

# High Oak Surgery

## Quality Report

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Date of inspection visit: 14 September 2016

Date of publication: 19/10/2016

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

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 High Oak Surgery on 1 September 2015. As a result of our comprehensive inspection breaches of legal requirements were found and the practice was rated as requires improvements for providing safe services. This was because we identified some areas where the provider must make improvements and additional areas where the provider should improve.

We undertook a focused inspection on 14 September 2016 to check that the provider had made improvements in line with our recommendations. 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 High Oak Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings across all the areas we inspected were as follows:

- We found that the practice had made many improvements with regards to infection control practices and record keeping. Improvements had been made across a number of further areas including prescription stationary monitoring and the practices staff filing system.

- The practice followed guidance by Public Health England and kept adequate records to ensure effective management of the cold chain (for the safe storage and handling of vaccinations). Additionally, we saw that patient group directions (PGDs) well organised, current and signed by relevant staff members.
- The practice had acted on the areas for improvement highlighted since our comprehensive inspection. For example: The practice implemented an effective failsafe system; for ensuring that test results had been received by the laboratory for every cervical screening sample sent by the practice.
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were aware of lead roles such as safeguarding and infection control leads.
- The practice was proactive in identifying and managing significant events and learning was shared widely to support improvement.

### 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 rated as good for providing safe services.

- Staff were aware of their responsibilities to raise and report concerns, incidents and near misses. Significant events, incidents and complaints were regularly discussed with staff and learning was shared widely to support improvement.
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were aware of lead roles such as safeguarding and infection control leads.
- The practice had acted on the recommendations made during our comprehensive inspection. For example. The practice implemented an effective failsafe system; for ensuring that test results had been received by the laboratory for every cervical screening sample sent by the practice.
- We observed the premises to be visibly clean and tidy. We found that the practice had made many improvements with regards to infection control practices and record keeping.
- The practice followed guidance by Public Health England and kept adequate records to ensure effective management of the cold chain (for the safe storage and handling of vaccinations). Additionally, we saw that patient group directions (PGDs) well organised, current and signed by relevant staff members.
- Improvements had been made across a number of processes and systems. These included the process for monitoring prescription stationary and the practices staff filing system.

Good



# High Oak Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector.

## Background to High Oak Surgery

High Oak Surgery is a long established practice located in the Brierley Hill area of Dudley. There are approximately 3100 patients of various ages registered and cared for at the practice. The practice is run by a partnership called QOF Doc; the partnership is made up of five GPs and a practice manager partner. The practice provides services under an alternative primary medical services (APMS) contract and has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes five GP partners and three practice nurses, including an independent nurse prescriber. The GPs and the practice manager form the practice management team and they are supported by an assistant practice manager and a team of four receptionists who cover reception, secretarial and administration duties. The practice is a training practice and is involved in the training of GPs. The practice also teaches second year student nurses.

The practice opening times are between 7:30am and 6:30pm on weekdays and later appointments are available until 8pm on Mondays and Thursdays. The practice also offers Saturday appointments between 8am and 11am.

Appointments run from 8am to 11am and 4pm to 6pm on weekdays, appointments run later Mondays and Thursdays, until 7:30pm. The practice remains open between 11am and 4pm during which an on-call GP is available to see patients when required. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

We undertook an announced focused inspection of High Oak Surgery on 14 September 2016. This inspection was carried out to check that the provider had made improvements in line with the recommendations made as a result of our comprehensive inspection on 1 September 2015.

We inspected the practice against one of the five questions we ask about services: is the service safe. This was because during our inspection on 1 September 2015, breaches of legal requirements were found and the practice was rated as requires improvements for providing safe services. This was because we identified some areas where the provider must make improvements and additional areas where the provider should improve.

## How we carried out this inspection

The inspection team:-

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced focussed inspection on 14 September 2016.

# Detailed findings

- Spoke with staff and observed the premises.
- Reviewed a range of practice records.
- Reviewed some of the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

During our comprehensive inspection in September 2015 we found that although information about safety was recorded, monitored, reviewed and addressed, lessons learned were not always communicated widely enough to support improvement.

During our focussed inspection in September 2016 we looked at records of significant events and saw that specific actions were applied along with learning outcomes which were shared widely enough to improve safety in the practice. Furthermore, staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.

For example, a significant event highlighted how the practice identified an overdue cytology result for cervical screening. Records indicated how the incident was found as a result of implementing a robust failsafe system for cervical screening tests; this system was developed in response to an area highlighted for improvement since our comprehensive inspection in September 2015.

- The significant event record demonstrated that a thorough investigation was carried out and the patient was appropriately recalled to the practice.
- As a learning point staff were reminded on the importance of accurate record keeping and labelling techniques. We saw records of meeting minutes to support shared learning and we saw that attendance was made by all staffing groups to ensure that learning was widely shared throughout the practice.
- Additionally, findings demonstrated that the practice had improved since our comprehensive inspection and had implemented an effective failsafe system; for ensuring that test results had been received by the laboratory for every cervical screening sample sent by the practice.

