

Martins Oak 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?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	6

Detailed findings from this inspection

Our inspection team	8
Why we carried out this inspection	8
Detailed findings	9

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Martins Oak Surgery on 13 January 2016. Breaches of legal requirements were found during that inspection within the safe and effective domains. The practice was rated as requires improvement overall, requires improvement in the safe and effective domains and good in the caring, responsive and well-led domains. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Ensuring that the practice holds a child protection register of all children considered to be at risk.
- Ensuring that the practice has a clear adult safeguarding protocol in place and that all staff are aware of how to raise concerns outside of the practice.
- Ensuring that all staff attend relevant safeguarding training including reception and administrative staff and that all GPs have attended level three training in children's safeguarding.
- Ensuring that the practice maintains a log of all staff training and that mandatory training requirements are met for all staff.
- Ensuring that environmental and legionella risk assessments are carried out and regularly reviewed.

- Ensuring that infection control procedures are clearly embedded and include regular annual infection control audits with action taken, the appointment of a dedicated infection control lead and infection control training for all staff.
- Ensuring that there is a system in place to monitor the use of prescription sheets stored in printers including ensuring they are locked away when not in use.

We undertook a focused inspection on 23 August 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. The provider was now meeting all requirements and was rated as good overall and good under the safe and effective domains. This report only covers our findings in relation to those requirements.

This report should be read in conjunction with the last report from January 2016. Our key findings across the areas we inspected were as follows:

- The practice held a child protection register of all children considered to be at risk.
- The practice had an adult safeguarding protocol in place and staff were aware of how to raise concerns.

Summary of findings

- All staff had undertaken both child and adult safeguarding training appropriate to their role within the stated timeframe. All GPs had attended level three training in child safeguarding.
- The practice maintained a comprehensive log of staff training requirements and staff had completed mandatory training such as safeguarding, basic life support and infection control.
- The practice had carried out environmental and legionella risk assessments and had identified review dates.
- The practice had a dedicated infection control lead. The audit had been repeated by the infection control lead and action had been taken on the findings. All staff had received appropriate training in infection control.
- The practice had a system to ensure the security of printer prescriptions when not in use and have put in place a new system to monitor the use of blank printer prescription sheets.

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



At the inspection in January 2015 we found that the practice did not have a child protection register or an adult safeguarding protocol in place. Not all GPs had completed level three children's safeguarding training and there was no evidence of administrative and reception staff having attended safeguarding training.

On this occasion we saw that:

- The practice had a child protection register in place and that it was regularly reviewed.
- There was an adult safeguarding protocol in place and it was accessible to all staff.
- We saw that all GPs had completed level three child safeguarding training and that administrative and reception staff had received safeguarding training appropriate to their role.

At the previous inspection in January 2016 the practice had not carried out routine environmental risk assessments and had not carried out a Legionella risk assessment. They had carried out an infection control audit, but this had not been carried out annually. Clinical staff had received infection control training, but non clinical staff had only received some training at induction which had not included hand washing or regular updates. Systems and processes to address risks were not implemented well enough to ensure patients were kept safe.

On this occasion we saw that:

- The practice had had a legionella risk assessment carried out and were installing a new boiler. They had also carried out a risk assessment on blinds within the practice and assessed and recorded any improvements that may be required in each room which we saw were being actioned.
- The practice had appointed a new infection control lead. They had carried out a further infection control audit and addressed the few action points that were identified. All staff had received infection control training from the infection control lead appropriate to their roles including general infection control, hand washing and handling of samples.

At the inspection in January 2016 we found that printer prescription sheets were not locked away when not in use and there was no system in place to monitor their use.

Summary of findings

On this occasion we saw that:

- There was now a system to ensure the security of printer prescriptions when not in use and they have reviewed and put in place a new system of monitoring the use of blank printer prescription sheets.

Are services effective?

The practice is rated as good for providing effective services.

During our inspection in January 2016 we found that the practice did not monitor the training of all staff including GPs and administrative staff. This included aspects of mandatory training including safeguarding and infection control which not all staff had attended at an appropriate level.

