

Clarence Park Surgery

Quality Report

13 Clarence Road East
Weston-Super-Mare
North Somerset
BS23 4BP

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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

Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We last carried out a comprehensive inspection of Clarence Park Surgery on 11 February 2015. At that inspection the practice was found to be requiring improvement for medicines management which falls within the safe domain. This report should be read in conjunction with the report published on 25 June 2015 to demonstrate the improvements we noted since the provider took action to improve their services.

This focused inspection undertaken on 1 September 2015 was specifically to follow up on the findings from our last inspection in February 2015.

Action had been taken by the provider and we found the practice was meeting the relevant regulations and was meeting the regulation for medicines management with the overall rating for the safe domain being good. All population groups remained good the same as recorded at the previous inspection.

Our key findings were as follows:

- There were arrangements in place to deal with medical emergencies appropriately including ensuring appropriate emergency medicines and equipment were in place and all medicines were kept securely.

- Significant events were monitored effectively with a system in place to manage these occurrences.
- An appropriate fire risk assessment had been completed and recommendations had either been addressed or were in progress of being addressed by the provider.
- Security of consulting rooms had been reviewed and action taken to reduce unauthorised accessibility.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Take action to improve access through the front entrance of the practice to increase accessibility for all patients.
- Ensure a legionella risk assessment is carried out by a competent person and recommendations made were addressed to ensure risks associated with Legionella's disease are reduced.
- Complete appraisals for staff annually to ensure they are supported to develop and have the skills and competence for the role they are employed for.
- Review how consent was recorded for joint injections including any advice and guidance provided during consultations.

Summary of findings

- Check the automated external defibrillator and oxygen to ensure it is working correctly at a minimum on a weekly basis, as directed by the Resuscitation Council UK guidance.

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.

Since our last inspection there have been improvements in this area. Risks to patients were assessed and managed including the improvements made since our last inspection. Actions have been taken by the provider to improve medicines management, fire safety, the security of the premises and the reduction of risk for Legionella disease. There were still some areas of risk that should be improved upon, of which the provider was in the process of completing.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Take action to improve access through the front entrance of the practice to increase accessibility for all patients.
- Ensure a legionella risk assessment is carried out by a competent person and recommendations made were addressed to ensure risks associated with Legionella's disease are reduced.
- Complete appraisals for staff annually to ensure they are supported to develop and have the skills and competence for the role they are employed for.
- Review how consent was recorded for joint injections including any advice and guidance provided during consultations.
- Check the automated external defibrillator and oxygen to ensure it is working correctly at a minimum on a weekly basis, as directed by the Resuscitation Council UK guidance.

Clarence Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC inspector.

Background to Clarence Park Surgery

We inspected the location of Clarence Park Surgery, 13 Clarence Road East, Weston Super Mare, North Somerset, BS23 4BP where all registered regulated activities were carried out. This focused inspection was undertaken to follow up on the breach of regulation found at our previous comprehensive inspection undertaken on 11 February 2015.

Clarence Park Surgery has approximately 5,000 patients registered with the practice within a catchment area which includes an area within Weston-Super-Mare. There are three GPs employed by the practice; two partners and a salaried GP. Two of the GPs are female and one is male and the hours contracted by GPs are equal to approximately 2.1 whole time equivalent employees. Additionally there are five practice nurses including an advanced nurse practitioner and a health care assistant employed.

Since the previous inspection the practice manager had left the practice and the assistant manager was acting as practice manager with the support from a manager who had been employed by the practice a number of years previously.

The practice population is predominantly white British with an age distribution of male and female patients predominantly in the 45 and above age categories. The average male and female life expectancy for the practice is

80 and 84 years respectively, slightly above the national average. The practice has the highest number of older patients over the age of 85 years in the South West with many of them living in nursing and residential homes. The patients come from a range of income categories with an average for the practice being in the fourth most deprived category. One being the most deprived and ten being the least deprived. About 15% of patients are over the age of 75 years and about 12% under the age of 15 years.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including facilitating timely diagnosis and support for patients with dementia, learning disabilities, patient participation, immunisations and remote care monitoring.

The practice has core opening hours from 8am to 6:30pm to enable patients to contact the practice. The practice has opted out of providing out-of-hours services to their own patients. Patients can access NHS 111 and if necessary patients are directed to BrisDoc the Out of Hours doctor service.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patient's needs?
- Is it well-led?

On this inspection we reviewed sections within the safe domain that required improvements.

We did not carry any additional review of the population groups. The population groups are:

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health (including patients with a form of dementia)

Before visiting, we reviewed a range of information we hold about the practice, including the action plan the provider had sent to us outlining their actions following our previous inspection. We carried out an announced visit on 1 September 2015.

Are services safe?

