

# The Portmill Surgery

## Quality Report

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Date of inspection visit: 01/03/2017  
Date of publication: 27/03/2017

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

Overall rating for this service	Good	
Are services safe?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at The Portmill Surgery on 1 March 2017. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection carried out on 22 June 2016. During our inspection in June 2016 we identified regulatory breaches in the safe care and treatment, staffing and governance at the practice.

This report only covers our findings in relation to the areas requiring improvement as identified on inspection in June 2016. You can read the report from this comprehensive inspection, by selecting the 'all reports' link for The Portmill Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The areas identified as requiring improvement during our inspection in June 2016 were as follows:

- Ensure an appropriate system is in place for the safe use of prescription pads, and the management of medicines, including those used in an emergency.

- Ensure a Legionella risk assessment is completed by a person competent to carry out the task. Implement any action required following the completion of the risk assessment and complete water temperature checks.
- Complete an assessment on the control of substances hazardous to health.
- Ensure that all staff employed are receiving an appraisal and essential training relevant to their role.
- Ensure an accessible and robust system is in place for receiving and responding to complaints.
- Create and maintain a record of fire alarm tests and fire drills carried out at the premises.

Our focused inspection on 1 March 2017 showed that improvements had been made and our key findings across the areas we inspected were as follows:

- The practice had an appropriate system in place for the safe use and management of medicines, including those used in an emergency. Prescription pads were securely stored and an effective system was in place to monitor their use.
- A legionella risk assessment had been completed by an external company and all of the required work and checks had been managed appropriately.
- The practice had completed an assessment on the control of substances hazardous to health.

# Summary of findings

- All staff members had completed essential training relevant to their role and had received an appraisal.
- The practice had an effective system in place for receiving and responding to complaints, which was in line with national guidance.
- Fire alarm tests and fire drills were carried out on a regular basis and the practice and landlord maintained a record of this.

**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 our comprehensive inspection on 22 June 2016, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services.

During our focused inspection on 1 March 2017, we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- The practice had an appropriate system in place for the safe use and management of medicines, including those used in an emergency.
- Prescription pads were securely stored and an effective system was in place to monitor their use.
- A legionella risk assessment had been completed and all of the required work had been completed. The practice completed ongoing monitoring including water temperature checks.
- The practice had completed an assessment on the control of substances hazardous to health.
- Fire alarm tests and fire drills were carried out on a regular basis and the practice maintained a record of this.

Good



### Are services well-led?

At our comprehensive inspection on 22 June 2016, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided well-led services.

During our focused inspection on 1 March 2017, we found the practice had taken action to improve and the practice is rated as good for providing well-led services.

- The practice had an effective system in place to ensure all staff members completed core training essential to their role.
- The practice had an appraisal policy and procedure in place and all staff members had received an appraisal within the last 12 months.
- The practice had an effective system in place for receiving and responding to complaints, which was in accordance with national guidance.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

At our comprehensive inspection on 22 June 2016 we found that the practice offered proactive, personalised care to meet the needs of the older people in its population.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 1 March 2017 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of older people as they received care that was safe and well-led.

Good



### People with long term conditions

At our comprehensive inspection on 22 June 2016 we found that the practice offered effective care to patients with long term conditions.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 1 March 2017 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people with long-term conditions as they received care that was safe and well-led.

Good



### Families, children and young people

At our comprehensive inspection on 22 June 2016 we found that the practice provided a good service to families, children and young people including those children living in disadvantaged circumstances and who were at risk.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 1 March 2017 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of families, children and young people as they received care that was safe and well-led.

Good



### Working age people (including those recently retired and students)

At our comprehensive inspection on 22 June 2016 we found that the practice offered a good service to patients of a working age and

Good



# Summary of findings

ensured the needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 1 March 2017 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of working age people as they received care that was safe and well-led.

## **People whose circumstances may make them vulnerable**

At our comprehensive inspection on 22 June 2016 we found that the practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice informed vulnerable patients about how to access support groups and voluntary organisations and staff knew how to recognise signs of abuse in vulnerable adults and children.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 1 March 2017 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people whose circumstances may make them vulnerable as they received care that was safe and well-led.

Good



## **People experiencing poor mental health (including people with dementia)**

At our comprehensive inspection on 22 June 2016 we found that the practice had systems in place to ensure good care for those patients experiencing poor mental health including those patients with dementia.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 1 March 2017 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people experiencing poor mental health as they received care that was safe and well-led.

Good



# The Portmill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

## Background to The Portmill Surgery

The Portmill Surgery provides primary medical services, including minor surgery, to approximately 14,300 patients in Hitchin and surrounding areas. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract).