On this occasion we saw that:

- The practice had put in place a training matrix that recorded the training needs and records of each member of staff.
- Staff had all completed mandatory training to the appropriate level in areas such as safeguarding, basic life support and infection control.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated good for the care of older people. At our inspection in January 2016 the provider was rated as requires improvement for safety and effectiveness. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety and effectiveness, this population group is now also rated as good.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. At our inspection in January 2016 the provider was rated as requires improvement for safety and effectiveness. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety and effectiveness, this population group is now also rated as good.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. At our inspection in January 2016 the provider was rated as requires improvement for safety and effectiveness. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety and effectiveness, this population group is now also rated as good.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working age people (including those recently retired and students). At our inspection in January 2016 the provider was rated as requires improvement for safety and effectiveness. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety and effectiveness, this population group is now also rated as good.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. At our inspection in January 2016 the provider was rated as requires improvement for safety and effectiveness. The concerns which led to these ratings

Good



Summary of findings

applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety and effectiveness, this population group is now also rated as good.

People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). At our inspection in January 2016 the provider was rated as requires improvement for safety and effectiveness. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety and effectiveness, this population group is now also rated as good.

Good



Martins Oak Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

13 January 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 23 August 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Overview of safety systems and processes

At our previous inspection in January 2016 we found that the practice did not have a child protection register. There was also no adult safeguarding protocol in place so guidance for staff on adult safeguarding was unclear and staff were not able to identify who to contact outside of the practice if they had an adult safeguarding concern. Not all GPs had attended level three children's safeguarding training and although administrative staff had some understanding of safeguarding issues not all administrative/reception staff had attended safeguarding training.

On this occasion we found that there was a child risk register in place and we saw how many children were on it at the time of the inspection. The children were also flagged as being on the register in their records. The practice updated the register monthly from the local authority register and also discussed patients on the register at monthly multi-disciplinary team meetings. We saw that there was now a vulnerable adult safeguarding protocol available and staff knew how to access it. There were also posters with safeguarding pathways and contact numbers on the walls behind reception and in clinical rooms. We also saw evidence that all GPs had undertaken training to level three child safeguarding and that all non clinical staff had received safeguarding training to an appropriate level.

At our inspection in January 2016 we also found that although there was an infection control protocol in place and clinical staff had received infection control training, non clinical staff however had only received some training during induction and although an annual infection control audit had been undertaken for the current year we did not see evidence of regular annual infection control audits being carried out over time.

At this inspection we found that after a period with an interim infection control lead, a new member of staff had taken over the role permanently. They had carried out a

further infection control audit and actioned any findings although as this was the second within the year there were not many areas that required action. We saw that all administration and reception staff had had some handwashing training, general infection control training and training in the handling of samples.

At the previous inspection in January 2016 we found that although the arrangements for managing medicines kept patients safe, there was no system for ensuring that prescription sheets stored in printers were locked away when not in use.

Following this inspection we saw that the practice had arranged secure storage for the printer prescription sheets and locked them away at the end of each clinical session and have reviewed and put in place a new system for monitoring of blank printer prescription sheets.

Monitoring risks to patients

We saw at our inspection in January 2016 that although the practice had a variety of risk assessments in place, they did not have an assessment of general environmental risks and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

At this inspection we saw that they had contracted an external specialist company to carry out a Legionella risk assessment and we saw that the practice were carrying out the regular readings and actions recommended in the report. We also saw evidence that the practice were having a new boiler installed in the very near future. The practice had carried out a risk assessment of the safety of the blinds within the practice and had carried out an assessment of improvements that they considered would be beneficial in each room and were actioning them. For example one of the cloakrooms had problems with mould which was a potential health hazard, this had been identified and addressed. The mould had been removed and the room painted with a specialist paint that would help prevent any further mould from growing. Additionally the practice manager checked each room every morning to identify any potential risks and took immediate action to resolve them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At our inspection in January 2016 we found that although staff had access to appropriate training to meet their learning needs and to cover the scope of their work the practice did not have an up to date training log in place to monitor and track training for all staff. Additionally monitoring of GP training was not undertaken by the practice as a whole and training certificates were not available to evidence administration and reception staff training.

At this inspection we saw that the practice had put in place a training matrix that tracked the training needs and records of each member of staff including GPs. Each aspect of training had a date when it was completed and date that training was next due. The practice manager reviewed it on a regular basis and used it to plan training both for individuals and for groups of staff. The practice also kept hard copy records of training certificates. We saw that staff had all completed mandatory training to the appropriate level in areas such as safeguarding, basic life support and infection control.