

Branch End Surgery

Quality Report

Branch End
Stocksfield
Northumberland
NE43 7LL

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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 Branch End Surgery on 21 October 2014. Breaches of legal requirements were found. The practice submitted an action plan following this inspection.

The breaches we identified when we carried out the inspection on 21 October 2014 related to:

- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control (which corresponds to Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014).

After the comprehensive inspection the practice wrote to us to say what they would do to meet the above regulation. We carried out a focused inspection on 16 June 2016 to check whether the provider had taken steps to comply with the above legal requirement. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Branch End Surgery on our website at www.cqco.org.uk.

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

- Improvements had been made to cleanliness and infection control following our last inspection on 21 October 2014. The practice had addressed most of the issues identified.
- The practice had an effective system of stock control, date checks and point of use checks to ensure that all single use clinical instruments stored and used were within their 'use by' dates. Used and out of date instruments and equipment were disposed of in accordance with appropriate guidance.
- The practice had effective cleaning schedules and an infection control risk assessment. However, the records kept of carpet cleaning could be improved.

The area where the provider should make improvements are:

- Review their arrangements for the recording and monitoring of staff training in infection control.

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.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe. Good infection control arrangements were in place and the practice was clean and hygienic. An infection control lead was in place, regular infection control audits were completed. Arrangements were in place to ensure that disposable equipment and supplies were safe to use. The practice had an effective cleaning schedule and cleaning was monitored, however, the recording of carpet cleaning could be improved.
- Risks to patients in relation to infection prevention and control were assessed and well managed.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Review their arrangements for the recording and monitoring of staff training in infection control.

Branch End Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Inspector.

Background to Branch End Surgery

Branch End Surgery is registered with the Care Quality Commission to provide primary care services.

The practice provides services to around 5,400 patients from one location:

- Branch End, Stocksfield, Northumberland, NE43 7LL.

We visited this address as part of the inspection.

Branch End Surgery is based in converted premises in Stocksfield. Services for patients are provided on the ground and first floor. Consultations take place in the ground floor rooms when patients are unable to access the first floor. There is on-site parking, disabled parking, a disabled WC and access is step-free.

The practice has three GP partners and two salaried GPs (two male, three female). The practice employs a surgery manager, a reception manager, three nurses, a phlebotomist, a dispenser, two staff who undertake administrative and dispensing duties, five staff who undertake reception duties and two staff who undertake domestic services for the practice. The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

The practice is:

- An approved training practice; where qualified doctors gain experience in general practice.
- Active in clinical research and patients are encouraged to participate in appropriate clinical trials.
- A dispensing practice; this service is only available to patients who live more than one mile away from a pharmacy.

Branch End Surgery is open at the following times:

- Monday 8am to 6pm.
- Tuesday 7am to 6pm.
- Wednesday 8am to 6pm.
- Thursday 8am to 6pm. The practice is closed to patients from 1pm, expect for emergencies.
- Friday 8am to 6pm.

The telephones are answered by the practice Monday, Tuesday, Wednesday and Friday during opening hours, however, only urgent calls are answered on Thursdays after 1pm.

Appointments are available at Branch End Surgery at the following times:

- Monday 8am to 6pm
- Tuesday 7am to 6pm
- Wednesday 8am to 6pm
- Thursday 8am to 1pm
- Friday 8am to 6pm
- Extended hours appointments are available from 7am on Tuesday mornings, appointments are available with a GP or a nurse.

The practice is part of NHS Northumberland clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in band ten for deprivation where one is the highest deprived area and ten in the least deprived. In general, people living in less deprived areas tend to have less need for health

Detailed findings

services. Average male life expectancy at the practice is 81 years, compared to the national average of 79 years. Average female life expectancy at the practice is 84 years, compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is in line the averages (56% compared to the CCG average of 59% and the national average of 54%). The proportion of patients who are in paid work or full-time employment is below average (51% compared to the CCG average of 56% and the national average of 62%). The proportion of patients who are unemployed is below average (3% compared to the CCG and national average of 5%).

