

# Riverside Kelsey 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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riverside Kelsey Surgery on 6 June 2017. The overall rating for the practice was good; the practice was rated as good for providing services that were effective, caring, responsive and well-led. The safe domain was rated as requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Riverside Kelsey Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 22 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good.

Our key findings were as follows:

- The practice had undertaken a review of policies and procedures. And were in the process of having version control measures added to them.
- The practice had ensured that there was documentation to evidence all staff had received required training for their roles. The practice had updated their training matrix to identify when refresher training was required for each staff and booked these into the diary.
- All new employees had a completed health declaration questionnaire in their staff personnel files, completed as part of the recruitment checks.
- The practice had added a numerical coding system for significant events and complaints reporting. Each incident or complaint was given a code and all subsequent documents relating to that event were tagged to that code.
- The practice had increased their number of carers to just over 1% of the patient population.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Riverside Kelsey Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor.

## Background to Riverside Kelsey Surgery

Riverside Kelsey Surgery is registered as a location through the CQC to provide the following registered activities: treatment of disease, disorder and injury; surgical procedures; midwifery; family planning and diagnostic and screening. Dr Charles Richard Dawson is the registered provider. Riverside Kelsey is the only location.

Riverside Kelsey Surgery is also known by patients as 'The Riverside Partnership' and is situated in the town of Liss in Hampshire. The practice's website can be found at the following address: [www.theriversidepartnership.co.uk](http://www.theriversidepartnership.co.uk)

The practice is located at 75 Station Road, Liss, Hampshire, GU33 7AD.

The practice is located in an area of low deprivation being on the 9th decile out of 10 on the deprivation scale (the lower the number the more deprived the area is considered to be). The practice population is similar to national averages with a slightly lower than average level of working aged people.

## Why we carried out this inspection

We undertook a comprehensive inspection of Riverside Kelsey Surgery on 6 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but required improvement for providing safe services. The full comprehensive report following the inspection in June 2017 can be found by selecting the 'all reports' link for Riverside Kelsey on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Riverside Kelsey Surgery on 22 February 2018. 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.

# Are services safe?

## Our findings

**At our previous inspection on 6 June 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment and personnel files were not adequate.**

- **The practice had completed a range of recruitment checks prior to employment but had not included health checks or declarations as part of these.**

**There were also areas which the provider should consider, these included:**

- **Reviewing the current processes for recording discussions and actions following significant events or complaints to allow for easier monitoring of themes and trends.**
- **Review and update procedures and guidance to ensure they contained practice specific information, this included for recruitment and safeguarding.**
- **Review training records to ensure all staff had received the required training for their role and received updates within expected timeframes.**

**These arrangements had significantly improved when we undertook a follow up inspection on 22 February 2018. The practice is now rated as good for providing safe services.**

### Safety systems and processes

- The practice had a set of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- At the previous inspection in June 2017 some practice policies were generic and did not contain practice specific information. Since this inspection the practice manager and reception manager had reviewed the set of policies to see whether their existing policies required further revisions to content. Following this review the managers decided that the majority of policies were currently suitable for purpose. Edits had been made when deemed appropriate by the managers.

- We saw an example of where the practice had amended a policy to contain practice specific information. The practice had updated the disaster recovery plan policy to include contact details of the service managing their telephone system and the procedure in the event that this system failed.
- The practice had begun to put version controls on each of their policies as they were reviewed or amended. This work had not been completed at the time of the inspection but was in progress.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Since the last inspection the practice had reviewed their training matrix and ensured all staff had received update training in a timely manner. The practice identified when staff were next due update training for areas such as fire safety and basic life support, and had booked dates for these.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). Since the last inspection the practice had ensured that all new employees completed a health declaration questionnaire. We reviewed two personnel files and both contained the completed questionnaires. The document included capturing information about reasonable adjustments that may be required for the staff member to undertake their role.

### Lessons learned and improvements made

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

## Are services safe?

- There had been one significant event recorded since our last inspection on 6 June 2017. A GP had made a prescribing error for a patient. The practice was alerted of this mistake and followed their processes. The patient was informed and had the correct medicine prescribed. The practice had discussed this incident at the next practice meeting and reviewed the importance of double checking medicines before prescribing.
- Since the last inspection the practice had created a numerical reference system for logging significant events. Each significant event form was given a number and any subsequent documents relating to this incident also included this reference number for easy tracking and monitoring of trends. We saw clear examples of this in the meeting minutes and on recording forms.