

Minster Surgery

Quality Report

75 High Street Minster
Ramsgate Kent CT12 4AB
Tel: 01843 821333
Website: None

Date of inspection visit: 5 July 2016
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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

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	5
Background to Minster Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Minster Surgery on 29 January 2015. Breaches of the legal requirements were found. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 5 July 2016, to check that the practice had followed their plan and to

confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Minster Surgery on our website at www.cqc.org.uk.

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 previous comprehensive inspection on 29 January 2015 the practice had been rated as requires improvement for providing safe services.

- The practice did not have written guidance available for staff to follow that reflected the requirements of the local authority protocols for safeguarding vulnerable adults.
- Not all nursing staff were up to date with mandatory training such as safeguarding and infection control.
- The practice had been unable to demonstrate that administration staff who acted as chaperones had received training for the role and a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had been unable to demonstrate they were fully compliant with national guidance on infection control.
- Records showed that the practice had not always undertaken recruitment checks prior to the employment of staff.
- The practice's fire risk assessment was dated 2008 and had not been reviewed or updated to reflect any changes since that time.

At our focussed follow-up inspection on 5 July 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had introduced written guidance for staff to follow that reflected the requirements of the local authority protocols for safeguarding vulnerable adults.
- Records showed that nursing all staff were now up to date with mandatory training such as safeguarding and infection control.
- Records showed that all staff who acted as chaperones were now trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice had revised infection control systems and was able to demonstrate they were now fully compliant with national guidance on infection control.
- The practice had revised recruitment activities and was able to demonstrate that recruitment checks were now being undertaken prior to the employment of staff.

Good



Summary of findings

- The practice had updated the fire risk assessment and developed an action plan to address identified risks.

Minster Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Minster Surgery

Minster Surgery is situated in Minster, Ramsgate, Kent and has a registered patient population of approximately 8,000. The practice has more patients registered in the newly retired age group than the national average. There are also a higher number of older people registered at the practice than the national average. The number of registered patients recognised as suffering deprivation for this practice, including income deprivation, is lower than national average.

The practice staff consists of five GP partners (three male and two female), one practice manager, four practice nurses (female), four healthcare assistants (female) as well as administration and reception staff. The practice has a dispensary for patients to collect their medicines and employs five dispensary staff. There is a reception and a waiting area on the ground floor. All patient areas on the ground floor are accessible to patients with mobility issues as well as parents with children and babies.

The practice is not a teaching practice but is a training practice (teaching practices take medical students and training practices have GP trainees and Foundation Year Two junior doctors).

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Primary medical services are provided Monday to Friday between the hours of 8.30am to 6pm. Extended hours surgeries are offered Monday from 6pm to 8.15pm. Primary medical services are available to patients registered at Minster Surgery via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of Minster Surgery's working hours.

Services are provided from 75 High Street Minster Ramsgate Kent CT12 4AB only.

Why we carried out this inspection

We undertook an announced focused inspection of Minster Surgery on 5 July 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 29 January 2015.

We inspected this practice against one of the five questions we ask about services; is the service safe. This is because the service was not meeting some of the legal requirements in relation to this question.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with the practice manager and reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

The practice had introduced written guidance for staff to follow that reflected the requirements of the local authority protocols for safeguarding vulnerable adults. For example, the safeguarding vulnerable adults policy.

Staff told us that all nursing staff were now up to date with safeguarding vulnerable adults training and records confirmed this.

Records showed that administration staff who acted as chaperones were now trained for the role and had received a Disclosure and Barring Service (DBS) check.

Cleanliness and infection control

The practice had carried out an infection control audit in August 2015 and an action plan had been developed to address issues identified by the audit. Records showed there were plans to repeat the audit in August 2016 to help ensure actions taken had been effective.

The practice had introduced cleaning schedules and records of domestic cleaning were kept. Audits of the quality of domestic cleaning were carried out on a monthly basis.

The practice had introduced disposable curtains in some consulting rooms to maintain patients' privacy and dignity

during examinations, investigations and treatments. There was a written cleaning schedule for the cloth curtains in other consulting rooms. Most cloth covered chairs had been removed from clinical areas of the practice and there was a written cleaning schedule for all cloth covered chairs in the practice. Records confirmed that cloth curtains and cloth covered chairs were being cleaned in accordance with the written cleaning schedules.

Records showed that all nursing staff were now up to date with infection control training.

Staffing and recruitment

The practice had revised their system of recruitment and updated relevant policies to help ensure all relevant checks were undertaken prior to employment of staff. For example, the recruitment policy.

Records showed that the practice had carried out relevant checks prior to the employment of staff. For example, photographic identification and references.

Monitoring safety and responding to risk

Records showed that the practice had updated their fire risk assessment in January 2016 and developed an action plan to address risks identified. The action plan had been implemented and a review had taken place in June 2016 which demonstrated actions implemented had been effective in reducing the risk of fire. The fire risk assessment was due to be repeated again in January 2017.