabilities. Riverside Surgery is also a purpose built leased surgery which has two consulting rooms and one treatment room, a large waiting area. The surgery premises are sited in a local shopping precinct and with plenty of parking and accessibility to a local pharmacy.

The practice is made up of six GP partners, five salaried GPs and the practice manager. The practice is a teaching practice with three GPs as trainers and they had three GP registrars at the time of this inspection. They have an advanced nurse practitioner, senior nurse and two practice nurses and two healthcare assistants. The practice is supported by an administrative team consisting of medical secretaries, receptionists and administrators. The Nightingale Valley practice is open from 8.00am until 6.30pm Monday, Thursday and Friday. On Tuesday the practice opens from 7.00am and closes at 7.30pm. On Wednesday the practice opens 8.00am and closes later at 7.30pm. The Riverside Surgery is open between the hours 8.00am to 12.30pm, Monday and Thursday, 7.00am Wednesday and Friday. There is no morning surgery on Tuesdays. The practice opens for afternoon surgeries from 2.00pm to 6.00pm Monday to Thursday and is closed on Friday afternoons.

The practice has a Personal Medical Services contract with NHS England (a nationally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, immunisations and unplanned admission avoidance.

The practice is a training practice and also offers placements to medical students and trainee GPs.

## **Detailed findings**

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the practice website.

Patient Age Distribution

0-4 years old: 7.67% (higher than the national average)

5-14 years old: 10.29% (higher than the national average)

15-44 years old: 45.28%

45-64 years old: 23.43%

65-74 years old: 7.53%

75-84 years old: 4.19%

85+ years old: 1.6%

Patient Gender Distribution

Male patients: 50.31 %

Female patients: 49.69 %

Other Population Demographics

% of Patients in a Residential Home: 0.12 %

% of Patients on Disability Living Allowance: 4.3 % (higher

than the national average)

% of Patients from BME populations: 1.22 %

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2010 (IMD): 19.26

Income Deprivation Affecting Children (IDACI): 0.2 -Income Deprivation Affecting Older People (IDAOPI): 0.18

# Why we carried out this inspection

We undertook a focused desk top inspection of Nightingale Valley Practice on 10 February 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

Before writing our report, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out a focused desk top inspection on 10 February 2017.

Before producing our report we:

- Spoke with the practice manager.
- Reviewed documents relating to the management of infection control and the safe storage of hazardous substances. We also looked at staffing arrangements with respect to the availability of a trained first aider being present at all times when the practice was open.



## Are services safe?

## **Our findings**

At the last comprehensive inspection of Nightingale Valley Practice undertaken on 26 November 2015 we rated the practice as requires improvement for safe services, as arrangements at the Riverside branch Surgery for the management of infection control, safe storage of hazardous substances and the lack of availability of trained first aiders did not keep patients safe.

The concerns identified at the Riverside branch site were:

- Improvements should be made in respect of the management of infection control, such as replacing out of date curtains in one of the practice treatment rooms, and providing facilities in the staff toilet for disposal of sanitary waste;
- Control of Substances Hazardous to Health items were not stored safely or in accordance with guidance;
- There was no method of assuring that there was a trained first aider present at all times when the practice was open.

These arrangements had significantly improved when we undertook a focused desk top inspection on 10 February 2017. The practice is now rated as good for providing safe services.

#### Overview of safety systems and processes

• During the inspection at Riverside Surgery on 26 November 2015 we found the practice organisation was responsible for all aspects of internal standards of hygiene and infection control. The last documented cleaning audit carried out at Riverside was November 2015. There was a designated lead accountable for infection control at both sites. The annual audit for the practice showed evidence that action was taken to address any improvements identified as a result. However, we did note there were some areas of risk at Riverside for the management that could be improved.

For example, paper towels and other paper goods were stored in the staff toilet, and all hand towels and toilet rolls were now stored in a locked cupboard in the practice reception area. Following a re-audit of infection control in November 2016, we received an updated action plan. The action plan included arrangements for a dispenser to be installed to hold paper towels and a bin to dispose of sanitary waste.

#### **Monitoring risks to patients**

• At the Riverside branch practice the assessment and management of substances hazardous to health (COSHH) items was the responsibility of staff. At our comprehensive inspection on 26 November 2015 we found that COSHH items were not stored safely or in accordance with guidance as they were kept on open shelves in an accessible area or unsecured cupboards. These arrangements had improved when we undertook a follow-up desk top inspection on 10 February 2017. We were given information by the provider that the door leading to the sluice and COSHH store was secured with a key code lock and could only be accessed by practice staff.We also noted that the ant powder found in one of the cupboards during the comprehensive inspection had been removed to the COSHH store.

#### Arrangements to deal with emergencies and major incidents

 The practice staff had implemented changes which ensured that there was a trained first aider present at all times when the practice was open, or someone able to treat in an emergency. We saw documentary evidence of nurse appointments and the staffing rota over a one-week period that a GP and/or nurse were available on site from when the practice opened its doors to when it closed to patients and other staff on the premises. We also were provided with documentary evidence that a first aid kit was available.