

# The Red House

## Quality Report

124 Watling Street, Radlett, Hertfordshire.  
WD7 7JQ.

Tel: 01923 855606

Website: [www.theredhousegroup.com](http://www.theredhousegroup.com)

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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 The Red House on 26 October 2016. The overall rating for the practice was good. However, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services. The full comprehensive report from the 26 October 2016 inspection can be found by selecting the 'all reports' link for The Red House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014
- Staffing.

The area identified as requiring improvement during our inspection in October 2016 was as follows:

- Ensure that staff who act as chaperones are appropriately trained.

In addition, we told the provider they should:

- Implement a system to monitor the temperature of vaccines transported between the three surgeries to ensure they stay within the required levels.
- Ensure that comprehensive fire safety records and logs are maintained at all three surgeries.
- Ensure that water temperature checks are completed.
- Ensure that all appropriate medical equipment is checked and calibrated within the required timescales.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and are completing the essential training relevant to their roles, including infection prevention and control training.
- Continue to identify and support carers in its patient population.
- Ensure that, where practicable and appropriate, all reasonable adjustments are made for patients with a disability in line with the Equality Act (2010).

We carried out an announced focused inspection on 19 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach of regulation that we identified in our previous inspection on 26 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

# Summary of findings

Our key finding on this focused inspection was that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

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

On this inspection we found:

- All staff who acted as chaperones were trained for the role.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- All staff had completed infection control training.
- A system was in place and adhered to for monitoring the temperature of vaccines when they were transported between the surgeries and ensure they stayed within the required levels.
- Fire safety logs and records were appropriately maintained.
- All clinical equipment was checked to ensure it was working properly.
- Water temperature checks were completed and recorded.
- A programme was in place to ensure all staff received an appraisal on an annual basis and this was on schedule. We found that of the nine non-clinical staff previously overdue their annual appraisals and who were still employed by the practice, all had received or been offered a fully documented appraisal between December 2016 and March 2017.

- Through a proactive approach from staff the practice had increased the amount of carers identified in its patient population. As of July 2017 the practice had identified 335 patients on the practice list as carers. This was approximately 1.7% of the practice's patient list and was an increase of around 50% from our inspection in October 2016. The practice held a carers' event in January 2017 and another event was planned for September 2017. The practice's Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) was actively engaged with this.
- We saw that following our comprehensive inspection in October 2016 the practice had installed a support rail in the accessible toilet facility at Park Street Surgery. A baby change mat was purchased for the surgery and a notice was displayed in the toilet to promote this facility. We saw that hearing loops were provided in the reception areas at Gateways Surgery and Park Street Surgery (one was available at The Red House Surgery during our October 2016 inspection). The staff we spoke with said they were confident in using the equipment if the need arose and written guidance was available to them.

**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 comprehensive inspection on 26 October 2016, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. During our focused inspection on 19 July 2017 we found the provider had taken action to improve and the practice is rated as good for providing safe services.

- All staff who acted as chaperones were trained for the role.
- All staff had completed infection control training.
- A system was in place and adhered to for monitoring the temperature of vaccines when they were transported between the surgeries and ensure they stayed within the required levels.
- Fire safety logs and records were appropriately maintained.
- All clinical equipment was checked to ensure it was working properly.
- Water temperature checks were completed and recorded.

Good



# The Red House

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

## Background to The Red House

The Red House provides a range of primary medical services from its premises at The Red House Surgery, 124 Watling Street, Radlett, Hertfordshire, WD7 7JQ and Gateways Surgery, 17 Andrew Close, Shenley, Radlett, Hertfordshire, WD7 9LP and Park Street Surgery, 10 Withy Place, Park Street, St Albans, Hertfordshire, AL2 2SN. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a population of approximately 20,254 and is a training practice. The area served is less deprived compared to England as a whole. The practice population is mostly white British with a significant Jewish population at the main surgery in Radlett. The practice serves a slightly above average population of those aged from 5 to 19 years and 35 to 54 years. There is a lower than average population of those aged from 20 to 34 years.

The clinical team includes five male GP partners, three female and two male salaried GPs, one trainee GP, one nurse practitioner, three practice nurses and two healthcare assistants. The team is supported by a practice manager, an assistant practice manager, one surgery manager, one surgery supervisor and 20 other managerial, secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The Red House Surgery is fully open (phones and doors) from 8.30am to 1.30pm and 2pm to 6pm Monday to Friday. Between 1.30pm and 2pm daily the doors are closed and phones switched to Gateways Surgery. There is extended opening until 9pm on Mondays and from 7am on Wednesdays and Thursdays. The practice also opens every Saturday from 8am to 11am for GP and nurse pre-bookable appointments.