The practice serves a lower than average population of those aged between 20 to 29 years, and a slightly higher than average population of those aged between 40 and 59 years. The population is 88% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of eight GP Partners, five of which are female and three are male. There are four practice nurses, one nurse practitioners, who is qualified to prescribe certain medications, and two health care assistants. The non-clinical team consists of a practice manager, a finance and facilities manager, a reception supervisor and a team of administration and reception staff.

The Portmill Surgery has been approved to train doctors. The practice is open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP were available from approximately 8.30am to 11am and from 2pm to 6pm daily. Emergency appointments are available daily with the duty doctor. A telephone consultation service is also

available for those who need urgent advice. The practice offers extended opening hours between 7am and 8am every Thursday and Friday, and from 6.30pm to 8pm one Monday each month and from 8am to 10am one Saturday each month.

Home visits are available to those patients who are unable to attend the surgery and the out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and on the practice telephone line.

## Why we carried out this inspection

We undertook an announced focused inspection of The Portmill Surgery on 1 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 22 June 2016 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service well-led. This is because the service was not meeting some legal requirements.

## How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This information told us how they had addressed the breaches of legal requirements we identified during our comprehensive inspection on 22 June 2016. We carried out an announced focused inspection on 1 March 2017.

# Detailed findings

During our inspection we spoke with the practice manager, the finance and facilities manager, a receptionist, and one of the health care assistants.

# Are services safe?

## Our findings

Following our inspection carried out 22 June 2016, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 1 March 2017 to check action had been taken to improve the areas identified as requiring improvement.

### Overview of safety systems and processes

During our inspection on 1 March 2017, we found the practice had an appropriate system in place for the safe use and management of medicines. The practice had completed a review of medicines held at the practice and senior staff had decided to no longer stock controlled drugs. The practice had alternative arrangements in place so that when patients did need them they could be supplied. The practice had a protocol in place for the storage and prescribing of non-controlled drugs and vaccines.

All medicines, including emergency medicines were easily accessible to staff in a secure area of the practice and all of the staff we spoke with knew of their location. The practice had an emergency drugs policy and a documented system and records in place for the regular checking of emergency medicines to ensure all medicines held at the practice were within the expiry date recommended by the manufacturers. The practice had an emergency medicines trolley on the ground floor and on the first floor. All of the medicines and equipment held on these trolleys were checked weekly. The practice had a process in place to ensure all emergency medicines held at the practice were in line with best practice and national guidelines. All of the emergency medicines we checked were in date.

During our inspection we found blank prescription pads were securely stored. The practice had prescription security protocols in place and an effective system to maintain the security of prescription stationery and to monitor their use.

### Monitoring risks to patients

During our inspection on 1 March 2017, we found the practice had assessed, monitored and

mitigated the risks relating to the health, safety and welfare of service users and others. The practice had completed and the practice had risk assessed the control of substances hazardous to health (COSHH). A COSHH policy was in place along with safety data sheets which were accessible to all staff members.

The practice had a legionella management policy in place and an external company had completed a legionella risk assessment in June 2016. All of the required work identified from the risk assessment had been completed and the practice had named leads in place to manage the ongoing monitoring and required checks and tests, including water temperature checks.

The practice had a fire risk assessment and fire safety policy in place. There were seven staff members who had been trained as fire safety marshalls. The practice maintained a log of fire drills and the landlord maintained a log of fire alarm tests. We saw evidence to confirm fire alarms were tested on a weekly basis and fire drills were undertaken on an annual basis. The last fire drill was completed in August 2016.

# Are services well-led?

Good 

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

## Our findings

Following our inspection carried out 22 June 2016, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 1 March 2017 to check action had been taken to improve the areas identified as requiring improvement.

### Governance arrangements

During our inspection on 1 March 2017 we checked the systems in place for receiving and responding to complaints. Information on the complaints procedure, including how to complain, was available to patients in the practice waiting areas and on the practice website. The practice recorded verbal complaints and this information was analysed to identify trends. During our inspection we checked two complaint records and found both of these had been dealt with in a timely way. Apologies were offered to patients where necessary and the practice included information on the Parliamentary and Health Service

Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England) when responding to patient complaints as standard.

Staff members had access to e-learning training which included core training such as basic life support, infection control and prevention, equality and diversity, health and safety including fire safety, consent and deprivation of liberty safeguards (DoLS), information governance, safeguarding children and adults. The practice had an induction policy and training checklist in place. The practice maintained a training log for all staff members and all staff members had completed essential training relevant to their role.

The practice had a staff appraisal log in place and all appraisals were completed in line with the practice's staff appraisal policy and procedure. We saw evidence of staff appraisals for both clinical and non-clinical staff members. All staff members had received an appraisal within the last 12 months and all new employees had a three monthly review date scheduled.