### Overview of safety systems and processes

During our comprehensive inspection in September 2015 we found that some staff were not aware of who the practices safeguarding leads were; the practice had a GP lead for safeguarding children and adults, with a deputy lead also in place. We spoke with five members of staff

during our focussed inspection in September 2016; the staff we spoke with were familiar with the named safeguarding lead and the deputy lead in place. Additionally, staff demonstrated they understood their responsibilities and all had received training relevant to their role.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. Policies outlined who to contact for further guidance if staff had concerns about a patient's welfare, policies were accessible to staff on the practices computer system and through back up hard copies.

The practice had recruited two new receptionists since our comprehensive inspection in September 2015. Staff we spoke with confirmed that the two staff members did not currently act as chaperones as they were waiting to be trained and were also awaiting the completion of their disclosure and barring (DBS) checks. 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. Other members of the reception team who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). We saw evidence to support this during both our comprehensive and focussed inspection visits.

During our comprehensive inspection in September 2015 we found that most staff we spoke with knew that one of the GPs was the infection control lead, with infection control support provided by the practice nurses. During our focussed inspection in September 2016 all staff we spoke with were able to identify the infection control leads and additionally expressed that they too had responsibilities to support adequate infection control, as a whole team.

We observed the premises to be visibly clean and tidy during both inspection visits. However, during our comprehensive inspection we found some gaps in the management of infection control procedures, such as incomplete cleaning schedules and out of date disposable curtains. We also saw that the contents of the spill kit had expired and in some areas cleaning equipment was not stored in line with national guidance. During our focussed inspection in September 2016 we found that the practice had made many improvements with regards to infection control practices and record keeping. For example:

## Are services safe?

- We saw evidence of quarterly practice infection control audits as well as an annual external infection control. We saw how areas identified for improvement had been acted on, for instance by ensuring foot operated bins were put in place where required.
- We saw that disposable curtains were appropriately replaced and an example demonstrated that they had last been replaced in August 2016 and were therefore in date.
- The practice had purchased a new spill kit since our comprehensive inspection; we saw that the contents were not due to expire until November 2017. Additionally, during our focused inspection staff informed us that the practice used mercury sphygmomanometers, this is a device used to measure blood pressure. Staff showed us that the practice had a specific spill kit required to deal with mercury spills.
- Cleaning records demonstrated that rooms and equipment were appropriately cleaned and we saw that cleaning equipment was appropriately stored.
- The practice had additionally developed a template on the practice's patient record system where clinicians could make a record to confirm that they had cleaned the specific medical equipment used on each patient and we saw an example of how this was used to record the cleaning of ear syringing equipment. This was also coded on the system so that the practice could run specific reports to monitor that medical equipment was regularly cleaned.

During our comprehensive inspection in September 2015 calibration records were in place to demonstrate that clinical equipment was checked and working properly however we could not see records for the Spirometer to confirm that it had been included in the annual calibration of equipment or that it was checked prior to use. A spirometer measures lung function including the volume and speed of air that can be exhaled and inhaled and is a method of assessing lung function. During our focussed inspection we saw that the Spirometer had been calibrated and was due to be checked again in February 2017.

During our comprehensive inspection in September 2015 we found that the practice was not correctly monitoring the temperature of their vaccination fridge. We found that current temperature was not consistently recorded, there were no records of minimum and maximum recordings and

thermometers were not reset after each recording. Therefore the practice was not following guidance by Public Health England to ensure effective management of the cold chain (for the safe storage and handling of vaccinations).

As part of our focussed inspection in September 2016 we saw that the practice had purchased a new vaccination fridge, the new fridge was manufactured with a built in alarm to alert staff if ever the temperatures were outside recommended range of +2 and +8°C. The vaccination fridge was well ventilated and secure and there were adequate records in place to demonstrate that temperatures were appropriately and frequently recorded. Additionally, the practice updated their cold chain policy which was circulated to staff shortly after our comprehensive inspection.

During our comprehensive inspection in September 2015 we saw evidence of patient group directions (PGDs) in line with guidance however there was no evidence of PGDs in place for travel vaccinations which were administered by the practice nurses. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We revisited PGDs as part of our focussed inspection in September 2016 and saw that they were well organised, current and signed by relevant staff members; this included PGDs for travel vaccinations.

The practice used an electronic prescribing system. During our comprehensive inspection in September 2015 staff we spoke with explained that they had identified the need to implement a system to monitor and track the use of their prescription stationery, such as prescription pads used for home visits. This was not in place during our comprehensive inspection and staff advised that a tracking system would be implemented as a priority. During our focussed inspection in September 2016 we saw that prescriptions were reviewed and signed by a GP before they were given to the patient. Staff confirmed that prescription stationery used in printers and prescription pads used for home visits were securely stored. We saw that a system had been implemented to monitor prescription pads and as part of the inspection process this was clarified and adapted to incorporate the prescription stationery used in printers.

As part of our comprehensive inspection in September 2015 we identified that the practice did not keep staff

## Are services safe?

records to support areas of the application process, such as references to provide evidence of the conduct of staff in previous employment. We observed a robust and well organised filing system during our focussed inspection in September 2016. We saw that the organisation of staff files

had significantly improved, with records in place to show that that appropriate recruitment checks had been undertaken prior to employment. Examples included proof of identity, references, qualifications and registration with the appropriate professional body.