Park Street Surgery is fully open (phones and doors) from 9am to 1.30pm and 2pm to 6pm Monday to Friday. Between 1.30pm and 2pm daily the doors are closed and phones switched to Gateways Surgery. Gateways Surgery is fully open (phones and doors) from 8.30am to 1pm and 1.30pm to 6pm Monday to Friday. Between 1pm and 1.30pm daily the doors are closed and phones switched to The Red House Surgery.

Across the three surgeries, appointments are available from 8.30am to 11am (9am to 11.30am at Park Street Surgery) and 3pm to 5.30pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Red House on 26 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as good. However, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services.

## Detailed findings

The full comprehensive report following the inspection on 26 October 2016 can be found by selecting the 'all reports' link for The Red House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced follow up focused inspection of The Red House on 19 July 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

Before our inspection, we reviewed information sent to us by the provider. This told us how they had addressed the breach of legal requirements we identified during our comprehensive inspection on 26 October 2016. We carried out an announced focused inspection on 19 July 2017 and visited all three surgeries.

During our inspection we spoke with a range of staff including one practice nurse, the practice manager and members of the reception and administration team.

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## Our findings

### Overview of safety systems and process

At our inspection on 26 October 2016 we found that one of the practice's systems and processes designed to keep patients safe was insufficient. Some staff who acted as chaperones had not received the appropriate training. We told the provider they must make improvements.

At our inspection on 26 October 2016 we also identified areas where we told the practice they should make improvements. Not all staff had completed infection control training. Despite this, the staff we spoke with were knowledgeable about infection control processes relevant to their roles. Also, there was no system in place to monitor the temperature of vaccines transported between the three practice surgeries to ensure they stayed within the required levels.

During our inspection on 19 July 2017 and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to improve in these areas.

We saw that all staff who acted as chaperones had been trained for the role between October 2016 and July 2017. Most staff had completed the training together as part of a practice personal development day on 28 March 2017. We saw the practice had strengthened its induction programme to include a more in-depth section on chaperoning.

We saw that through a combination of face-to-face training provided in July 2015 and use of the e-learning facility at the practice, all staff had completed infection control training in the past two years. All staff were scheduled to be brought fully up to date with the training in June 2017. However, the training provider cancelled the session and this had been rebooked for the practice personal development day in September 2017.

We found that a system was in place and adhered to for monitoring the temperature of vaccines when they were transported between the surgeries and ensure they stayed within the required levels. From our conversations with staff we found the practice had reduced the number of vaccines it transported and this now mainly only involved transporting a limited number from The Red House Surgery to Park Street Surgery. We saw the practice had purchased

a validated medical grade cool box and cool packs for this purpose. We looked at the temperature monitoring log with the cool box and saw that for each date we checked the temperature was recorded before and after transportation and all of the temperatures were within the required levels. The staff we spoke with who completed the checks were knowledgeable about the process.

### Monitoring risks to patients

At our inspection on 26 October 2016 we identified areas where we told the practice they should make improvements. At Gateways and Park Street surgeries fire safety records and logs were poorly maintained. We found two pieces of equipment in one of the GP bags that were overdue calibration as they had been missed during the last check. Legionella risk assessments were available; however water temperature checks were not completed at any of the surgeries.

During our inspection on 19 July 2017 and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to improve in these areas.

We saw that fire safety logs and records at Gateways and Park Street surgeries were appropriately maintained. They contained records of fire drills, maintenance and weekly or monthly inspections among other things. Where issues or risks were identified the practice responded by completing all the necessary actions.

The relevant staff we spoke with told us the practice had increased the testing and calibration of its medical equipment from once to twice each year. We looked at records that showed tests and calibration of all medical equipment were completed on 4 January 2017 and 13 July 2017. All of the staff we spoke with said they received email reminders prior to the tests to ensure all of the equipment they used and/or were responsible for was made available. We were told that GPs were also reminded about the checks at clinical meetings.

We saw that water temperature checks were completed and recorded at all three surgeries. The staff we spoke with who completed the checks were knowledgeable about the process. We looked at the records for all three surgeries from February to June 2017 and saw they were well

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completed. In most cases, the water temperatures recorded were within the required levels. Where this was not the case, action was taken or planned to ensure future temperatures were within the required levels.