Southbourne Surgery

Quality Report

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Southbourne
Bournemouth
BH6 5BF
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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 well-led?	Good

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

Detailed findings from this inspection

Our inspection team 6

Background to Southbourne Surgery 6

Why we carried out this inspection 6

How we carried out this inspection 6

Detailed findings 8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southbourne Surgery on 22 March 2016. Overall the practice was rated as good for providing effective, caring and responsive services; and was rated as requires improvement for providing safe and well-led services. As a result, the practice was given an overall rating of requires improvement. Following the inspection we issued two requirement notices. A notice was issued due to a breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, relating to safe care and treatment; and a notice was issued due to a breach of Regulation 17 of The Health and Social Care Act (Regulated Activity) Regulations 2014, relating to good governance.

There were several areas of risk identified at Southbourne Surgery. Within our last inspection report we said the provider must ensure that:

- Policies and procedures for infection control were fully implemented including a robust system for stock checks and appropriate use of sharps safes.
- A risk assessment was undertaken for all staff, such as administrators who did not have a Disclosure and Barring Service (DBS) check in place.
- All staff were trained to the appropriate level in adult and child safeguarding, and that there was evidence to confirm this.
- A system of annual staff appraisals was implemented.
- All equipment, including the stair lifts, had appropriate maintenance checks and was suitable for use.
- Staff were trained and were confident to support patients in the use of equipment such as the stair lift.
- A system was put in place so that policies and procedures were updated and implemented, and staff were aware of how to access them.

The full comprehensive report on the 22 March 2016 inspection can be found by selecting the 'all reports' link for Southbourne Surgery on our website at www.cqc.org.uk.

We undertook a focused inspection of the practice on 28 March 2017. The inspection was to confirm that the practice had implemented its action plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 22 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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

Summary of findings

- We saw documentary evidence of a system, which was now in place to check medical consumables expiry dates in all clinical rooms. All sharps safe expiry dates were checked and sharps safe pouches that were full or not used were disposed of after three months.
- We saw documentary evidence that Disclosure and Barring Service (DBS) checks were applied for or recorded in personnel files for existing staff employed prior to CQC registration, as well as new staff. We also saw documentary evidence that a risk assessment tool was in place to determine whether administrative staff required a DBS check.
- We saw documentary evidence that all staff were trained to the appropriate level in adult and child safeguarding.
- We saw documentary evidence that the practice had implemented a system of annual staff appraisals.
- We saw documentary evidence that the practice stair lifts had appropriate maintenance checks and were suitable for use.
- Staff demonstrated that they were fully trained and confident to support patients in the use of stair lift equipment.
- We saw documentary evidence that a system had been put in place to update and implement policies and procedures, and we spoke to staff who demonstrated awareness of how to access them.

Following this inspection the practice was rated as good overall across all domains.

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?

Good

The domain for safe is now rated as good. This is because:

- Following the announced comprehensive inspection at Southbourne Surgery on 22 March 2016, the provider had ensured that policies and procedures for infection control were fully implemented. A member of practice staff checked the GPs' rooms weekly and made a note of any items that had passed their expiry date. During our focused inspection on 28 March 2017 we saw log book entries of all checks on medical consumables expiry dates in all clinical rooms. The log book included a record of disposal, after three months, of sharps safes pouches that were full or not used.
- The provider had taken steps to ensure that all staff were trained to the appropriate level in adult and child safeguarding. During our focused follow-up inspection on 28 March 2017, we saw training certificates which showed that all practice GPs and the practice manager were trained to safeguarding level three, nurses and health care assistants to level two, and administration staff to level one.
- The provider had taken steps to ensure that the stair lifts were regularly serviced and that staff were confident and competent to assist patients in using them. During our focused follow-up inspection on 28 March 2017, we saw documentary evidence that the practice had contracted a new company to undertake the stair lift servicing, from 7 October 2016. Following the comprehensive inspection at Southbourne Surgery on 22 March 2016, a required stair lift part had been fitted. Documentary evidence included a schedule of regular maintenance checks that take place every six months, with the last inspection report for 7 October 2016. An additional, six-monthly health and safety inspection of the stair lift equipment was due in August 2017. Staff nominated to assist patients with using the stair lift demonstrated that they were fully trained and confident to support patients in doing so.

