

Over Surgery

Quality Report

1 Dring's Close,
Over,
Cambridgeshire,
CB24 5NZ
Tel: 01954 231550
Website: www.oversurgery.com
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Date of inspection visit: We have not revisited Over Surgery as part of this review because Over Surgery were able to demonstrate that they were meeting the standards without the need for a visit..
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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.

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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 service at Over Surgery was safe. Since the last inspection the surgery had ensured that patients received care and treatment and support from suitably qualified staff who had been subject to appropriate recruitment checks by the provider.

Are services effective?

The service at Over Surgery was effective. Since the last inspection we received an action plan from the provider informing us of the steps they had taken to ensure that all staff had been appraised for their respective roles. We checked the steps that had been taken in the action plan and were satisfied that all staff had been given the opportunity to receive feedback about their work performance and to discuss development opportunities to further enhance their knowledge and skills. This demonstrated that improvements had been made to benefit the service and ensure that all patients were assured of an appropriate standard of care.

Are services caring?

It was not necessary to include this domain in this report. At the last inspection we found that the service at Over Surgery was caring.

Are services responsive to people's needs?

It was not necessary to include this domain in this report. At the last inspection we found that the service at Over Surgery was responsive to people's needs. .

Are services well-led?

The service at Over Surgery was well-led. A nominated person responsible for clinical leadership had been established along with named leads for infection control and health and safety matters. A register of patients with a learning disability had been compiled and was being monitored to ensure that these patients were offered an annual health check.

A check list of staff was maintained to ensure that staff had received a Hepatitis B vaccination.

Appropriate recruitment checks had been put into place.

Summary of findings

Over Surgery

Detailed findings

Why we carried out this inspection

As a result of the last inspection in August 2014 we had minor concerns and made three compliance actions. These were made because the provider had not always carried out appropriate recruitment checks on staff and had not supported all staff through a regular appraisal process. We had concerns about the surgery's governance because they had not identified who was the nominated lead for clinical matters. The provider had not maintained records of the annual health checks for their patients with a learning disability, or of the monitoring they were carrying out to ensure staff had received a Hepatitis B vaccination.

We published our inspection on 28 August 2014 setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Over Surgery as part of this review because Over Surgery were able to demonstrate that they were meeting the standards without the need for a visit.

How we carried out this inspection

We reviewed information given to us by the provider.

We have not revisited Over Surgery as part of this review.

Are services safe?

Our findings

Staffing & Recruitment

At the last inspection in August 2014 we had concerns that patients were not assured that they were supported or cared for by staff who had been suitably recruited because appropriate checks were not always completed before new staff had commenced employment.

Since the last inspection we received an action plan from the provider informing us of the action they had taken to

become compliant. The provider confirmed that they had taken appropriate action to ensure that all staff are subject to suitable checks prior to commencing employment and that these checks had been undertaken for all staff. The provider had maintained records of these recruitment checks that they had undertaken. This action had ensured that patients received care and treatment and support from suitably qualified staff who had been subject to appropriate recruitment checks by the provider, including a Disclosure and Barring Service check.

Are services effective?

(for example, treatment is effective)

Our findings

Effective Staffing, equipment and facilities

At the last inspection in August 2014 we had minor concerns that some staff might not have been supported to provide appropriate care and support. We found that some staff had not been subject to an appraisal of their performance.

Since the last inspection we received an action plan from the provider informing us of the steps they had taken to

ensure that all staff had been appraised for their respective roles. We checked the steps that had been taken in the action plan and were satisfied that all staff had been given the opportunity to receive feedback about their work performance and to discuss development opportunities to further enhance their knowledge and skills. This demonstrated that improvements had been made to benefit the service and ensure that all patients were assured of an appropriate standard of care.

Are services caring?

Our findings

It was not necessary to include this domain in this report.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

It was not necessary to include this domain in this report.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance Arrangements

At the last inspection in August 2014 we had minor concerns because it was not clear who was responsible for the overall clinical leadership of the service, or who was monitoring and developing the systems in place to ensure that patient's needs were managed in a way to ensure they received a consistent level of high quality care. We also found that infection control monitoring procedures had not been recorded. Criminal records checks during the recruitment process had not been recorded. The register of patients living with a learning disability was not up to date to ensure that their health needs were monitored in a proactive way.

Since the last inspection in August 2014 we received an action plan from the provider telling us the action they would take to become compliant. We received

confirmation that a nominated person responsible for clinical leadership had been established along with named leads for infection control and health and safety matters. A register of patients with a learning disability had been compiled to ensure that these patients were offered an annual health check. We were assured that further monitoring of this vulnerable patient group was in place and that these records would be maintained.

The named lead for infection control had a system in place to ensure that regular infection control monitoring was in place for clinical and non clinical aspects of the practice. A check list of staff was in place and maintained to ensure that staff had received a Hepatitis B vaccination

.Appropriate recruitment checks had been put into place and had been recorded for all staff to ensure that patients were receiving care from staff who were safe, competent and suitable skilled.