

Dr Philip West

Quality Report

Boundaries Surgery
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Hampshire
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Date of inspection visit: 11 May 2017

Date of publication: 07/06/2017

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 Dr Philip West on 17 May 2016. The overall rating for the practice was good. The practice was rated as requires improvement for safe for shortfalls around safeguarding training, infection control audits and recruitment. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Philip West on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 May 2017 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 17 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice had addressed the shortfalls and therefore has now been rated as good for providing safe services. The overall rating for the practice remains as good.

Our key findings were as follows:

- The practice had located induction training records for staff which included safeguarding adult training.

Safeguarding adult training had been added to the practice's training matrix, with dates of completion for each staff member. The practice was monitoring training and had identified staff who required refresher training within the next 12 months.

- All staff had completed safeguarding children training to the appropriate level for their role.
- The practice had undertaken a new infection control audit in February 2017. The practice had identified any areas where they required improvement and deemed no further action was required.
- The practice had not had any new employees since our May 2016 inspection. The practice had improved its recruitment processes.
- Health and safety risk assessments such as for legionella and heating supply had been completed with no further actions required.
- Expiry dates of medicines within the dispensary, vaccine fridges and stock rooms were monitored and medicines were in date.
- Contact details for translation services had been obtained to be used when required.

Summary of findings

- Policies, such as the safeguarding adult and children policies had been updated to contain practice specific information such as the name of the safeguarding lead. The business continuity plan had also been updated to reflect the most up to date staffing list and contact details.
- Meeting minutes evidenced that outcomes of significant events and complaints were discussed and reflected upon to ensure lessons were learned.

There are areas where the practice should make improvements:

- Consider having a written document to evidence that cleaning checks had been completed for treatment and consulting rooms.

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 now rated as good for providing safe services.

Good



- Safeguarding training was part of the employee induction programme. The practice had recorded the dates of training in staff records.
- All staff had a record of having completed safeguarding adult and children training. The practice had identified staff who were due for refresher training for safeguarding adults within the next 12 months.
- All staff had completed safeguarding children training.
- The practice had improved monitoring of medicines, particularly around expiry dates. All medicines we reviewed were observed to be in date.
- No new staff had been employed since the previous inspection. The practice had processes in place for completion when needed of all relevant pre-employment checks prior to the staff member starting at the practice.
- The practice had completed health and safety risk assessments for legionella and for the heating and water supply. These had been deemed to be satisfactory and with no further recommended actions.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Consider having a written document to evidence that cleaning checks had been completed for treatment and consulting rooms.

Dr Philip West

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector.

Background to Dr Philip West

Dr Philip West, known locally as Boundaries surgery, is located in a small village on the outskirts of the town of Alton in Hampshire. The practice provides services under a NHS General Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice is a dispensing practice and dispenses to approximately a third of its patients.

The practice has proximately 3700 registered patients. The practice population has an above average elderly population. 25% of patients are aged over 65 compared to the CCG and national average of 17%. The practice population is predominantly White British but there are a small percentage of patients registered at the practice from Romania and the Philippines. The practice is located in an area of low deprivation in comparison the national average for England.

Dr West is the GP lead and provider for the practice. There are also two salaried GPs. This equates to approximately two full time GPS. There is a mix of female and male GPs working at the practice. The GPs are supported by four practice nurses who work part time and equate to an equivalent of 1.5 full time nurses. The clinical team are supported by a management team including a practice manager, secretarial, dispensing and administration staff. The practice also employs a domestic supervisor.

The practice reception and phone lines are open between 8am and 6.30pm Monday to Friday. Extended hours

appointments are offered on a pre-bookable basis from 6.30pm to 7.30pm every Wednesday and from 7.30am to 8.30am every Friday. Morning appointments with a GP are available between 8.30am and 11.30am daily (with the exception of Friday when appointments start at 7.40). Afternoon appointments with a GP are available from 3pm until 6pm daily (Wednesday evenings appointments are available until 7pm). The practice offers an open surgery from 10am to 10.45am daily where patients can walk in and wait to be seen without the need of an appointment.

Dr Philip West has opted out of providing out-of-hours services to their own patients and patients are requested to contact the hour of hours GP via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting repeat prescriptions.