Our findings

Learning and improvement from safety incidents

We found improvements had been made to the significant events process since the last inspection in February 2015. Following the last inspection we reviewed significant events processes and how they were dealt with. At the last inspection we found significant events were not routinely logged and the practice could not authenticate how many significant events had occurred and what the practice had done following these incidents. At this inspection, we reviewed the significant events process and action taken to address concerns. If a significant event occurred then the member of staff involved would report this and complete an incident form for the practice manager to review. The event would then be discussed at the weekly practice meeting held on a Monday or before depending on severity of incident, with the relevant staff involved including the senior partner. The event would then be added to the significant events log, on the practice IT system and a hard copy was also kept. Previously significant events were not being coordinated effectively, reviewed as a team and added to a significant event log to show how it had been dealt with. The practice had updated the significant log with the information they had previously and in the future all significant events would be recorded in the new agreed way. We saw in August 2015 there had been three significant events recorded and learning points added.

Medicines management

We found improvements had been made to medicines management since the last inspection in February 2015. Previously we found medicines were not always held securely. On this inspection we found the treatment room was locked routinely when not being used. The cupboard where medicines were kept was locked routinely and the key kept separately where staff knew where to find it. We observed refrigerators used to hold vaccines and immunisations were unlocked. However, the treatment room door was locked. The practice manager advised they would remind nursing staff to routinely lock the refrigerator, as previously agreed.

Monitoring safety and responding to risk

We found improvements had been made to fire safety and the security of the premises since the last inspection in February 2015.

Previously we found the fire risk assessment had been completed by the practice manager told us that they felt they were not competent to do so as specified in the HM government guidance for fire risk assessments in a healthcare premises. They told us they had arranged for a fire risk assessment to be completed in February 2015 by an external fire safety company. On this inspection we saw a fire risk assessment had been completed on 23 February 2015 and the recommendations made had been reviewed by the acting practice manager. The practice had recently installed a new fire alarm panel because the previous one required replacing. A fire safety company was visiting the practice to provide training for staff to carry out fire drills and fire alarm checks the day after our inspection. We were informed fire alarm checks and fire drills would be completed on a weekly basis once training had been completed and recorded in a fire log. The emergency lighting was recommended to be checked on a monthly basis and would now be incorporated into their fire log checks. Fire extinguishers had last been serviced in May 2015. The practice had three fire marshals and they had received updated training in March 2015. All nurses and administration team members had completed fire awareness training on 11 March 2015.

Previously we found security arrangements for consulting rooms had not been reviewed to ensure risks to patients were reduced. On this inspection we found the practice had assessed the security of their consulting rooms and now locked consultation rooms when not in use except for two rooms where they had a fire exit within the room. We were told home visit bags were held securely within a locked cupboard. Communal doors between consulting rooms and the waiting room were closed to provide more security in the practice.

The practice had previously completed a Legionella (a bacterium that can grow in contaminated water and can be potentially fatal) risk assessment, that had been limited in detail. At this inspection we reviewed this again with the practice and they confirmed they had arranged for an external company to carry out another assessment on the practice on 30 September 2015 and if recommendations were made then these would be completed, as required.

From the previous inspection we told the provider they should improve access at the front of the building for patients. The practice had removed some furniture that may have made access more difficult for patients but had

Are services safe?

found the front door entrance was still the same as previously found. The practice informed us they were waiting for their maintenance person to carry out some maintenance to fix the front doors to improve access for patients. Currently there were two entrance doors with alternate doors open, which reduced accessibility for patients using a wheelchair or pushchair access.

We were previously told at the last inspection that appraisals for staff development and support had not been completed and a plan was in place to complete these. Due to the changes with management in the last few months appraisals for staff still had not been completed. We were informed these would be completed as soon as possible for administration and nursing staff.

Arrangements to deal with emergencies and major incidents

We found improvements had been made to the arrangements in place to deal with medical emergencies since the last inspection in February 2015.

Previously we found the practice did not have an automated external defibrillator (AED). On this inspection we found they had equipment to deal with a medical emergency including an AED and portable oxygen. We saw a check system was in place to ensure the equipment was working effectively but the record only stated a check for

oxygen and not the AED. This was completed on a monthly basis rather than weekly as recommended by the Resuscitation Council UK guidance on equipment and drug list for cardiopulmonary resuscitation for primary care dated November 2013. Following the inspection the practice manager sent us an updated comprehensive checklist for the nursing staff to complete checks following this guidance and included all equipment to check. We checked the equipment which was in working order and where appropriate within its expiry.

Previously we found emergency medicines were not kept securely and the practice had not completed a risk assessment in respect of what emergency medicines they have in place. On this inspection we reviewed what emergency medicines they have in place. We found the practice had most of the required emergency medicines in place as suggested from our GP mythbuster available on CQC's internet website. There were two missing medicines; one for severe asthma and severe anaphylaxis and the other for analgesia. We were informed these were ordered shortly after our inspection. The practice had made the decision that they would not carry controlled drugs on the premises due to being in close proximity to the accident and emergency at Weston General Hospital. We found emergency medicines were now kept securely.