

Spa Surgery

Quality Report

205 High Street
Boston Spa
Wetherby
LS23 6PY
Tel: 01937 842842
Website: www.bostonspasurgery.co.uk

Date of inspection visit: 1 February 2017
Date of publication: 06/03/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	5
Background to Spa Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Spa Surgery on 14 July 2015. The overall rating for the practice was good. However; we rated the practice as requires improvement for providing safe care. The full comprehensive report on the July 2015 inspection can be found by selecting the 'all reports' link for Spa Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 1 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the issues that we identified in our previous inspection on 14 July 2015. This report covers our findings in relation to those requirements.

The practice has now met the legal requirements in the key question of safe and is now rated as good.

Our key findings were as follows:

- Risks to patients were assessed and well managed. The practice had implemented Disclosure and Barring Service (DBS) checks for all clinical staff and those acting in the role of a chaperone. Risk assessments were in place for all non-clinical staff to outline why a DBS check had not been conducted.
- The practice had carried out risk assessments in relation to fire; health and safety and legionella. Actions identified as a result of the assessments had been addressed.
- We reviewed the staff files of two recently recruited staff members and found appropriate checks had been undertaken.

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?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 14 July 2015. The issues at the previous inspection included:

- Staff files we looked at contained some evidence of appropriate recruitment checks having been undertaken prior to employment. However; not all files contained references or evidence of professional registration.
- We noted that not all staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (DBS checks identify 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 noted only some of the actions recorded in the legionella risk assessment were documented as completed.
- The practice had not performed a fire evacuation drill in the last year.

The practice manager told us they completed a weekly walk around of the building to identify anything which was amiss and to agree action to rectify it. However; this was not documented and we saw no record of risks identified and how these would be mitigated.

At this inspection on 1 February 2017 we found:

- The practice had recruited to a number of posts since the previous inspection. We looked at two recently recruited staff files, one clinical and one non-clinical. We found both files contained evidence of appropriate recruitment checks having been carried out, including references and professional registration.
- We saw that all clinical staff and those acting in the role of a chaperone had received a DBS check. Risk assessments were in place for all non-clinical staff to outline why a DBS check had not been conducted.
- The practice had a legionella log book outlining roles and responsibilities. Water temperature readings were taken on a monthly basis and a documented record kept. We saw evidence that a legionella risk assessment had been carried out on 31 January 2017.

Good



Summary of findings

- We saw evidence that a fire risk assessment had been carried out and all actions had been completed. For example; the evacuation chair had been re-sited to the first floor in the practice and a fire drill had been carried out in July 2016.
- We saw a full practice health and safety risk assessment had been carried out and documented. This included manual handling and slips, trips and falls.

Spa Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector carried out this inspection.

Background to Spa Surgery

Spa Surgery is located at 205 High Street, Boston Spa, Wetherby, LS23 6PY. The practice provides services for 6,724 patients under the terms of the locally agreed NHS General Medical Services contract. The practice catchment area is classed as within the group of the least deprived areas in England. The age profile of the practice population differs to other GP practices in the Leeds North Clinical Commissioning Group (CCG) area as there are more patients registered at the practice over the age groups of 65 years old, 75 years old and 85 years old.

There are four GP partners, two male and two female, who work at the practice. They are supported by an advanced nurse practitioner, four practice nurses, one healthcare assistant, a practice manager and a team of administrative staff.

The practice is open weekdays from 8am to 6pm. Calls to the practice between 6pm to 6.30pm are answered by the out-of-hours service. Appointments with GPs were available from 8.30am to 11.30am and 2pm to 5.30pm. Nurse appointments are available from 9am to 12.40pm and 2pm to 5.30pm. Patients contacting the practice for an urgent appointment would speak to the on call GP and an appointment arranged that day if needed. Out-of-hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service. Patients can choose to be seen in Leeds or at Harrogate Hospital during the out-of-hours period.

Spa Surgery is registered to provide; diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

Why we carried out this inspection

We undertook a comprehensive inspection of Spa Surgery on 14 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. However; we rated the practice as requires improvement for providing safe care. The full comprehensive report following the inspection on 14 July 2015 can be found by selecting the 'all reports' link for Spa Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Spa Surgery on 1 February 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.

How we carried out this inspection

We carried out a focused follow up inspection of Spa Surgery on 1 February 2017. During our visit we:

- Spoke with the practice manager.
- Reviewed training records.
- Reviewed recruitment files of two staff members.
- Reviewed risk assessments relating to health and safety of premises, including fire and legionella.

Are services safe?

Our findings

At our previous inspection on 14 July 2015, we rated the practice as requires improvement for providing safe services. We found the policy for recruiting staff had not been followed with regards to pre-employment checks and that not all staff acting in the role of chaperone had received a disclosure and barring service (DBS) check.

We found the practice had not completed all actions resulting from the legionella risk assessment and that other risk assessments were not appropriately documented. The practice had a fire risk assessment; however no fire evacuation drill had been conducted in the previous 12 months.

These arrangements had significantly improved when we undertook a follow up inspection on 1 February 2017. The practice is now rated as good for providing safe services.

Reliable safety systems and processes including safeguarding

We saw that all clinical staff and those acting in the role of a chaperone had received a DBS check. Risk assessments were in place for all non-clinical staff to outline why a DBS check had not been conducted.

Cleanliness and infection prevention and control

We saw a new legionella risk assessment had been carried out in January 2017. In addition, all actions from the previous assessment had been addressed. This included carrying out regular water temperature checks and documenting the results.

Staffing and recruitment

We looked at the recruitment files of two recently recruited staff members (one clinical and one non-clinical) and saw that these contained all appropriate checks including references and evidence of professional registration.

In addition; the practice manager had introduced a system to highlight when professional registration or indemnity was due to expire.

Monitoring safety and responding to risk

We reviewed the practice fire risk assessment and saw that steps had been taken to comply with fire safety regulations. For example; the evacuation chair had been re-located from the ground floor to the first floor. A fire evacuation drill had been carried out in July 2016 and the fire alarm was checked on a weekly basis.

The practice had undertaken a full risk assessment of the premises and these were documented with risks clearly outlined. This included moving and handling and trips, slips and falls.