Are services well-led?

Good

The domain for well-led is now rated as good. This is because:

- The provider had taken steps to ensure that Disclosure and Barring Service (DBS) checks were undertaken for all GPs and staff where required, and had a system in place to determine when these were not required. We saw documentary evidence

of DBS checks for new and existing staff, and a risk assessment tool, implemented from April 2016, to decide whether individual reception and administration staff required a standard DBS check.

- The provider had taken steps to ensure that all staff had annual appraisals or personal develop plans with training needs identified. We saw documentary evidence that all staff had appraisals completed in April 2016 and that these were scheduled annually thereafter.
- The provider had taken steps to ensure that all appropriate policies were available and that those used were up to date, specific to the practice or fully implemented. During our focused follow-up inspection on 28 March 2017, we saw documentary evidence that all staff had access to policies and that these were updated. When we spoke to staff, they were aware of how to access these policies and we saw detailed minutes of meetings where staff reviewed events and shared information that contributed to outcomes.

Southbourne Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our focused inspection was completed by a CQC Lead Inspector**.**

Background to Southbourne Surgery

Southbourne Surgery is based in the Southbourne area of Bournemouth. The practice is located in a purpose built building with a community service in a separate area of the same building and a pharmacy in a building opposite. At the time of our inspection there were approximately 8,900 patients on the practice list. The district nursing team and health visitors are based in the building and the practice had access to community midwives based at the local hospital. A community physiotherapist works at the practice two days a week providing services to patients from the practice and other local practices. The practice has a General Medical Services (GMS) contract.

The practice has five GP partners and a salaried GP (three male and three female). The practice is a training practice and at the time of our inspection had one foundation doctor (A foundation doctor is undertaking a two-year general postgraduate medical training programme which forms the bridge between medical school and further specialist training). The doctors are supported by four nurses, a healthcare assistant, a practice manager, assistant practice manager, reception and administration staff.

The practice is open between 7.30am – 6.30pm Monday to Friday. Extended hours appointments are offered daily between 7.30am and 8am. The practice has opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients can access NHS 111, and an Out Of Hours GP service is available.

The service is provided at the following location:

Southbourne Surgery

17 Beaufort Road

Southbourne

Bournemouth

Dorset

BH6 5BF

The practice has a higher than average number of patients aged 40 to 50 years and female patients over 80 years old. It has lower than average number of patients aged 15 to 34 years.

Why we carried out this inspection

We undertook a focused inspection visit of Southbourne Surgery on 28 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

Before writing our report, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We visited the practice to undertake a focused inspection on 28 March 2017.

Before producing our report we:

- Spoke with the practice manager and other practice staff such as receptionists and health care assistants (HCAs).
- Reviewed a range of documents, such as those relating to the management of infection control, Disclosure and Barring Service (DBS) checks for staff, safeguarding and equipment maintenance.

Good

Are services safe?

Our findings

At the last comprehensive inspection of Southbourne Surgery on 22 March 2016 we rated the practice as requires improvement for safe services, as arrangements for the management of infection control, staff training and equipment maintenance did not keep patients safe.

The areas of concern identified at the practice were:

- The provider must ensure that policies and procedures for infection control were fully implemented including a robust system for stock checks and appropriate use of sharps safes.
- The provider must ensure that all staff were trained to the appropriate level in adult and child safeguarding.
- The provider must ensure that all equipment, including the stair lifts, had appropriate maintenance checks and was suitable for use.
- The provider must ensure that staff were trained and were confident to support patients in the use of equipment such as the stair lift.

