

Oundle

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

Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oundle on 7 June 2016. The overall rating for the practice was good, with requires improvement for the safe domain. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Oundle on our website at www.cqc.org.uk.

We undertook this follow-up focused inspection to check that they had followed their plan and to confirm that they now met legal requirements in relation to the breach identified in our previous inspection on 7 June 2016. This report only covers our findings in relation to those requirements.

Overall the practice is now rated as good. However, on the inspection on 7 June 2016, there were areas of practice where the provider needed to make improvements.

We found that the provider must:

- Ensure that staff who undertake chaperone duties have received a Disclosure and Barring Service (DBS) check or that a written risk assessment is in place.

In addition, we found that the provider should:

- Review the infection control policy and audit tool used ensuring that it is robust and meets the standards as outlined in The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance.
- Review the monitoring of the fridge temperatures ensuring that comments and actions as appropriate are taken should the temperature not be within the required range.
- Ensure that access to the dispensary is restricted to authorised staff only.
- Improve the record keeping of medicines stock levels in the dispensary.
- Ensure that all electric equipment is tested or risk assessed and is safe to use.
- Proactively identify and offer support to carers.
- Ensure that the risk assessment for legionella testing is completed and any actions taken.
- Improve the management oversight of significant events to ensure trends can be identified to encourage improvement.

At this inspection we found that

Summary of findings

- The practice had Disclosure and Barring Service (DBS) checks in place for all chaperones.
- The infection control audit had been completed but could be improved further.
- Staff were regularly documenting fridge temperatures and action had been taken as required.
- The security measures for the dispensary had been reviewed and access was only given to authorised staff.
- Stock levels and expiry dates of medicines were checked and documented monthly.
- Electrical equipment had been tested.
- The practice had completed a legionella risk assessment.
- The practice had a proactive approach to the management, discussion and dissemination of significant events and had implemented a spreadsheet log.
- The practice identified 35 carers; this was less than 1% of the practice population. The practice

recognised this was low, but also recognised that they had a lower number of older patients. The practice identified carers at registration, as well as during appointments for those being cared for. The practice had been proactive in using the carer templates on the clinical system and invited carers to receive a yearly flu injection and signposted them to local groups. The practice had information in the waiting area for carers and leaflets, including information on support groups.

However, the area where the practice should make improvements are:

- The practice should implement a system to mitigate the risks of legionella disease by monitoring the water temperature regularly.
- The practice should further improve the management of infection control b

Therefore, practice is now rated as good in the safe domain, and good overall.

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?

At the last inspection on 7 June 2016 we found that:

- Non-clinical staff who undertook chaperone duties had not received a Disclosure and Barring Service (DBS) check and there was no written risk assessment in place.
- There was infection control policy in place. However, the audit undertaken in September 2015 lacked sufficient detail and was not robust, for example, identified actions did not show who should take action and by when.
- Staff regularly reviewed and documented fridge temperatures; however, if the readings were outside of the safe range, they did not record action taken.
- Security arrangements around the dispensary needed to be improved.
- Stock levels and expiry dates of medicines were checked, however, there was no evidence to show how frequently.
- Some electrical equipment required updated safety checks.
- The practice had identified less than 1% of the patients as carers; the practice recognised that this needed to be improved.
- A legionella risk assessment had not been undertaken.
- The management did not log the significant events that had been recorded and as a result, could not identify trends that may have developed.

Our focused inspection on 8 February 2017 found that:

- All non-clinical staff who undertook chaperone duties had received a Disclosure and Barring Service (DBS) check.
- The infection control audit had been completed, but the action plan still needed to be improved as it did not include who should take action and by when. The GP partner was aware of this and had planned to take action shortly after the inspection.
- Staff were regularly documenting fridge temperatures and action had been taken when the temperatures were out of range, for example, when completing a stock check.
- The security measures for the dispensary had been reviewed and access was only given to authorised staff.
- Stock levels and expiry dates of medicines were checked and documented monthly.
- All electric equipment had been tested or risk assessed as safe to use

Good



Summary of findings

- The practice had identified less than 1% of the patients as carers. However the practice had a proactive approach to identification and support of carers.
- The practice had completed a legionella risk assessment in July 2016 but had not implemented a monitoring system for water temperatures.
- The practice had a proactive approach to the management, discussion and dissemination of significant events and had implemented a spreadsheet log.

