

University Health Service

Quality Report

University Health Service
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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 focused inspection of University Health Service on 6 December 2016 to check that action had been taken since our previous inspection in April 2015. At the inspection in April 2015 the practice was rated as good overall. The practice was good for Effective, Caring, Responsive and Well Led services.

However we found that the practice required improvement in the Safe domain due to breaches of regulations relating to safe delivery of services. We found that the practice had not ensured that emergency medicines were available, fit for purpose and within the expiry date.

The practice had not ensured that staff recruitment checks were completed in full and the practice needed to carry out risk assessments to identify those members of staff who required a Disclosure and Barring Services check (this check identifies whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

We inspected the practice on 6 December 2016 to check that they had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection of University Health Service on our website at www.cqc.org.uk

Our key findings for this inspection were as follows:

The provider had made improvements:

- Recruitment arrangements included all necessary employment checks for all staff had been carried out.
- The practice carried out risk assessments to identify those members of staff who required a Disclosure and Barring Services check.
- New medicines had been purchased and they were now all within the expiry date. Systems had been put in place to ensure that emergency medicines were regularly checked and recorded.

The practice is now rated good for Safe services.

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.

- Recruitment arrangements included all necessary employment checks for all staff had been carried out.
- The practice carried out risk assessments to identify those members of staff who required a Disclosure and Barring Services check.
- New medicines had been purchased and they were now all within the expiry date. Systems had been put in place to ensure that emergency medicines were regularly checked and recorded.

Good



University Health Service

Detailed findings

Our inspection team

Our inspection team was led by:

At this review our inspection team consisted of a Care Quality Commission Inspector.

Background to University Health Service

University Health Service is a purpose built GP practice situated in the grounds of Southampton University, Highfield, Southampton. It has been based in its current location since 1992.

The practice has an NHS general medical services (GMS) contract to provide health services to approximately 18,000 patients.

University Health Service opens from 8.00am to 6.30pm Monday to Friday and appointments are available on these days between 8.00am and 5.30pm. The practice has opted out of providing out-of-hours services to its patients and refers them to HDoc's and Care UK out-of-hours service via the NHS 111 service.

The practice has a high number of patients (approx.12,000) who are students studying at Southampton University. The practice has five GP partners and a salaried GP. In total there are three male and three female GPs.

The practice also has one advanced nurse practitioner, two practice nurses and one health care assistant. GPs and nursing staff are supported by a team of 15 administration staff. The practice administration team consists of receptionists, administrators, a reception manager, a business manager and their personal assistant.

University Health Service is also a teaching practice for medical students and doctors training to be GPs.

We carried out our inspection at the practice situated at:

University Health Service

Building 48

Southampton University

Highfield

Southampton

SO17 1BJ

Why we carried out this inspection

At the inspection carried out on 9 April 2015, we made a requirement to address shortfalls with regulations in relation to:

Recruitment checks were not complete and the practice did not have evidence of: conduct in previous employment, eligibility to work in the UK and photographic identification. Staff that performed chaperone duties did not have either a criminal records check or documented rationale why such a check was not required.

We found that the registered provider did not ensure that effective systems were in place to ensure that emergency medicines were available and fit for purpose.

We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

Detailed findings

How we carried out this inspection

We revisited University Health Service as part of this review because they were able to demonstrate that they were meeting the standards.

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 people's needs?
- Is it well-led?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Arrangements to deal with emergencies and major incidents.

At our inspection in April 2015 we found that:

The practice had arrangements in place to manage emergencies. Records showed that all the staff had received training in basic life support in the last 12 months.

Emergency medicines and equipment were available in two locations and all staff knew of their location. Medicines included those for the treatment of cardiac arrest, anaphylaxis (severe allergic reactions) and hypoglycaemia (low blood glucose levels). Emergency equipment seen included an automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) and oxygen.

All staff knew the location of this equipment and records confirmed that it was checked regularly.

Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. However, we found two epinephrine pens (for the treatment of anaphylaxis) and one tube of rectal diazepam, used to treat seizures, which had passed their use by dates of March 2015 and August 2014 respectively.

At our visit on 6 December 2016 we found that the practice had improved the checking system for emergency medicines and had a master list of medicines kept in each emergency bag with details of expiry dates, which was checked monthly by the practice health care assistant (HCA). If the medicine was due to expire within the next month, then it was re-ordered a month in advance so that the new supply was received before the “old” medicine went out of date. This differed from the previous policy of ordering “in” the month that the medicine expired. A copy of the monthly checklist was kept for future reference.

The practice also had a monthly log of all the emergency equipment checks for both of the emergency trolleys. Both had a full list of equipment available on the trolley. One trolley was kept on the ground floor and a second trolley was on the first floor.

The HCA also completed a daily visual check of the emergency equipment, using a daily checklist, which was

initialled; this included the seals on the emergency bags. The practice purchased yellow security seals for the emergency bags. Each of the emergency bags now had a security seal which was dated when the bag was checked, therefore, if the seal was un-broken at the time of the monthly check (and all expiry dates are in range) then the bag contents could be deemed as “safe”.

If the GPs used a medicine or item from the emergency bag they generally told the HCA or left the bag in their treatment room. However, if this did not happen then the daily check of the bag seals alerted the HCA to the fact that equipment had been used and a bag re-stock/check was required.

The HCA had protected time once a month, to check the bags which made the improvement sustainable. If the HCA was not on duty, then the responsibility passed to the Business Manager to make alternative arrangements to ensure equipment was checked.

All documents relating to the emergency equipment and medicines were kept in a file in treatment room one which was accessible to staff at the practice to take on the task in the event of the HCA being absent.

Spot checks of expiry dates were carried out every three months or so by a senior GP or the Business Manager to confirm the medicines were in date.

At this inspection we found that all the emergency medicines were in date.

Staffing and recruitment.

At our visit in April 2015 we were showed that four administration staff acted as chaperones. Two of these had received chaperone training in 2008. None of the four staff who undertook chaperone duties had received criminal records checks through the Disclosure and Barring Service (DBS) (this check identifies whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) or a risk assessment documenting why such checks were not required.

The practice also had an induction policy, but there was no evidence to show that new members of staff had received an induction process. A DBS check had been carried out for the practice nurse. There were no records available to confirm that the receptionists had received a DBS check or that a risk assessment had been carried out.

Are services safe?

We looked at the staff recruitment files for a nurse and two receptionists who started to work at University Health Service in August 2013 and found that all three did not have evidence to confirm satisfactory conduct in their previous employment, a health record, full employment history or evidence of qualifications relevant to their role.

At our visit on 6 December 2016 we found that

All staff performing chaperoning now had DBS checks or applications in progress and new staff, who were required to perform chaperoning, were subject to DBS checks, based on the outcome of the DBS checklist/risk assessment. The practice had introduced a DBS assessment checklist which activated a DBS check if certain questions required it.

We reviewed the recruitment procedures for three members of staff employed since our last visit and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. An employment checklist had been developed to cover these items and was used in all recruitments and a copy was kept in the personnel file.

The practice had updated its induction programme and had included an induction checklist that was completed and checked. We saw evidence of induction and training completed by a practice nurse.