

Overdale Medical Practice

Quality Report

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Date of inspection visit: 28 October 2016
Date of publication: 24/11/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Overdale Medical Practice	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Overdale Medical Practice on 18 April 2016. During that inspection we found that the provider had not completed all essential safety checks and risk assessments at the main practice and the branch surgery to ensure the premises are safe. Also, required staff recruitment checks did not include information about any health conditions that are relevant to a person's ability to carry out the work.

Overall the practice was rated as good with are services safe requiring improvement in view of the above.

After the comprehensive inspection, the practice wrote to us to say what action they had taken to meet the legal requirement in relation to the above breach.

We undertook this desk based review on 28 October 2016 to check that the provider had completed the required improvements, and now met the legal requirement. We did not visit the practice as part of this inspection.

This report only covers our findings in relation to the above requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Overdale Medical Practice on our website at www.cqc.org.uk.

Our finding across the area we inspected was as follows:

- The practice had taken appropriate action to meet the legal requirement.
- Records showed that the provider had completed the necessary safety checks and risk assessments at the main practice and the branch surgery to ensure the premises are safe. Arrangements were in place to carry out the recommended remedial work where required.
- Staff recruitment checks required information about any health conditions that are relevant to a person's ability to carry out the work. A health policy and questionnaire was in place, which new staff are required to complete.

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?

The practice is rated as good for providing safe services.

- Records showed that the provider had completed the necessary safety checks and risk assessments at the main practice and the branch surgery to ensure the premises are safe. Arrangements were in place to carry out the
- recommended remedial work where required.
- Staff recruitment checks required information about any health conditions that are relevant to a person's ability to carry out the work. A health policy and questionnaire was in place, which new staff are required to complete.

Good



Overdale Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the desk based review of Overdale Medical Practice.

Background to Overdale Medical Practice

Overdale Medical Practice provides primary medical services to approximately 10,800 patients, through a general medical services contract (GMS). This is a locally agreed contract with NHS England.

The main practice is located in the village of Borrowash in Derbyshire, with a branch surgery 2.5 miles away at Breaston. Patients can attend either practice.

The practice area is less deprived compared to national averages; the population are predominantly of white British background. The practice has a slightly higher than average number of patients over 45 years of age.

The main practice is located in an adapted building; the facilities for patients are on the ground and first floor. A stair lift is available for patients with reduced mobility. A minor surgery suite is situated in an adjacent building. Several external providers provide services from the main building, including chiropody and physiotherapy clinics.

The branch surgery is located in a purpose built, two storey building. Most consulting rooms are on the ground floor.

Overdale Medical Practice is run by a partnership of five GP partners. The clinical team includes seven practice nurses, two salaried GPs and five GP partners. The GPs work across both sites and work a combined number of sessions equivalent to five full time GPs.

The administration team includes a practice manager, an assistant practice manager, an office manager, a recall manager, three administration staff and ten reception staff.

The Borrowash site opens from 8am to 6.30pm Monday to Friday. The Breaston site is open from 8am to 6pm Monday to Friday. Consulting times are usually from 8.30am to midday and from 2pm to 6pm.

The practice has opted out of providing out-of-hours services to its patients. This service is provided by Derbyshire Health United and is accessed via the NHS 111 telephone number.

Why we carried out this inspection

We undertook a desk based review of Overdale Medical Practice on 28 October 2016. This was carried out to check that improvements had been made to meet a legal requirement following our comprehensive inspection on 18 April 2016. We reviewed the practice against one of the five questions we ask about services: are services safe. This is because the service was not meeting a certain legal requirement.

How we carried out this inspection

We did not visit the practice as part of this review. We reviewed the information the practice sent us, which

Detailed findings

detailed the actions they had taken to meet the legal requirements in relation to Regulation 12: Safe care and treatment. We also spoke with the assistant practice manager.

Are services safe?

Our findings

A comprehensive inspection on 18 April 2016 found that:

- A recent fire safety risk assessment and regular fire evacuation drills had not been completed at the main practice or the branch surgery.
- Records were not available to show that the electrical installation testing had been carried out at the recommended intervals at both surgeries, to determine the condition of the hard wiring and the installations.
- One of the air conditioning units had not been serviced in line with the manufacturer's guidance.
- The risk presented by loop cords on the window blinds had not been formally assessed.
- Staff recruitment checks did not include the required information about any health conditions that are relevant to a person's ability to carry out the work.

Following the inspection, the practice wrote to us to confirm what action they had taken to address the above issues.

This review found that the provider had taken appropriate action to meet the legal requirement and ensure the services are safe.

- Records showed that the necessary safety checks and risk assessments had been completed at the main practice and the branch surgery. Arrangements were in place to carry out the recommended remedial to reduce identified risks.
- A fire safety risk assessment was completed on 20 June 2016 at the main practice and the branch surgery. Following the completion of the above assessments the practices had purchased fire blankets, updated the

testing log and were in the process of having several new fire doors fitted. Arrangements were also in place to carry out the other recommended remedial work, set out in the risk assessment reports.

- Records showed that a fire evacuation drill was carried out on 6 September 2016 at the main practice and the branch surgery. The practice manager confirmed that fire drills would be carried out on a six monthly basis at both sites, as recommended in the fire safety risk assessments. They were arranging for a suitable number of staff members to be trained as fire wardens to ensure that wardens are on site at any given time. The training would be undertaken before the next fire drill.
- Reports showed that electrical installation testing was carried out on 27 August 2016, to determine the condition of the hard wiring and the installations at both locations. Both reports set out recommended remedial work to improve the condition of the installations. We received assurances from the practice manager that arrangements were being made for a company to carry out the remedial work, set out in the above reports.
- We received assurances that the air conditioning unit that had not been serviced in line with the manufacturer's guidance was no longer in use.
- Staff had assessed that the loop cords on the window blinds, met the required safety standards and therefore presented no safety risk to staff or patients. This had been recorded in the risk logs.
- Staff recruitment checks required information about any health conditions that are relevant to a person's ability to carry out the work. A health questionnaire and policy was in place, which new staff are required to complete.