This report should be read in conjunction with the full inspection report from 7 June 2016.

Oundle

Detailed findings

Our inspection team

Our inspection team was led by:

This focussed follow up review was completed by two CQC inspectors.

Background to Oundle

Oundle Medical Practice provides a range of medical services to approximately 11,000 patients in the town of Oundle, 20 nearby villages and to the young people who board at local schools.

The practice is in the NHS Cambridgeshire and Peterborough CCG (Clinical Commissioning Group). In July 2016, the practice merged with 4 other practices to form part of 'Lakeside Healthcare' which is designed to deliver improved collaborative care pathways. Lakeside Healthcare caters for over 100,000 patients.

The practice holds a Personal Medical Services (PMS) contract to provide GP services. The practice dispenses medicines to some patients. Data from Public Health England shows the practice serves an area where income deprivation affecting children and older patient's people is lower than the England average. The practice has an average number of older patients and a higher number of patients aged 10 to 20 years and a lower number of patients aged 20 to 40 years.

The practice has a team of five GPs meeting patients' needs. All five GPs are partners meaning they hold managerial and financial responsibility for the practice. There is an advance nurse practitioner, five practice nurses, and two health care assistants. There is a pharmacist, a dispensary lead and five dispensers. A service delivery manager and a finance lead support the new part-time

practice manager. The practice is actively recruiting a new practice manager. There is a team of fourteen reception and administrative staff. The practice employs three general assistants whose duties include cleaning the practice.

Patients using the practice have access to a range of services and visiting healthcare professionals. These include midwives, physiotherapists, a podiatrist, and a community mental health nurse.

Appointments are available Monday to Friday from 8.am to 6.30pm. With extended hours offered on Wednesday morning from 7.30am to 8am and Wednesday evening between 6.30pm to 8pm. Routine appointments are offered on the first three Saturdays each month.

Outside of practice opening hours the patients contact 111 for an emergency service. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

Why we carried out this inspection

We undertook a comprehensive inspection of Oundle on 7 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with requires improvement for the safe domain. The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for Oundle on our website at www.cqc.org.uk.

As a result of the last inspection on 7 June 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. This was because the practice had non-clinical staff performing chaperones duties that were not subject to a Disclosure and Barring Service (DBS) check.

Detailed findings

Furthermore, the infection control audit tool used needed to be more robust to ensure that it met the standards as outlined in The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance. The monitoring of the fridge temperatures required improvement to ensure that comments and actions as appropriate were taken should the temperature not be within the required range.

The practice needed to ensure that access to the dispensary is restricted to authorised staff only and improve the record keeping of medicines stock levels in the dispensary. Additionally, the practice was required to ensure that all electrical equipment was tested or risk assessed and was safe to use. The practice needed to proactively identify and offer support to carers. The practice had to ensure that the risk assessment for

legionella testing was completed and any actions taken. In addition the practice was required to improve the management oversight of significant events to ensure trends could be identified to encourage improvement.

How we carried out this inspection

We spoke with the practice manager and a GP and reviewed the requirements to ensure the practice had systems in place to meet these.

We revisited Oundle as part of this review to assess the information provided to inspect whether Oundle had met the requirements.

We carried out a focussed follow-up review on 8 February 2017.

Are services safe?

Our findings

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing safe services as we found that staff who undertook chaperone duties had not been risk assessed for the need to have a Disclosure and Barring Service (DBS) check.

