

Rishton and Great Harwood Surgery

Quality Report

Rishton and Great Harwood Surgery
32 High Street
Rishton
Blackburn
Lancashire
BB1 4LA
Tel: 01254 617590
Website: www.rishtongp.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.

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Overall summary

Letter from the Chief Inspector of General Practice

On 23 September 2015 we carried out a full comprehensive inspection of Rishton and Great Harwood Surgery which resulted in a Warning Notice being served

against the provider. The Notice advised the provider that the practice was failing to meet the required standards relating to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

Summary of findings

On 17 June 2016 we carried out a focussed inspection of the Rishton site to check the provider had taken the required action in relation to the Warning Notice which we issued on 26 October 2015.

At this inspection we found that some progress had been made against the contents of the Warning Notice, but that some concerns also remained.

Specifically we found that:

- Improvements had been made around the assessment and mitigation of risks to staff and patients.
- Comprehensive health and safety and fire risk assessments were now in place, and appropriate mitigating actions taken as a result.
- A medical emergency procedure was now in place and oxygen available on site.

- An incoming mail protocol was now in place to ensure correspondence received into the practice was actioned appropriately and to mitigate the risk of this not being done when locum GPs covered in the absence of the GP partners.
- An infection control audit had been carried out, although all actions identified had not been completed. Plans were in place to provide all staff with appropriate infection prevention and control training.
- Gaps continued to be evident in the practice's recruitment processes meaning that associated risks were not managed. For example, references were not consistently sought and new staff who acted as chaperones had not received Disclosure and Barring Service (DBS) checks.

A further full comprehensive inspection will be carried out at this location in the near future in order to rate this 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?

We did not fully inspect the safe domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 23 September 2015 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-572760420>. The practice will be re-inspected in the near future in relation to its rating.

However:

- Improvements had been made around the assessment and mitigation of risks to staff and patients.
- Comprehensive health and safety and fire risk assessments were now in place, and appropriate mitigating actions taken as a result.
- A medical emergency procedure was now in place and oxygen available on site.
- An incoming mail protocol was now in place to ensure correspondence received into the practice was actioned appropriately and mitigate the risk of this not being done when locum GPs covered in the absence of the GP partners.
- An infection control audit had been carried out, although all actions identified had not been completed. Plans were in place to provide all staff with appropriate infection prevention and control training.
- Gaps continued to be evident in the practice's recruitment processes meaning that associated risks were not managed. For example, references were not consistently sought and new staff who acted as chaperones had not received Disclosure and Barring Service (DBS) checks.

Are services effective?

We did not inspect the effective domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 23 September 2015 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-572760420>. The practice will be re-inspected in the near future in relation to its rating.

Are services caring?

We did not inspect the caring domain at this inspection. The rating awarded to the practice following our full comprehensive inspection

Summary of findings

on 23 September 2015 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-572760420>. The practice will be re-inspected in the near future in relation to its rating.

Are services responsive to people's needs?

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 23 September 2015 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-572760420>. The practice will be re-inspected in the near future in relation to its rating.

Are services well-led?

We did not inspect the well led domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 23 September 2015 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-572760420>. The practice will be re-inspected in the near future in relation to its rating.

Summary of findings

Rishton and Great Harwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The inspection was also supported by a CQC Inspection Manager.

Background to Rishton and Great Harwood Surgery

Rishton and Great Harwood surgery offers services from both a main surgery in Rishton as well as a branch surgery in Great Harwood. Patients can access services at either premises. The inspection primarily took place at the main Rishton surgery, although one member of the team did visit the Great Harwood branch in order to speak to patients. The practice's registered patient population is 1177. The practice caters for a higher proportion of patients experiencing a long standing health condition, 65%, compared to the national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is a partnership, with 1 male partner GP working full time and 1 female partner GP who works one afternoon per week. The practice does not employ any practice nurses, but patients instead can access appointments with nurses whose posts are funded by the Clinical Commissioning Group (CCG). These nurses run clinics based at Great Harwood health centre, which is the

same building that houses the practice's branch surgery. The practice also employs staff consisting of two senior administrators and six receptionists. The practice is supported for half a day per week by the CCG's advanced locality pharmacist. Services are provided under a General Medical Services contract.

