

Petworth Surgery

Quality Report

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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 Petworth Surgery on 7 June 2016. The overall rating for the practice was good. However, during this inspection we found a breach of legal requirements and the provider was rated as requires improvement under the safe domain. The full comprehensive report for the June 2016 inspection can be found by selecting the 'all reports' link for Petworth Surgery on our website at www.cqc.org.uk.

Following this inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that all significant events were fully recorded centrally at the practice and a comprehensive audit trail was maintained.
- Improving policies and procedures to ensure that blank prescription forms were monitored and tracked and improving security arrangements for access to controlled drugs.
- Ensuring robust arrangements were in place for the management of infection control and for the

assessment, monitoring and minimising of associated risks. This included staff receiving training on infection control and cleaning was recorded according to a defined schedule.

- Ensuring that recruitment checks were completed, including proof of identification and references.
- Ensuring non-clinical staff were either risk assessed or had received a Disclosure and Barring Scheme (DBS) check (especially for those who acted as chaperones).

This inspection was an announced focused inspection carried out on 25 January 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 7 June 2016. The focused inspection has determined that the provider was now meeting all requirements and is now rated as good under the safe domain. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- Significant events were fully recorded centrally and discussed at regular meetings with actions recorded and dated. There was a comprehensive audit trail and electronic copies were available as well as paper copies which were stored centrally so they could be referred to if necessary.

Summary of findings

- The practice was monitoring and tracking blank prescription forms including when prescriptions were delivered to the practice and when disseminated to the individual doctor's rooms. The practice was reconfiguring the layout of the dispensary and reception area. We saw this would allow for greater security and improve confidentiality. Controlled drugs were stored in a locked cabinet within a second locked cabinet. Keys to both these cabinets were stored within a key safe which could only be accessed by authorised staff.
- The practice had a new infection control lead who was the practice nurse. We saw evidence of training and the attendance of various forums for infection control. Infection control audits were undertaken every six months and there had been a recent Infection control audit in January 2017. We saw that actions had been recorded to address any concerns found. The practice had also employed a new cleaning company and we saw daily cleaning plans which were dated and signed. There was a dedicated cleaning folder where we saw evidence of daily, weekly and monthly cleaning schedules for various elements of the practice. All staff had received training on infection control which included hand washing.
- We reviewed the latest recruitment file for a new employee at the practice and found that it contained all the required information. For example, a full works history, Disclosure and Barring Scheme (DBS) check, proof of identification and references.
- We saw minutes to a meeting where the practice had discussed which roles were required to have a Disclosure and Barring Scheme (DBS) check. We saw evidence that all those staff members who were also acting as chaperones had received a DBS check and that a new risk assessment was in place for those who were not required to have one.

In addition we saw evidence of:

- The new practice manager, who had been in post since November 2016, was reviewing all policies and procedures and ensuring they were up to date and relevant. Policies which had been reviewed contained the last review date.
- The practice was in the process of completing building work to change the layout of the dispensary. This would ensure restricted access with the dispensary only being accessed by authorised staff.
- The practice manager had a training matrix which recorded staff members and their completed training. The practice manager was also able to access training logs and certificates of training from the e-learning training tools that were used.
- Complaints were a standing item on the weekly meetings and the bi-monthly strategy meetings and information was recorded with dates and actions taken. We saw these were recorded electronically as well as paper copies being stored centrally so they could be referred to if necessary.
- The practice had a variety of meetings for staff. This included weekly meetings, nurse meetings and bi-monthly development meetings. There was also a bi-monthly strategy meeting with the partners and regular meetings with the administration staff. The practice manager informed us that there were plans in place for a weekly huddle meeting with key staff members to ensure important information was disseminated. This ensured that all staff were kept up to date with changes with the practice and had a forum to raise questions or concerns.

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 our previous inspection in June 2016 the practice had been rated as requires improvement for providing safe services. Concerns related to significant events, blank prescription form tracking, infection control, access to controlled drugs and recruitments checks including disclosure and barring checks.

At this focussed inspection in January 2017, we found the provider had addressed our concerns and is now rated as good.

- Significant events were fully recorded centrally and discussed at regular meetings with actions recorded and dated. There was a comprehensive audit trail and electronic copies were available as well as paper copies which were stored centrally so they could be referred to if necessary.
- The practice was monitoring and tracking blank prescription forms including when prescriptions were delivered to the practice and when disseminated to the individual doctor's rooms. The practice was reconfiguring the layout of the dispensary and reception area. We saw this would allow for greater security and improve confidentiality. Controlled drugs were stored in a locked cabinet within a second locked cabinet. Keys to both these cabinets were stored within a key safe which could only be accessed by authorised staff. .
- The practice had a new infection control lead who was the practice nurse. We saw evidence of training and the attendance of various forums for infection control. There had been a recent Infection control audit and we saw that actions had been recorded to address any concerns found. Infection control was a standing item on the weekly meeting agenda. The practice had also employed a new cleaning company and we saw daily cleaning plans which were dated and signed. There was a dedicated cleaning folder where we saw evidence of daily, weekly and monthly cleaning schedules for various elements of the practice. All staff had received training on infection control which included hand washing.
- We reviewed the latest recruitment file for a new employee at the practice and found that it contained all the required information. For example, a full works history, Disclosure and Barring Scheme (DBS) check, proof of identification and references.
- We saw minutes to a meeting where the practice had discussed which roles were required to have a Disclosure and Barring

Good



Summary of findings

Scheme (DBS) check. We saw evidence that all those staff members who were also acting as chaperones had received a DBS check and that a new risk assessment was in place for those who were not required to have one.