These arrangements had improved when we undertook a focused inspection on 28 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

- During the inspection at Southbourne Surgery on 22 March 2016 we found the practice could not demonstrate a robust system was in place to ensure all consumables were within date and sharps safes used appropriately. During our focused inspection on 28 March 2017 we saw log book entries of all checks on medical consumables expiry dates in all clinical rooms. The log book included a record of disposal, after three months, of sharps safes pouches that were full or not used.
- During the inspection at Southbourne Surgery on 22 March 2016 we found that the practice was unable to provide evidence that training was sufficient for all GPs and staff, for example safeguarding children. These arrangements had improved when we undertook a focused follow-up inspection on 28 March 2017. The practice now had documentary evidence to show that all staff were trained to the appropriate level in adult and child safeguarding. We saw training certificates which showed that all practice GPs and the practice manager were trained to safeguarding level three, nurses and health care assistants to level two, and administration staff to level one.

Monitoring risks to patients

- During the inspection at Southbourne Surgery on 22 March 2016 we found that the practice could not demonstrate regular servicing of the stair lifts or that staff were confident and competent to assist patients using the stair lifts. These arrangements had improved when we undertook a focused follow-up inspection on 28 March 2017. We saw documentary evidence that the practice had contracted a new company to undertake the stair lift servicing, from 7 October 2016. The stair lift part that was awaited has been fitted (and did not require that the stair lift was taken out of service, as the stair lift was safe to use whilst awaiting the part). Documentary evidence included a schedule of regular maintenance checks that take place every six months, with the last inspection report for 7 October 2016. An additional, six-monthly health and safety inspection of the stair lift equipment was due in August 2017. Staff nominated to assist patients with using the stair lift demonstrated that they were fully trained and confident to support patients in doing so.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At the last comprehensive inspection of Southbourne Surgery on 22 March 2016 we rated the practice as requires improvement for well-led services. This was because arrangements for annual staff appraisals, the recording of Disclosure and Barring Service (DBS) checks for staff, and staff access to policies and learning from incidents could not fully demonstrate that issues of quality, performance and risks were identified, understood and managed.

The areas of concern identified at the practice were:

- The provider must ensure that a risk assessment was undertaken for all staff who did not have a Disclosure and Barring Service (DBS) in place, such as administrators.
- The provider must ensure that a system of annual staff appraisals was implemented.
- The provider must ensure that a robust system was put in place so that policies and procedures were updated and implemented, and staff were aware of how to access them.

These arrangements had improved when we undertook a focused follow-up inspection on 28 March 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

- During the inspection at Southbourne Surgery on 22 March 2016 we found that the practice was unable to provide evidence for all GPs and staff of Disclosure and Barring Service (DBS) checks, or risk assessments to demonstrate that staff did not need DBS checks. These arrangements had improved when we undertook a focused follow-up inspection on 28 March 2017. We saw documentary evidence of DBS checks for new and existing staff, and a risk assessment tool, implemented from April 2016, to determine whether individual reception and administration staff required a standard DBS check.
- During the inspection at Southbourne Surgery on 22 March 2016 we found that the practice could not demonstrate that all staff had annual appraisals or personal develop plans with training needs identified. These arrangements had improved when we undertook a focused follow-up inspection on 28 March 2017. We saw documentary evidence that all staff had appraisals completed in April 2016 and that these were scheduled annually thereafter.
- During the inspection at Southbourne Surgery on 22 March 2016 we found that the practice could not demonstrate that all appropriate policies were available or that those used were up to date, specific to the practice or fully implemented. These arrangements had improved when we undertook a focused follow-up inspection on 28 March 2017. We saw documentary evidence that a 'master file' of hard copies of policies was available in the practice manager's office, that all staff had access to policies and that these were updated regularly. When we spoke to staff, they were aware of how to access these policies and we saw detailed minutes of meetings where staff could review events and shared information that contributed to outcomes.