The NHS 111 service and Northern Doctors Urgent Care Limited provide the service for patients requiring urgent medical care out of hours. Information about these services is available on the practice's telephone message, website and the practice leaflet.

Why we carried out this inspection

We undertook an announced focused follow up inspection of Branch End Surgery on 16 June 2016. This inspection was carried out to check whether the provider had taken the action they said they would take to address shortfalls in relation to legal requirements, which had been identified during our comprehensive inspection on 21 October 2014. We inspected the practice against one of the five questions: is the service safe. This is because the service was not meeting some of the legal requirements relating to safety at the time of the inspection.

How we carried out this inspection

We carried out an announced inspection on 16 June 2016. We spoke with the practice manager, a GP and a member of the reception staff. We looked at a sample of records the practice maintained in relation to the provision of the service.

Are services safe?

Our findings

Overview of safety systems and processes

When we last inspected the practice in October 2014, we identified that some aspects of infection prevention and control arrangements were not fully effective. We identified that:

- The practice did not have an effective system of stock control, date checks and point of use checks to ensure that all single use clinical instruments stored and used are within their 'use by' dates.
- The practice needed to dispose of, in accordance with the appropriate guidance, any used instruments or equipment, which had expired.
- The practice did not have effective cleaning schedules, infection control and risk assessment, in order to demonstrate compliance with infection control guidance.

During this focused inspection, carried out on 16 June 2016, we found that:

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe. We found that:

- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. All patient areas were seen to be clean. Personal protective equipment (PPE), such as gloves, were available in all of the treatment areas we checked. Sharps bins were appropriately located, labelled and used. There was an infection control policy in place that had been reviewed in May 2016. Following our inspection in October 2014 a sharps injury risk assessment was also completed. There was a cleaning schedule in place and the practice manager monitored the cleaning at the practice.
- During our last inspection in October 2014, we saw evidence that clinical staff had completed training in infection prevention and control, although cleaning and other staff had not received training. At this inspection, we saw that the practice had arranged for external infection control training to be provided for all available staff in February 2015, including cleaning staff employed

by the practice. We also saw that some staff had undertaken more recent infection control training. However, we saw that the practice did not have a record that three members of the administrative team had undertaken any infection control training since their induction at the practice.

- We had previously seen that no record was kept of the washing of the privacy curtains in consulting rooms, or whether they had been washed in accordance with infection control guidance, for example at the required temperature. We saw during this inspection that the practice used disposable privacy curtains in consultation rooms and those we checked were replaced in line with guidance and visibly clean.
- We had previously seen that no record was kept of the cleaning of consulting room carpets, while these appeared visually clean; there was not documented schedule for cleaning these. During this inspection, we again saw that consulting room carpets appeared to be clean and we saw that the practice recorded when carpets were cleaned. However, the records that were kept were informal. We saw that most carpets had been cleaned in early 2015 and that the carpets in three clinical rooms had been cleaned in February 2016. The practice agreed that a more formal schedule could be introduced that would ensure carpet cleaning was more effectively monitored.
- During our last inspection, in October 2014, we saw that no regular infection control audits had been completed. There was some informal monitoring but this was not recorded. At this inspection we saw that the practice had completed regular infection control audits since we inspected the practice in October 2015. This included an externally provided infection control risk assessment completed in February 2015. The practice took action to address the issues raised.
- We had previously found large quantities of out of date equipment. It was therefore no longer possible to know whether these instruments and equipment were sterile at the point of use. They could therefore pose an infection risk. We saw that the practice had introduced a system of monthly checks to ensure all disposable equipment and medical supplies were safe to use. The healthcare assistant checked each room once a month and removed any out of date items. All equipment and supplies checked during this inspection was in date and suitable for use.

Are services safe?

- We discussed the staff recruitment and induction process for staff. The induction process included informal training on infection control for all new

members of staff by the practice manager; however, this was not recorded on the practices' induction checklist. We raised this issue with the practice and they agreed it would be useful to record this training.