

Kennedy Way Surgery

Quality Report

Kennedy Way
Yate
Bristol BS37 4AA
Tel: 01454 313849

Website: www.kennedywaysurgery.nhs

Date of inspection visit: 19 October 2016
Date of publication: 18/11/2016

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

Overall rating for this service

Good



Are services safe?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Kennedy Way Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kennedy Way Surgery

on 19 April 2016. Following our comprehensive inspection overall the practice was rated as good with requires improvement for the safe domain. Following the inspection we issued three requirement notices:

- One notice was issued due to a breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against any risks associated with the safe management of the medicines, the safety of emergency equipment and the safe management of blank prescriptions.
- The second notice was issued due to a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and Equipment. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected

against any risks associated with the health and safety of service users. Specifically the risks associated with infection control and legionella assessment.

- The third notice was issued due to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against any risks associated with the employment of locum staff by ensuring there was evidence on site which provided assurance of their professional qualifications and training.

A copy of the report detailing our findings can be found at www.cqc.org.uk.

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

The areas where the provider must make improvement were:

- The practice must ensure that the policies for medicines management including prescription security were fully implemented and monitored.

Summary of findings

- The practice must ensure there was evidence on site which provided assurance of the professional qualifications, Disclosure and Barring Service (DBS) checks and training for all the of the staff who worked at the practice.
- The practice must undertake an infection control audit and include a legionella assessment.

The areas where the provider should make improvement are:

- The practice should record emergency equipment checks for all the equipment designated for this purpose to ensure it is still within its 'use by' date.
- The practice should review waste management storage to ensure it is not accessible by the public.
- The practice should have an electrical safety check against the UK standard for the safety of electrical installations, BS 7671 – Requirements for Electrical Installations (IEE Wiring Regulations).

We undertook this focused inspection on 19 October 2016 to follow up the requirement to assess if the practice had implemented the changes needed to ensure patients who used the service were safe.

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

- The practice had reviewed and rewritten their medicine management protocols, processes for prescription security and checking emergency equipment; these had been fully implemented by the practice.
- The practice had ensured all employees had a DBS check; we noted that for locum and agency staff the required checks had been completed and were held on their personnel file.
- The practice had completed an infection control audit and provided evidence of a legionella assessment. We found waste management storage had been reviewed and made inaccessible to the public.
- The practice had evidence of an electrical safety check against the UK standard for the safety of electrical installations, BS 7671 – Requirements for Electrical Installations (IEE Wiring Regulations).

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. We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice in April 2016. This included updating training and protocols for all staff involved with medicine management, prescription security and emergency equipment checks.

Good



Kennedy Way Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Kennedy Way Surgery

The Kennedy Way Surgery catchment area covers urban and rural areas in the Yate district of South Gloucestershire.

The practice currently is operating from one location:

Kennedy Way Surgery

Kennedy Way

Yate

Bristol BS37 4AA

The practice had a branch surgery based in a local village which is not currently open due to staff shortages. The main practice is sited in a purpose built one storey building. An independent pharmacy is located at the site.

The practice has a patient population of approximately 11,200. The practice has four GP partners, three salaried GPs (male and female), a practice manager (who is also a partner), two practice nurses, and three health care assistants. Each GP has a lead role within the practice and nursing staff have specialist interests for improving the care of patients in areas such as diabetes and asthma.

The practice is open Monday to Friday 8am-6.30pm. Same day appointments were available for all patients who contacted the practice between 8am and 4pm. In addition

they offer online pre-bookable telephone advice slots from 6.30am to 7am and pre-bookable face-to-face appointments from 7am to 8am.

The practice had a Personal Medical Services contract (PMS) with NHS England to deliver general medical services. The practice also provided enhanced services which

included facilitating a timely diagnosis, being part of the hospital admissions avoidance scheme, support for patients living with a diagnosis dementia and implementing the childhood immunisations programme.

Kennedy Way Surgery, in line with other practices in the South Gloucestershire Clinical Commissioning Group, is situated within a significantly less deprived area than the

England average. Information from Public Health indicates that people living in this area experience healthier lifestyles. Life expectancy is higher than the England average.

The practice is an approved training practice and participate in the training of GPs. On occasions they also have student nurses who spend some time within the practice to gain experience of community care nursing.

The national GP patient survey (January 2016) reported that patients were more than satisfied with the opening times and making appointments. The results were above local and national averages.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and BrisDoc provide the out of hours GP service. Information on how to access these services is available to patients.