These arrangements had significantly improved when we undertook a follow up inspection on 8 February 2017. The practice is now rated as good for providing safe services. We found the following improvements were needed in relation to safe care and treatment at our last inspection on 7 June 2016.

The non-clinical staff who undertook chaperone duties had not received a Disclosure and Barring Service (DBS) check and there was no evidence of a written risk assessment in place. All chaperones had received chaperone training.

- The practice nurse was the infection control lead and there was an infection control policy that was in place. However, the audit undertaken in September 2015 lacked sufficient detail and the action plan was not robust, for example, identified actions did not show who should take action and by when.
- Medicines were stored safely and staff regularly reviewed and documented fridge temperatures; however, if the readings were outside of the safe range, they did not record action taken.
- The security arrangements to the dispensary were discussed and it was identified that these could have been more robust. The practice agreed to review the access for authorised staff.
- Stock levels and expiry dates of medicines were checked by dispensary staff; however, there was no evidence to show how frequently. Staff reported that it was when they cleaned or re-stocked.
- The practice informed us that there was policy in place to undertake safety checks on all electrical equipment every 3 years and the last check was recorded to be July 2013. Electrical equipment was not visually checked to ensure it was safe to use.
- The practice had identified less than 1% of the patients as carers; the practice recognised that this needed to be improved.

- The practice had not undertaken a risk assessment for legionella (a bacterium that can grow in contaminated water and be potentially fatal). On the day of this inspection, the practice manager had requested specialists to undertake a full risk assessment of the premises.

Significant events were discussed at staff meetings, and we saw evidence of shared learning. However, the management did not log the significant events that had been recorded and as a result, could not identify annual trends that may have developed, meaning changes could not be instigated to encourage improvement. Our focused inspection on 8 February 2017 found that:

- The non-clinical staff who were performing chaperone duties had received a Disclosure and Barring Service (DBS) check, copies of which were available in staff files.
- The nurse who had led the infection control audit was no longer working for the practice and a GP partner had taken over this role. An audit had been undertaken and actions identified, some of these had been completed. However, the audit lacked detail as it did not specify by whom, or have a date for completion. We discussed this with a GP partner who told us that they were aware of this and had plans to complete the audit shortly after the inspection.
- The dispensary staff were able to show clear documentation of regular fridge temperature checking. The documentation also had clearly annotated sections where the fridge was out of, or close to, the expected range of 2-8 degrees; for example, it was noted that the fridge was being re-stocked when the temperature recorded was 7.6 degrees.
- Security in the dispensary had been reviewed and appropriate action taken to ensure only authorised members of staff had access. This had been limited to the dispensary staff and the GP's.
- Dispensary staff were able to show clear documentation of monthly stock checks of medications which were signed and dated by the person completing the check. The stock checking was completed by dispensary staff only and included checking if medicines were in date.
- On review of electrical equipment testing, we saw that testing had taken place in November 2014. The GP Partner had also completed a thorough visual audit of

Are services safe?

electrical equipment in February 2017. This included an action plan which had been completed, for example, two leads for phone lines had been replaced. The practice also plans to have a formal electrical equipment check to ensure equipment is fit for purpose in November 2017, as per the practice policy of safety checks on electrical equipment every three years.

- The practice had a legionella policy in place and had undertaken a risk assessment in July 2016 and had responded to the action plan. The practice had replaced some water systems in the practice and had adjusted water temperatures to ensure that they meet the requirements. However, due to the lead nurse for legionella leaving the practice, the practice had not

completed monitoring of water temperatures. The GP partner told us that they would appoint a new legionella lead and complete appropriate monitoring, but would lead for legionella until such time.

The practice demonstrated a clear, well documented log of significant events, which enabled trends to be easily highlighted. The practice had made significant events a standing item on the agenda for the partners meeting and ensured they were discussed by each team and that learning was disseminated. The practice stated they will complete analysis of trends annually from the spreadsheet to identify trends to encourage improvement. We noted that the practice shared and had access to learning outcomes from other practices to prevent events happening in the future.