

Ormskirk House 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

Are services safe?

Good



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Ormskirk House Surgery on the 22nd October 2015. The overall rating for the practice was good and Safe required improvement. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Ormskirk House Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 19 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 22 October 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.

- They had provided fire risk assessments and environmental risk assessments with regular inspections carried out by their health and safety advisors. Staff had undertaken fire training.
- They have implemented an audit sheet in each clinical room undertaken on a monthly basis in line with checking medication to ensure that no out of date stock was stored.
- All training records had been reviewed to ensure that all staff had evidence of updated training relevant to their role. Training had been updated with safeguard training for all staff.
- They had shared incidents of risk and complaints with all staff to help improve shared learning within the team.
- The appointment system had been reviewed. They had increased more online bookable appointments and advertised online access and promote the service. They provided pre bookable appointments for two weeks in advance for GP's and had a number of "on the day" appointments available for GP's of choice.

Summary of findings

- Policies and procedures had been reviewed to include written guidance to cover 'Business continuity plans' and 'Governance systems' within the practice to help mitigate risks of health and safety within the practice.

Letter from the Chief Inspector of General Practice

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. Evidence was provided as part of this desk based review to show that required improvements had been implemented. The practice had ensured staff had access to fire risk assessments and environmental risk assessments. They undertook regular inspections with their health and safety advisors. They have implemented audits for each clinical room to ensure that no out of date stock was stored. All training records had been reviewed to ensure that all staff had evidence of updated training relevant to their role including fire training and safeguarding. Policies and procedures had been reviewed to include written guidance to cover 'Business continuity plans' and 'Governance systems' within the practice to help mitigate risks of health and safety within the practice.

Good



Ormskirk House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review was undertaken by a CQC Inspector.

Background to Ormskirk House Surgery

Ormskirk House Surgery is based in a residential area within St Helens close to all local amenities. There are 8062 patients on the practice list. The practice has three partners, all male GPs, two practice nurses, a health care assistant, a practice manager, reception and administration staff.

The practice is open on Monday and Friday from 8.30am to 6.30pm and Tuesday to Thursday 8.30am with extended hours to 7.30pm. Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Outside of this time the practice uses St Helens Rota. The practice opts in to provide out of hours services via a consortium arrangement known locally as St Helens Rota. They provide a service locally in St Helens. This is a conglomerate of GPs who provide out of hours cover.

The practice is part of St Helens Clinical Commissioning Group. The practice has a General Medical Services (GMS) contract. In addition the practice carried out a variety of enhanced services such as: providing shingles vaccinations.

Why we carried out this inspection

We undertook a comprehensive inspection of Ormskirk House Surgery on 22 October 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Ormskirk House Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk-based inspection of Ormskirk House Surgery on the 19 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. We reviewed the practice against one of the five questions we ask about services: is the service safe?

How we carried out this inspection

We carried out a desk-based focused inspection of Ormskirk House Surgery on 19 January 2017. The practice was contacted and a request was made to submit updated evidence to show that the practice had completed the improvements identified during their comprehensive inspection. A range of information was discussed with the practice manager, submitted by the practice and reviewed by the CQC Inspector. This involved reviewing evidence that:

- Fire risk assessments and environmental risk assessments were up to date and accessible. That checks were undertaken to ensure that no out of date stock was stored.

Detailed findings

- Training records had been reviewed to ensure that all staff had evidence of updated training relevant to their role including safeguarding and fire safety.
- Incidents of risk and complaints were shared with all staff to help improve shared learning within the team.

- Policies and procedures had been reviewed to include written guidance to cover 'Business continuity plans' and 'Governance systems' within the practice to help mitigate risks of health and safety within the practice.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on the 22 October 2015, we rated the practice as requires improvement for providing safe services as we found some concerns with the management of safety. Following the inspection, the practice submitted an action plan to provide details of what they had done to show improvements.

These arrangements had significantly improved when we undertook a follow up inspection on 19 January 2017. The practice was now rated as good for providing safe services.

Safe track record and learning

- They had shared incidents of risk with all staff to help improve shared learning within the team.

Overview of safety systems and process

- Action was taken by the Practice Manager to manage Health & Safety through health and safety advisors. The practice ensured that environmental risk assessments and a fire risk assessment were accessible to staff. Staff had undertaken fire training.
- They had implemented an audit sheet in each clinical room undertaken on a monthly basis. They used the audits to check all supplies and medication to ensure that no out of date stock was stored.
- All training records had been reviewed to ensure that all staff had evidence of updated training relevant to their role. Training had been updated with safeguard training for all staff.

Policies and procedures had been reviewed to include written guidance to cover 'Business continuity plans' and 'Governance systems' within the practice to help mitigate risks of health and safety within the practice.