

Whitchurch 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 Whitchurch Surgery on 10 August 2016. The practice was rated good for effective, caring, responsive and well-led, and was rated requires improvement for safe. The overall rating for the practice was good. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Whitchurch Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 April 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 10 August 2016. This report covers our findings in relation to those requirements.

At our previous inspection on 10 August 2016, we rated the practice as requires improvement for providing safe services as the practice was not operating an adequate system with regards to water safety; there was no system in place to track blank prescription forms and pads and monitor their use; not all staff had up to date training with regards to infection control and prevention.

It was also noted on the previous inspection that the practice should ensure that dispensary staff had the

correct qualifications and that there were embedded systems in place for monitoring the dispensing process. It was noted that there was no designated sink for use in the dispensary for the hygienic preparation of medicines, cleaning and hand washing and no standard operating procedures in place to reflect current good practice in the dispensary processes. The practice was also asked to consider how to ensure greater privacy for patients at the reception area and consider how to improve patient outcomes for those with long term conditions.

Our key findings for 12 April 2017

- We found that there were processes in place for ensuring water safety at the practice.
- The practice had systems in place to track prescription storage and usage.
- All staff had received up to date and formal training with regards to infection control and prevention.
- Steps were being taken to remedy the problems with privacy for patients at the reception area with some work already undertaken to reduce the risk of being overheard.
- The dispensary had fully qualified and experienced staff and was evidenced to have quality processes in place to maintain and improve the dispensary processes.

Summary of findings

- Patients with long term conditions now have more support with a dedicated lead GP for each type or group of conditions and a lead nurse has undertaken an extensive review programme. A revised recall system was introduced that operated more on patient need.

The practice is now rated as good for providing safe services.

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?

This practice is now rated as good for providing safe services.

- New processes had been implemented to improve the tracking of prescription stationery throughout the practice.
- There were now systems in place to control the risks of exposure to Legionella (a disease that can be carried through water) with regular checks and assessments of all water outlets in the building. All staff were up to date and aware of training needs with regards to infection prevention and control.
- The dispensary process and now had systems in place to improve the quality of the service, including staff qualification checks, audits and monitoring and a proposal of a designated sink for the dispensary.

Good



Whitchurch Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a CQC inspector.

Background to Whitchurch Surgery

Whitchurch Surgery is located at Bell Street, Whitchurch RG28 7AE. There are currently around 8,700 patients registered with the practice.

Whitchurch Surgery is part of the West Hampshire Clinical Commissioning Group. The practice building is purpose built with wheelchair access to all areas including toilets for the disabled and there are two designated disabled parking bays directly outside the front door. The practice has a medicine dispensary and is a training practice for newly qualified doctors. Whitchurch Surgery is part of the Two Rivers Partnership that covers the populations of Whitchurch, eastern Andover and the surrounding rural areas. The local population falls into the least deprived decile but there are a higher than average percentage of patients with a long term health condition.

Since the previous inspection in August 2016 the practice has recruited two additional clinical staff – a part time advanced nurse practitioner and a part time practice nurse. Therefore the total staff at the practice now includes three male GP partners, one female salaried GP, a practice manager, four advanced nurse practitioners, two practice nurses, two health care assistants, a phlebotomist, two pharmacy dispensers and nine reception and administrative staff.

Whitchurch Surgery is open from Monday to Friday between 8am and 6.30pm. The practice offers extended opening hours on alternating Monday evenings and one Saturday morning per month. These appointments are pre-bookable only. When the practice is closed the patients are requested to call the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Whitchurch Surgery on 10 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall with requires improvement for providing safe services. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Whitchurch Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Whitchurch Surgery on 12 April 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 revisited Whitchurch Surgery as part of this review because they were able to demonstrate that they were meeting the standards.

During our visit we:

- Looked at the paperwork and policies with regards to the areas of concern.

Detailed findings

- Spoke to the practice management to assess that there were processes in place to ensure that the staff were receiving the appropriate training and guidance.
- Observed the layout of the practice building including checking prescription storage facilities in the stock room and the clinical areas.

Are services safe?

Our findings

At our previous inspection on 10 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection prevention control training and prescription stationery tracking throughout the practice were not adequate. Furthermore the practice was required to implement systems to control the risks from exposure to Legionella. It was also noted that there should be improvements in the dispensary processes.

These arrangements had improved when we undertook a follow up inspection on 12 April 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

The practice had consulted with the local clinical commissioning group since the inspection in August 2016 with regards to improving the approach to infection prevention and control measures. All staff were evidenced to have received infection control training through an on-line training package. In addition the practice had allocated a nurse to be the lead for infection prevention and control and had received relevant additional training for this role. The job description for this nurse had now been updated to reflect the new responsibilities. The practice had also conducted practice specific training in hand hygiene, needle stick injury and spillage management with all staff.

The practice had a comprehensive system in place that tracked all blank prescription stationery. Prescription boxes were recorded as received and securely stored until required. All prescription printer trays were labelled and the numbers of all stationery in each tray was recorded against the printer tray and location. The trays were removed from the clinical rooms at the end of each clinical session and returned to a central locked store. Prescription pads were rarely used as the clinicians tended to use electronic prescribing, but when they were taken from the locked storage the numbers of used prescriptions were

recorded centrally. In addition it was evidenced that that practice was considering swipe card or key card entry systems for all clinical rooms in the near future for extra security.

The dispensary processes had been reviewed. All staff were now checked for competence and had all the correct qualifications for the role. There was a programme in place for continuing professional development and there was a scheduled plan for auditing and reviewing of the dispensing process. This included an assessment of all significant events, a review of how stock is stored and a set of audits on standard operating procedures. The practice was considering the best options regarding installing a dedicated dispensary sink, and this had now been included in the future scheduled building works. These future works also included a future plan for refitting the reception area to afford patients more privacy.

Monitoring risks to patients

At our previous inspection on 10 August 2016, it was observed that the practice had a policy in place regarding Legionella management (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This policy outlined various checks that needed to be undertaken regarding water temperatures but these checks had not been carried out.

When we undertook the follow up inspection in April 2017 we found that the Legionella risk assessment of July 2016 had now been fully acted upon. The practice policies had been updated to reflect the need to constantly monitor the water temperatures and to run the water regularly through all the outlets. Furthermore it was evidenced that the water temperature checks were recorded through staff checklists and that the staff had designated responsibility for this. Since the last inspection in August 2016 the water system had been flushed, descaled, chlorinated and the water tank cover had been replaced.

Each clinical room had a temperature checklist which was up to date and the shower was run through weekly and was descaled quarterly. All water taps were run through if they had not been used for more than two days and this was monitored by the practice management.