The practice operates from one location which is situated at

Boundaries Surgery

17 Winchester Road

Alton, Hampshire

GU34 5HG

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Philip West (most commonly known to patients as Boundaries Surgery) on 17 May 2016 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 requires improvement for providing safe services. The full comprehensive report following the inspection on 17 May 2016 can be found by selecting the 'all reports' link for Dr Philip West on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Dr Philip West on 11 May 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.

How we carried out this inspection

During our visit we:

- Spoke with the practice manager and lead GP.
- Reviewed processes around storage of medicines.
- Reviewed training records.

Are services safe?

Our findings

At our previous inspection on 17 May 2017, we rated the practice as requires improvement for providing safe services as the arrangements around infection control and medicines management were not adequate. The practice also had shortfalls in monitoring staff training for safeguarding and ensuring full recruitment checks had been conducted for all new employees at the practice. The practice also had failed to ensure that all health and safety risk assessments had been completed and actions taken as a result.

These arrangements had improved when we undertook a follow up inspection on 11 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the initial inspection on 17 May 2016, we found shortfalls in staff training for safeguarding. We saw evidence that staff had an understanding of safeguarding and awareness of the practice policy. All clinical staff had been trained to level three for safeguarding children. Two administration staff did not have a record of having completed safeguarding children training. The practice did not record safeguarding adult training and therefore could not evidence that training had taken place.

At the follow up inspection on 11 May 2017, we found that all staff had now completed safeguarding children training to the level required for their role. Following the comprehensive inspection the practice had ensured safeguarding adult training was recorded. We reviewed the training records and saw that all staff had completed safeguarding adult training. The practice manager had identified that although staff were in date with their training several staff were due for refresher training within the next 12 months. The practice had monitoring systems in place to identify when staff were due for their refresher training (every three years for clinicians and every five years for administrative staff) and we were told that staff would be notified when they needed to complete their training via the electronic training tool used at the practice.

At the comprehensive inspection on 17 May 2017 the practice had shortfalls in the reporting of infection and prevention control audits. The practice did not keep copies of their infection control audit which they submitted to the North Hampshire Clinical Commissioning Group (CCG). The

practice were unable to evidence for these audits whether any action was required and what the practice plans were to address these. Evidence showed that the practice had responded to action points raised in the from the 2013 audit.

During the follow up inspection on 11 May 2017, we were told that the practice had been unable to obtain the previous two years infection and prevention control audits that were submitted to the CCG via an online submission tool but that the practice had subsequently completed a further audit using a different method. We saw evidence of the practice's most recent infection and prevention control audit dated 2 February 2017. The practice had scored 86% out of 100%. The practice had identified areas for improvement and corrected these and therefore deemed no need for an action plan. For example, the practice identified an area of open shelving in a clinical area which was regularly cleaned to minimise risk of infection. The practice did not keep a cleaning record for treatment rooms to evidence that this was cleaned regularly. However, clinical areas looked visibly clean and we were told that the practice manager conducted a walk around of the practice each morning to check cleanliness but that this was not documented.

Findings from the comprehensive inspection on 17 May 2016 identified that the practice had arrangements in place for managing medicines including emergency medicines; however, these were not always thorough. The practice had a box of syringes in the store cupboard which had an expiry date of June 2014 and in the vaccine fridge was an opened bottle of medicine which had a three day shelf life but not date of opening or disposal written on it.

At our follow up of the practice on 11 May 2017 the practice had resolved all issues around medicines. We visited the dispensary, stock room and the vaccine fridges in the dispensary and in one treatment room. We selected a random sample of medicines and all were within the expiry dates. There was no open packaging. In the dispensary, the dispensary manager had stuck sticky labels on medicines nearing their expiry date to quickly and easily identify these.

Recruitment was identified as an area for improvement at the inspection on 17 May 2016. Five out of the six personnel

Are services safe?

files reviewed contained the appropriate employment checks to ensure staff were suitably qualified to do the role employed for. The other file was missing curriculum vitae (CV) or application form.

At the follow up inspection on 11 May 2017, we were told that no new staff had been employed by the practice since

the last inspection. Retrospect gaps in records had not been made as the practice assessed that there was sufficient information held through references with the previous employer. However the processes were in place for completion of full recruitment procedures for any new staff joining the practice.