

# Brook Lane Surgery

## Inspection report

233a Brook Lane  
Sarisbury Green  
Southampton  
Hampshire  
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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 location

Good



Are services safe?

Good



# Overall summary

We carried out an announced comprehensive inspection at Brook Lane Surgery on 15 December 2016. The overall rating for the practice was requires improvement, with the caring domain rated as good. We carried out a second announced comprehensive inspection at Brook Lane on 5 September 2017. The overall rating for the practice was good, however the safe domain remained rated as requires improvement. The full comprehensive reports for the December 2016 and September 2017 inspections can be found by selecting the 'all reports' link for Brook Lane Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 15 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 5 September 2017 and to assess the rating of the safe domain. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing safe services as a patient group directive (PGD) had been signed by nursing staff after the PGD had expired. (PGDs are a set of written instructions to help supply or administer vaccinations to patients). In addition, we also made recommendations with regards to how the practice reviewed ways to improve the identification of patients registered at the practice who were also carers and how the practice reviewed the ways to monitor the performance of non-clinical staff.

Our key findings were as follows:

- A medical emergency was witnessed during inspection and the practice fully demonstrated their ability to manage such a situation to a successful conclusion.
- All patient group directives (PGDs) were in date and had been signed by the nursing staff responsible for administering vaccinations.
- The practice's emergency medicines were in stock and in date.
- There had been a review and updating of the practice's policies and procedures, and the installation of padlocks to all printers to maintain the prescription stationery.

- The practice were able to provide evidence that they had increased the number of patients who were also registered as a carer from 83 at our previous inspection in September 2017, to 160 carers on 15 May 2018. This was more than 1% of the practice's patient population. This was actioned by clinicians and reception staff prompting those patients they knew to be carers to identify themselves as well as the introduction of a new announcement in the waiting room that advertised the support that carers could have access to.
- Non-clinical staff only received an appraisal if a performance review was required however they received offers of managerial contact and support. The practice described their decision not to introduce such a system was due to maintaining an 'open door' policy for all issues, concerns or complaints. The practice also kept a 'grumbles book', whereby staff could document any issues they felt needed addressing. The entries on this book were reviewed at reception and administrative staff meetings, held six to eight weekly.
- To address training needs without an appraisal, staff were reported to request training when a learning need was self-identified and the appropriate training would be agreed upon. The training log was reviewed after inspection which showed that 9 non-clinical staff had not completed an update for Basic Life Support training within the previous 12 months. The practice confirmed that all mandatory training was to be delivered to all staff on two clinical commissioning group-funded training days in late 2018.

In addition the provider should:

- Continue to review ways to monitor the performance of non-clinical staff.
- Continue to review patient feedback regarding access to appointments.
- Review the practice's emergency medicines such as the storing of Dexamethasone.
- Review the planning of mandatory training.

Overall the practice is rated as Good.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

## Background to Brook Lane Surgery

Brook Lane Surgery is situated in Sarisbury Green, a village located to the south-east of Southampton. It is in a purpose built premises that is owned and maintained by the partners of the practice. The Fareham Community Hospital is located next door to the practice.

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The local clinical commissioning group (CCG) is the NHS Fareham and Gosport CCG. Brook Lane Surgery is registered with the Care Quality Commission to provide regulated activities for the treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, maternity and midwifery services and family planning. The practice provides health services to approximately 13,000 registered patients. The demographics of the patient population show a greater than average percentage of patients over 50 years of age and a smaller than average percentage of patients under the age of 40 years. The local area is not considered to be a deprived area.

The practice has five GP partners (equal to four whole time equivalents) and two salaried GPs; there are three

male and four female doctors. There is one nurse practitioner, four practice nurses and three health care assistants. The clinical team are supported by an administrative team which includes a practice manager partner, two assistant practice managers as well as reception and administration staff. The practice also employs a gardener.

The practice has been a training practice for GPs for 14 years, mostly supporting doctors training to be GPs. There are currently two GP registrars attached to the practice. The practice is also involved in training GPs returning to practice, medical students and have allowed school sixth form students access for work experience.

The practice is open from 8am until 6.30pm Monday to Friday with clinical sessions from 8am to 12 noon and then from 2.30pm until 6.30pm. On Wednesdays and Thursdays there are additional extended surgery sessions from 7am to 8am and on Thursdays only from 6.30pm to 8pm. On Monday afternoon the practice operates a 'sit and wait' session for patients to turn up and wait to see a GP without a booked appointment. The practice also uses the local GP Extended Access based within Fareham Community Hospital from 6:30pm to 8pm Monday to Friday as well as 8am to 4.30pm on Saturdays.

# Are services safe?

**At our previous inspection on 5 September 2018, we rated the practice as requires improvement for providing safe services in respect of the practice's patient group directives having been signed by nursing staff members after the document had expired.**

**We issued a requirement notice with respect to this issue. We found this issue had been rectified when we undertook a follow up inspection on 15 May 2018. The practice is now rated as good for providing safe services.**

## Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and all staff had received an enhanced 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The practice had employed two new members of staff since our last inspection, and confirmed that all recruitments were completed.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and the majority of staff were suitably trained in emergency procedures. A training log provided by the practice showed that 9 non-clinical staff had not completed an update on Basic Life Support training within the previous 12 months. Since inspection, the practice identified these members of non-clinical staff did not require annual updates as they were 'non-frontline' administrative staff. The practice's training log demonstrated all staff had completed Basic Life Support training during the time period from January 2016 to January 2018. The practice confirmed that all mandatory training was to be delivered to all staff on two local clinical commissioning group-funded training days in late 2018.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. A medical emergency was witnessed during inspection and the practice fully demonstrated their ability to manage such a situation to a successful conclusion. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

## Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The emergency medicines were reviewed at this inspection, as the previous inspection on 5 September 2017 had identified that three emergency medicines were not in stock despite being listed as available. The practice reported that the medicines were out of date and on order, the practice then confirmed that the medicines were back in stock in the two days following our previous inspection. At this inspection, all emergency medicines kept by the practice were in stock and in date. The practice reported that they had introduced a new system whereby a member of practice staff checked the expiry dates of the emergency medicines every week. When a medicine came within a month of its expiry date, the lead nurse was notified, who would then order a replacement.
- During review of the emergency medicines, it was found that the practice did not store Dexamethasone (which is used in the treatment of croup in children). This was highlighted to the practice during the inspection and they have since confirmed they have made an order to keep Dexamethasone in their emergency medicines store.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. At our previous inspection, evidence was seen of the 2016-2017 'flu' vaccine patient group directive (PGD) having been signed by nursing staff on 4 September 2017 despite the PGD expiring in April 2017. At this inspection, all PGDs were reviewed and were found to be in date and signed by nursing staff responsible for administering the vaccinations as well as an authorising clinician.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- There were effective protocols for verifying the identity of patients during remote or online consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. The practice had undertaken a fire risk assessment on 8 March 2018, and all recommendations had been actioned by 12 May 2018.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We reviewed one significant event when the practice were required to contact the local police for assistance, and saw evidence of new safety measures implemented by the practice as a result.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**