

Chawton Park 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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk based focused inspection of Chawton Park Surgery on 15 July 2016. This inspection was undertaken to check the practice was meeting the regulations. At our previous inspection on 5 February 2015, we found breaches of regulations relating to the safe delivery of services. The practice was rated good for providing effective, caring, responsive and well-led services and requires improvement for safe.

At our review on 15 July 2016, we found the practice was meeting the regulations that had previously been breached and we found the practice had made improvements since our last inspection on 5 February 2015

Key findings:

- The practice had reviewed and made changes to how medicines were stored and ensured appropriate arrangements were in place for monitoring the temperature of vaccine fridges;
- The practice had ensured that fire safety and legionella risk assessments were completed as needed;
- The practice had risk assessed the need for criminal record checks for staff who acted as chaperones.

We have amended the rating for safe to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. The overall rating for the practice remains good.

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 good for providing safe services.

- There were safe systems for the safe storage and monitoring of vaccines
- There were safe systems to assess and manage risks to patients
- There were appropriate background checks on staff undertaking chaperone duties

Good



Chawton Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector.

Background to Chawton Park Surgery

Chawton Park Surgery is situated in the outskirts in Alton, Hampshire and has been at this location since 2005. The practice shares its building with a pharmacy and is based in the grounds of Alton Community Hospital.

The practice is responsible for providing primary care services to approximately 9400 patients. Chawton Park Surgery also has a contract to provide minor injury services to patients who are not registered with the practice, but are able to attend the practice in person.

Appointments are available between 8.40am and 5.45pm Monday to Friday. The practice operates extended opening hours on Tuesday 6.30pm to 7.30pm and Friday 7am to 8am to see both GPs and nurses. The minor injury service is available between 8am and 6.30pm Monday to Friday. The practice has opted out of providing out-of-hours services to their own patients and refers them to Hantsdoc who are the out-of-hours provider. Patients can access Hantsdoc via the 111 service.

The practice has six GP partners who together work an equivalent of 5.75 full time staff. There are three male and three female GPs and a part time salaried assistant GP. The practice is a training practice and has up to four trainee GPs at any one time. GPs are supported by three nursing staff and two health care assistants. The practice also has an administration team of 14 which consists of receptionists, administrators, secretary, reception manager, IT manager and the practice manager.

The practice has a high number of patients who are aged between 40 and 69 when compared to the England average. Due to the rural nature of Alton, the practice has a high number of patients who reside in neighbouring villages. Also a high number of working age patients commute via train to London to work.

We carried out a desk based focused inspection and did not visit the practice.

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.

Are services safe?

Our findings

At our inspection in February 2015, we found shortfalls in how medicines were stored and how vaccines fridges were monitored; ensured that fire safety and legionella risk assessments were completed as needed; and risk assessed the need for criminal record checks for staff who acted as chaperones.

At our inspection in February 2015, we found:

- Information about how to request a chaperone could be found on the practice website, the display screen in the waiting area and in the practice leaflet. We were told that the practice had 10 chaperones. Training for these staff was given by a member of the administration team who attended a chaperone course and then cascaded information and written material to other staff.
- We found that staff with duties to chaperone had not received a disclosure or barring service check (DBS). DBS We asked about this and were told that at no time would a chaperone be left alone with a patient. This arrangement was confirmed by staff who were chaperones but was not recorded formally in any risk assessments or the chaperone policy.
- We checked medicines that were stored in treatment rooms and medicine fridges and found that these were secure. Emergency medicines were stored in a cupboard in a corridor which was out of sight of staff. We found this to be unlocked. We spoke with a nurse about this who said they kept it unlocked to allow quick access to the emergency trolley but understood the risk associated with not securing medicines and said the cupboard would be locked immediately.
- Certification confirmed that all four fridges were calibrated in December 2014. Records kept by staff showed that vaccines and medicines stored in these fridges were generally stored within a safe temperature range of between two and eight degrees Celsius.

However records seen for January 2015 showed that temperatures rose above eight degrees on several occasions overnight but there was no evidence of what action had been taken as a result of this.

- We asked for evidence to confirm that a legionella risk assessment had taken place. We were told that one had been booked to take place the week following our inspection and water quality testing had not taken place prior to our visit. The practice did not have a fire risk assessment in place.
- We saw that emergency drugs and equipment were regularly checked by a lead nurse. However we found four pieces of equipment used to administer emergency medicines to be out of date. Two of these were over five years past their use by date. There was also only a reliance on local knowledge of what should be in the emergency trolley as a list was not maintained.

We received an action plan, in April 2015, from the provider informing us of the actions they had taken to meet regulations. For this review we requested documentation from the practice to demonstrate that they had met the requirements made. Documentation provided showed that:

- Arrangements in place to carry out DBS checks for staff that were chaperones included a risk assessment.
- Arrangements to store and manage medicines included routine logging of fridge temperature. The fridge which was found to be unlocked had been moved to a consulting room which could be locked when unattended.
- Full legionella and fire risk assessments had been carried out. Action plans had been put into place to monitor any action identified, such as recording of water temperature checks.
- Regular checks were recorded to have been made of emergency equipment and medicines and there was an up to date list of what the emergency trolley should contain.