Patient Age Distribution

0-4 years old: 5.14%

Detailed findings

5-14 years old: 11.17%

15-44 years old: 37.47%

45-64 years old: 31.25%

65-74 years old: 8.87%

75-84 years old: 4.34%

85+ years old: 1.77%

Patient Gender Distribution

Male patients: 50.45 %

Female patients: 49.55 %

Other Population Demographics

% of Patients from BME populations: 4.03 %

Why we carried out this inspection

We carried out a focused inspection of this 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

We carried out an announced comprehensive inspection at Kennedy Way on 19 April 2016. Following our comprehensive inspection overall the practice was rated as good with requires improvement for the safe domain.

Following the inspection we issued three requirement notices:

- One notice was issued due to a breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against any risks associated with the safe management of the medicines, the safety of emergency equipment and the safe management of blank prescriptions.
- The second notice was issued due to a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and Equipment. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against any risks associated with the health and safety of service users. Specifically the risks associated with infection control and legionella assessment.
- The third notice was issued due to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against any risks associated with the employment of locum staff by ensuring there was evidence on site which provided assurance of their professional qualifications and training.

We undertook this focused inspection on 19 October 2016 and visited the practice to follow up the requirement notices for breaches of Regulation 12 Safe care and treatment, Regulation 15 Premises and Equipment, and Regulation 18 Staffing of The Health and Social Care Act (Regulated Activity) Regulations 2014, to ensure patients who used the service were safe.

Are services safe?

Our findings

Overview of safety systems and processes

- On our last visit we observed that measures to prevent infection were in place and staff had undertaken infection control training. There was an infection control protocol included in the practice clinical governance policy, however, there were no recent infection control audits. We observed there were areas for improvement which would have been highlighted by the audit process. These included provision of elbow taps in treatment rooms, handwashing signage in patient toilets and the storage of clinical waste in locked bins in an area accessible to the public.
 - On this visit we found the practice had taken measures to address these areas. The infection control audits had been completed and any remedial action identified was implemented. New elbow taps had been installed. The practice had ensured the clinical waste was stored in a purpose build facility which was not accessible to the public.
 - At our last visit we observed the practice had a detailed policy in place for managing medicines, including emergency medicines and vaccines, in the practice. However, we found that the medicines policy had not been fully implemented by staff and some medicines were out of date. The staff did not have a comprehensive system of record keeping for checking these medicines.
 - Since our last visit the practice had introduced a comprehensive system for checking the medicines, both for stock levels and to ensure they were within their use by dates. We spot checked the medicines held and found the system for checks of medicines was accurate.
 - We had found on our previous inspection that although blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We had checked the system and found that the recorded serial numbers did not tally with what was stored in the cupboard. This meant the systems in place for prescription security were ineffective as they had not been followed by all staff, and the practice did not have a complete audit trail if a security breach occurred.
 - The practice demonstrated on this visit that they had reviewed their system and introduced some additional measures and a protocol so that blank prescriptions could be audited throughout the practice. As an additional measure they undertook spot checks of the system to ensure it was accurate and to ensure staff were adhering to the protocol.
 - On the previous inspection we had reviewed five personnel files and found evidence of appropriate pre-employment recruitment checks such as proof of identification, references, qualifications, registration with the appropriate professional body and the checks through the Disclosure and Barring Service (DBS). We had found this was complete with the exception of one staff member for whom the practice did not have a current DBS check. We also found the practice used regular locum GPs however, some of the evidence such as GMC checks had not been completed. The practice had been using agency nurses however, there was no evidence on site which provided assurance of their suitability and training for the role.
 - We were provided evidence the DBS had been undertaken on this visit. We also saw the checks for locum and agency nurses were sufficient to confirm their qualification and suitability for their roles.
- ### Monitoring risks to patients
- On our last visit we had found the practice did not have evidence of an Electrical installation safety check which should be undertaken every five years. (This check assesses the condition of the electrics against the UK standard for the safety of electrical installations, BS 7671 – Requirements for Electrical Installations (IEE Wiring Regulations)). We had received verbal assurance from the practice manager that a legionella assessment of the building had been undertaken and no specific control measures were identified. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice did not have a copy of the assessment to demonstrate they had undertaken their statutory duty in this area of health and safety.
 - At this inspection we were given copies of the Electrical installation safety check and the legionella assessment which showed the practice had implemented this area of health and safety.

Are services safe?

- **Arrangements to deal with emergencies and major incidents**
- At the last inspection we had seen some of the emergency medicines were out of date and staff did not have a comprehensive system of record keeping for checking these medicines. There was not a comprehensive system of record keeping for checking the equipment and we had found some of the equipment was past its usage date and required replacement.
- Since our last visit the practice had introduced a comprehensive system for checking the equipment and medicines, both for stock levels and to ensure they were within their use by dates. We spot checked the equipment and medicines held and found the system was accurate.