

The Southville Surgery

Quality Report

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Date of inspection visit: 17 October 2016
Date of publication: This is auto-populated when the report is published

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 an announced comprehensive inspection at the Southville Surgery on 9 February 2016. Following our comprehensive inspection overall the practice was rated as good with requires improvement for the safe domain. Following the inspection we issued a requirement notice. The notice was issued due to a breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against any risks associated with the safe management of the medicines, the checking of emergency equipment and the safe management of blank prescriptions. A copy of the report detailing our findings can be found at www.cqc.org.uk.

Our key findings during this inspection were as follows:

The areas where the provider must make improvement were:

- The medicine management policy was not fully implemented which impacted on the safe management of medicines by the practice

specifically key security, storage of controlled medicines, ensuring patient medicines were returned to the pharmacy and ensuring regular checks of the stock kept in the practice.

The areas where the provider should make improvement were:

- The practice should ensure they undertake checks through the Disclosure and Barring Service for personnel employed to carry on the regulated activities.
- All pre-employment checks should be fully recorded.
- The practice should review how blank prescriptions were received and distributed around the practice.
- Ensure the checks for the emergency oxygen and the defibrillator were recorded.
- Arrangements for infection control should ensure areas identified for action were followed through.
- The practice should review the arrangements for checking results and introduce a formalised processed which ensured they were reviewed within an agreed timeframe.

We undertook this focused inspection on 17 October 2016 to follow up the requirement to assess if the practice had implemented the changes needed to ensure patients who used the service were safe.

Summary of findings

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

- The practice had reviewed and rewritten their medicine management protocols, processes for prescription security and checking emergency equipment; these had been fully implemented by the practice.
- The practice had ensured Disclosure and Barring Service checks were completed for personnel employed to carry on the regulated activities, and that all pre-employment checks were recorded.
- The practice had undertaken checks through the Disclosure and Barring Service for personnel employed to carry on the regulated activities and ensured that all pre-employment checks such as references were recorded.

- The practice had reviewed the arrangements for checking results and introduced a formalised process which ensured they were reviewed within an agreed timeframe.

The remaining area where the provider should make improvement following the inspection on 9 February 2016 is :

- Arrangements for infection control should ensure areas identified for action are followed through.

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 now rated as good for providing safe services. We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice in February 2016. This included updating training and protocols for all staff involved with medicine management, prescription security and emergency equipment checks. They had also reviewed their processes for checking test results so that they are completed in a timely way, and ensured all pre-employment checks such as references were recorded.

Good



The Southville Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to The Southville Surgery

The Southville Surgery is located in an urban area of Bristol. They have approximately 8678 patients registered.

The practice operates from one location:

Southville Surgery

Coronation Road

Southville

Bristol

The practice is sited in two adjacent houses in a four storey converted building. The consulting and treatment rooms for the practice are situated on the ground and first floors. There are three treatment rooms (for use by nurses, health care assistants and phlebotomists); reception and records room; and a waiting area on both floors. There is limited patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of three GP partners, five salaried GPs, the operations manager and the practice manager, working alongside three qualified nurses and two health care assistants. The practice is supported by an administrative team made of medical secretaries, receptionists and administrators. The practice is open from 8.30am until 6.30pm Monday to Friday for on the day

urgent and pre-booked routine GP and nurse appointments. Extended opening hours are available for prebookable appointments on Tuesdays between 6.30pm - 8.30pm.

The practice has a General Medical Services contract with NHS England (a nationally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, immunisations and unplanned admission avoidance.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the website.

Patient Age Distribution

0-4 years old: 7.07% - higher than the national average

5-14 years old: 7.46%

15-44 years old: 59.14% - higher than the national average

45-64 years old: 18.12% - higher than the national average

65-74 years old: 4.47%

75-84 years old: 2.64%

85+ years old: 1.11%

Patient Gender Distribution

Male patients: 50.19 %

Female patients: 49.81 %

% of Patients from BME populations: 2.67 %

Detailed findings

The Southville Surgery is currently experiencing a high demand for registration from new patients and has registered 780 new patients since October 2015. They operate at a consultation rate of 6 appointments per weighted patient per year against a national average of 5.5.

The practice was inspected in November 2013 and found to be compliant.

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

We carried out an announced comprehensive inspection at the Southville Surgery 9 February 2016. Following our comprehensive inspection overall the practice was rated as good with requires improvement for the safe domain. Following that inspection we issued a requirement notice. This notice was issued due to a breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against any risks associated with the safe management of the medicines, checking of emergency equipment and the safe management of blank prescriptions.

We undertook this focused inspection on 17 October 2016 and visited the practice to follow up the requirement notices for breaches of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment to ensure patients who used the service were safe.

Are services safe?

Our findings

Overview of safety systems and processes

At the last inspection we found there were policies in place for managing medicines, including emergency drugs and vaccinations. We found that these had not always been robustly implemented which allowed for poor practice. For example, the key security was not adhered to and this meant that unauthorised staff could potentially access medicines and the safe where prescriptions were stored. We also found that patient's own medicines had been retained on the premises contrary to the policy. We also found an out of date injectable medicine which was raised with the practice during the inspection for removal.

On this visit we observed that a key safe had been purchased which limited access to the keys for the medicines kept at the practice. The practice no longer held medicines for patients and did not accept unused medicines. They had a spreadsheet in place for checking and monitoring medicines kept at the practice and we saw this had been completed. We spot checked the medicines and found they were in date and had their expiry date clearly highlighted.

On our last inspection we found prescription pads and prescriptions for printers were securely stored and there were systems in place to monitor their use around the practice. However, the system was not failsafe as the practice did not record serial numbers when these had been delivered and so could not provide a clear audit trail if there was a security breach. The provider sent us information and an action plan that was put into place to address this issue following the inspection.

On this visit we saw the new system and protocols in place which ensured the security of prescriptions. We spot checked the records against the blank prescriptions and found they were accurate.

At our last visit we reviewed three personnel files and found that the practice had not undertaken their own Disclosure and Barring Service (DBS) checks for two employees but had relied on DBS checks undertaken by other organisations. We also found that for recently employed GPs verbal references had been taken but not recorded.

We were shown evidence on this visit that the recruitment process had changed and that all employees had a DBS check; we noted that for recently recruited staff all the required recruitment checks had been completed and were held on their personnel file.

Monitoring risks to patients

We also had seen at our last visit that when a GP was absent from the practice their 'buddy' reviewed test results but this did not always happen in a formalised way. This was raised with the senior partner to review the arrangements and introduce a formalised process which ensured results were reviewed within an agreed timeframe.

This had been reviewed and we were provided with an updated protocol which indicated all test results should be viewed within two days and that whilst absences were covered by the 'buddy' should they be unavailable then results would be sent to the duty doctor.

Arrangements to deal with emergencies and major incidents

On the last inspection we observed that checks for the emergency oxygen and the defibrillator were not fully recorded and signed. On this visit we saw the records for the checks had been completed and were up to date.