The practice is open between 8:00am and 18:00 Monday to Friday, apart from Wednesday when it remains open until 19:00 and Thursday when it closes for the afternoon at 12:30. Appointments are from 9:00am to 17:30 each day, although surgeries are split between the main and branch surgeries. Extended hours surgeries are offered until 19:00 on Wednesdays. When the practice is closed, patients are able to access out of hour's services offered locally by the provider East Lancashire Medical Services.

Why we carried out this inspection

This was a follow up focussed inspection of the service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to check the provider had achieved compliance against the Warning Notice issued on 26 October 2015.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 17 June 2016 to check only the issues identified in the Warning Notice issued on 26 October 2015. During our visit we:

- Spoke with a range of staff including the lead GP and receptionist.
- Reviewed policy and procedure documents that the practice had introduced.

Are services safe?

Our findings

Overview of safety systems and processes

On 17 June 2016 we carried out a focussed inspection of the Rishton site to check the provider had taken the required action in relation to the Warning notice which we issued on 26 October 2015.

The practice had improved its systems, processes and practices in place to keep patients safe and safeguarded from abuse, with the exception of its recruitment procedures and staff undertaking chaperone duties. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The lead GP had completed training to child protection or child safeguarding level 3.
- We were told that receptionists carried out chaperone duties. However, only two of the five reception staff were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning schedules and checks had been implemented. Following the inspection in September 2015 an infection control audit had been carried out. This was dated November 2015, however, we noted that appropriate follow up actions had not been completed when issues had been identified, for example a lack of alcohol hand rubs being available for visitors at the Rishton site. There remained gaps in staff training around infection prevention and control, but the provider demonstrated to us that provision was in place to address this; a training package had been purchased.
- The lead GP took responsibility for recruitment of new staff at the practice. We reviewed three personnel files, two of staff members employed since the last inspection. We found that appropriate recruitment

checks were still not consistently undertaken prior to their employment, meaning associated risks were not being appropriately mitigated. For example, for the two most recent employees, there were no references available to verify previous employment for one, nor proof of identification. The other file did contain these. The interview notes we viewed were not comprehensive enough to indicate who had conducted the interview. There was no evidence in any of the files of appropriate checks through the Disclosure and Barring Service, given that these staff members carried out chaperone duties and were at times alone in the practice premises while patients had access to the building.

Monitoring risks to patients

There had been improvement in how risks to patients were assessed and managed. There were now procedures in place for monitoring and managing risks to patient and staff safety. A comprehensive health and safety risk assessment had been completed since the last inspection. The practice now also had up to date fire risk assessments and carried out and documented regular tests of fire safety equipment. Fire extinguishers had been replaced on 14 June 2016.

An incoming patient document protocol was now in place to ensure appropriate management of incoming mail and to mitigate the risk of locum GPs not taking appropriate action on receipt of mail in the absence of the GP partners.

Arrangements to deal with emergencies and major incidents

The practice had improved the arrangements in place to respond to emergencies and major incidents. In light of the fact that non clinical staff were at times alone in the practice premises without clinical staff present, a medical emergency protocol had been produced and was available to all staff. Oxygen was now also available at the Rishton site with adult and children's masks for use in a medical emergency.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect the effective domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 23 September 2015 remains

unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-572760420>. The practice will be re-inspected in the near future in relation to its rating.

Are services caring?

Our findings

We did not inspect the caring domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 23 September 2015 remains

unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-572760420>. The practice will be re-inspected in the near future in relation to its rating.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 23 September 2015

remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-572760420>. The practice will be re-inspected in the near future in relation to its rating.

Are services well-led?

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

Our findings

We did not inspect the well led domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 23 September 2015 remains

unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-572760420>. The practice will be re-inspected in the near future in relation to its rating.