

Grosvenor Road 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

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

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	4
Background to Grosvenor Road Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk topped follow up inspection on Wednesday 18 November 2015 in response to concerns found at the inspection in April 2015. At the inspection in April 2015 we found the practice required improvement for providing safe services. These areas included concerns around:

- Recruitment procedures
- The premises and risk assessments
- Fire safety processes, assessments and training and
- Distribution and recording of prescription stationary

Following the inspection the provider sent us an action plan explaining how and when the shortfalls would be achieved.

Our key findings relating to the areas we followed up were as follows:

- Recruitment processes had been improved
- Environmental risks to patients were assessed and well managed.
- Systems had improved in relation to fire safety, fire risk assessments
- Processes for monitoring the distribution of prescription stationary had been introduced.

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?

Improvements had been made to the recruitment process which meant that staff were only employed once the recruitment policy had been followed.

Changes to the risk assessment process had resulted in identifying risks throughout the building and introducing mitigating actions to reduce and manage the risk. These risks related to fire safety, environmental risks, and the management of prescription stationary.

Good



Are services effective?

This domain was not inspected on this occasion.

Are services caring?

This domain was not inspected on this occasion.

Are services responsive to people's needs?

This domain was not inspected on this occasion.

Are services well-led?

This domain was not inspected on this occasion.

Grosvenor Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This was a desk top inspection conducted by a CQC inspector

Background to Grosvenor Road Surgery

Grosvenor Road Surgery is situated in the seaside town of Paignton, Devon. The practice is one of two practices who come under the Paignton Medical Partnership. Together, the practice provides a primary medical service to approximately 8,100. Grosvenor Road provides primary medical services to 5,500 patients of a diverse age group.

The practice is a training practice for doctors who are training to become GPs.

There is a team of three GP partners and one salaried GP within the organisation. Partners hold managerial and financial responsibility for running the business. There were two male and two female GPs. The team were supported by a strategic business manager, five practice nurses, two nurse practitioners, four phlebotomists (staff who take blood) and a nurse assistant. The clinical team were supported by additional reception, secretarial and administration staff.

Patients using the practice also had access to community staff including community matron, district nurses, community psychiatric nurses, health visitors, physiotherapists, speech therapists, counsellors, podiatrists and midwives.

The practice is open from Monday to Friday, between the hours of 8am and 6pm. Appointments are available to be booked up to six weeks in advance and take place between 8.30 and 17.30 but telephone consultations sometimes take place from 8.00am. Saturday morning appointments between 9am and 11.20am are available three Saturdays out of four for people who are unable to access appointments during normal opening times.

The practice had opted out of providing out-of-hours services to their own patients and referred them to another out of hours service.

Why we carried out this inspection

We inspected this service to follow up concerns identified at the comprehensive inspection conducted in April 2015.

How we carried out this inspection

Before carrying out this desk top inspection, we requested a range of information sent to us by the provider.

During the desk top inspection we:

- Reviewed the fire risk assessment and fire conformity certificate.
- Read policies which had been introduced and updated since our inspection in April 2015
- We reviewed evidence which showed that the recruitment process had been followed
- We reviewed environmental risk assessments

Are services safe?

Our findings

Staffing and recruitment

At the inspection in April 2015 we found that there was a recruitment policy that set out the

standards when recruiting clinical and non-clinical staff was not always followed. Records we looked at were disorganised and did not contain evidence of all recruitment checks had been undertaken prior to employment and checks that staff were registered with the appropriate professional body had not been kept under review.

Following the inspection in April 2015 the new strategic business manager sent us an action plan explaining the recruitment policy would be reviewed.

Prior to this desk top inspection the strategic business manager sent us confirmation and evidence to show that a robust recruitment process was in place. This evidence of the updated process showed that a required list of information would be stored on each member of staff file. This included application correspondence, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service.

We were also sent redacted (documents with personal details removed) documents to show this process had been followed for new staff.

Monitoring risks to patients

At the inspection in April 2015 we found that environmental risk assessments had been performed by the new Strategic Business Manager who had been in post for two weeks and had identified these had not been done for a length of time. Although the strategic business manager had begun to identify risks throughout the building these risk assessments had not all been rated and did not contain mitigating actions to reduce and manage the risk. We were told there was a health and safety lead at the practice but not all staff were aware of who this was.

Following the inspection in April 2015 the new strategic business manager sent us an action plan explaining the risk assessment process would be reviewed.

Prior to this desk top inspection the strategic business manager sent us confirmation and evidence to show that risk assessment documentation templates used were now downloaded from the Health and Safety Executive (HSE) website.

We were sent recent risk assessments performed in June 2015 and October 2015. These assessments included areas which included fire safety, manual handling of paper, office equipment and assessing display screen equipment.

At the inspection in April 2015 we found that the practice had not carried out a fire risk assessment and had not provided evidence to show that staff had attended fire safety training or had practiced regular fire drills. We also noted that there was an office on the top floor which did not have a structured fire escape. Portable ladders were provided for emergency evacuation. There were no fire detection systems in place for this room. We passed this information onto Devon & Somerset Fire & Rescue Service.

Following the inspection in April 2015 the new strategic business manager sent us an action plan explaining how fire safety processes would be improved.

Prior to this desk top inspection the strategic business manager sent us confirmation and evidence to show that a fire risk assessment had been performed in July 2015. We were sent a copy of this fire risk assessment, and associated certificate of conformity. The requirements highlighted in the document were currently being investigated and undertaken. The strategic business manager also confirmed that both offices on the second floor were now used for patient notes storage and the management team had been relocated to rooms on the ground floor.

Medicines

At the inspection in April 2015 we found that medicines were well managed and blank prescription forms were stored in accordance with national guidance. However, we found systems were not in place to monitor and record this prescription stationary when it left the storage area and was distributed through the practice.

Following the inspection in April 2015 the new strategic business manager sent us an action plan explaining how this would be achieved.

Are services safe?

Prior to this desk top inspection the strategic business manager sent us confirmation of a new process to record whenever a pad is removed from stock. This included getting the GP to record the serial numbers when they are removed.

Are services effective?

(for example, treatment is effective)

Our findings

This domain was not inspected on this occasion.

Are services caring?

Our findings

This domain was not inspected on this occasion.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

This domain was not inspected on this occasion.

Are services well-led?

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

Our findings

This domain was not inspected on this occasion.