Petworth Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Petworth Surgery

Petworth Surgery is located in a purpose built premises in the semi-rural area of Petworth. The practice provides primary medical services and a dispensing service to approximately 6,000 patients. The practice also provides care and treatment for the residents of a nearby care home, which serves individuals with mental and physical care needs, including dementia.

There are five GP partners (two male, three female). Collectively they equate to just under three full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are four female members of the nursing team; two practice nurses, one health care assistant and one phlebotomist. GPs and nurses are supported by the practice manager, a deputy practice manager, a patient services manager, and a team of reception/administration staff. The dispensary service is led by a senior dispenser who is supported by two staff members.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged over 65 years when compared to the

national average. The number of patients aged from birth to 18 years is slightly lower than the national average. The number of registered patients suffering income deprivation is lower than the national average.

The practice is open from 8:30am to 6:30pm Monday to Friday. The practice has a lunchtime closure from 1pm to 1:45pm; during this time patients can call the normal surgery phone number and a duty doctor is available. Outside of the opening hours care is provided by an out of hours service. Information for the out of hours service is provided through a recorded message on the practices answer phone and through the practice website.

Extended hours appointments are offered from 7am to 8am on alternate Tuesday and Wednesday mornings. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access the out of hours service by calling the surgery or viewing the practice website.

The practice offers a number of services for its patients including; family planning, minor surgery, hypertension clinics, smoking cessation, and travel vaccines. The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Coastal West Sussex Clinical Commissioning Group.

Why we carried out this inspection

We undertook a comprehensive inspection of Petworth Surgery on 7 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The

Detailed findings

practice was rated as requires improvement. The full comprehensive report following the inspection on June 2017 can be found by selecting the 'all reports' link for Petworth Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Petworth Surgery on 25 January 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 Petworth Surgery on 25 January 2017. During our visit we:

- Spoke with a the practice manager and assistant practice manager
- Reviewed infection control information and audits
- Reviewed training logs and training certificates for infection control
- Reviewed where controlled drugs were stored
- Reviewed policies and procedures
- Reviewed the tracking and monitoring of blank prescriptions forms
- Reviewed significant events and complaints
- Reviewed recruitment files and DBS certificates for staff members who required them

Are services safe?

Our findings

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant events, blank prescription form tracking, infection control, access to controlled drugs and recruitments checks including disclosure and barring checks were not adequate.

These arrangements had significantly improved when we undertook a focused inspection on 25 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice carried out a thorough analysis of the significant events. We saw evidence of the recording process, which was open and transparent to all staff. There was a comprehensive audit trail and all significant events were discussed as a regular agenda item at the weekly meeting and at the bi-monthly partners meeting. We saw that discussions had were minuted and the subsequent actions were fully recorded and filed on the practices computer as well as printed out into a significant events folder. It was therefore easy to trace the full significant event cycle from event to completed actions.

Overview of safety systems and process

We saw evidence that all staff who acted as chaperones were trained for the role and had a Disclosure and Barring Service (DBS) checks in place. (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). We saw evidence that all clinical staff also had DBS checks in place.

The practice maintained appropriate standards of cleanliness and hygiene. The practice had employed new cleaners since our last inspection. We saw a schedule of cleaning was in place, which included daily, weekly and

monthly cleaning schedules. Completed schedules were signed and dated. We saw evidence the practice had replaced any fabric curtains with disposable curtains and the practice nurse maintained a six monthly schedule to replace them. The practice nurse had taken over the role of infection control clinical lead. We saw evidence of training undertaken and the attendance of various forums for infection control. The infection control lead liaised with the local infection prevention teams to keep up to date with best practice and fed back to the clinical team. There was an infection control policy and staff had received infection control training which included hand hygiene. Infection control audits were undertaken every six months and we reviewed the most recent audit conducted in January 2017. We saw evidence of written action plans resulting from the audit and information as to if and how this had been completed.

Blank prescription forms and pads were securely stored. The practice was able to demonstrate that there were adequate systems in place to routinely record, track and monitor blank prescriptions throughout the practice.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage these. Controlled drugs were stored securely and could only be access by authorised staff. Controlled drugs were stored within a locked cupboard within another cupboard. The keys to both were stored separately in a key safe which could only be opened by authorised staff.

We reviewed one personnel file of a newly recruited staff member and found the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service (DBS). The practice completed a risk assessment as to whether a DBS checks was required for non-clinical staff. If the staff member had the additional role of chaperone a DBS check was automatically required.