

Gade Surgery

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

Are services safe?

Good



Key findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gade Surgery on 1 December 2016. Overall the practice was rated as good. However, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Gade Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach of regulation that we identified in our previous inspection on 1 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

On this focused inspection we found that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

The practice is now rated as good for providing safe services.

Our key finding was as follows:

- Sufficient arrangements were in place for the management of Patient Group Directions (PGDs) and they were appropriately reviewed, signed and

countersigned. (Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- The practice kept prescription pads securely and monitored their use.
- Appropriate recruitment checks had been undertaken and documented prior to the employment of new staff members.
- Actions to reduce the risks identified by the fire and Legionella risk assessments were completed and recorded. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Water temperature checks were completed and recorded. Fire extinguishers were checked to ensure they were working properly.
- The practice risk assessed how it transported patient identifiable data between its two sites and staff understood the precautions they needed to take to reduce the identified risks.
- We saw that a process was in place and adhered to for monitoring the completion of staff training. Staff received training that included: adult and child safeguarding, fire safety, chaperoning and basic life support. Most of the training was provided by the use of an e-learning facility. All newly employed staff had

Summary of findings

received a training needs assessment and a process was in place to ensure all staff received one by the completion of this year's staff appraisal process on 31 March 2018.

- During our inspection on 1 December 2016 we found the practice's policy for obtaining and recording patient consent for procedures was not always followed and the consent process was not monitored. During this focused inspection we reviewed the records of seven patients who had recently received joint injections, travel vaccinations or baby immunisations and found that in all the cases we looked at the appropriate consent was obtained and documented. We saw that the practice monitored the process for seeking consent to minor procedures appropriately. We looked at three quarterly audits completed between April and December 2017 which showed the 26 patients who had received a minor procedure in that time all had their consent obtained and recorded in accordance with the practice's policy.
- Following our inspection in December 2016 the practice had completed a piece of work to ensure its carers register (those patients on the practice list identified as carers) was correct and accurately reflected those patients who were active in a carer

role. This had reduced the number of carers identified from 122 to 103. Through a proactive approach from staff this was increased and at the time of this focused inspection on 7 March 2018 the practice had identified 124 patients on the practice list as carers. This was approximately 1% of the practice's patient list. Of those, 93 (75%) had been invited for and 22 had accepted and received a health review since 1 April 2017. Dedicated carers' notice boards in the reception areas provided information and advice including signposting carers to support services. A member of reception staff was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients and attending the relevant locality meetings.

- Practice specific policies were implemented and were available to all staff. We looked at examples of these including the practice's recruitment, consent, chaperoning and child safeguarding policies. We found these were regularly reviewed and updated and contained the appropriate information which reflected the practice's current processes.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Gade Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

Background to Gade Surgery

Gade Surgery provides a range of primary medical services from its premises at 99b Uxbridge Road, Rickmansworth, Hertfordshire, WD3 7DJ and Witton House, Lower Road, Chorleywood, Hertfordshire, WD3 5LB. We only visited the Rickmansworth surgery as part of this focused inspection. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a population of approximately 11,920 and is a teaching and training practice. National data indicates the area served is less deprived compared to England as a whole. The practice population is mostly white British. The practice serves an above average population of those aged from 40 to 59 years and 65 to 69 years. There is a lower than average population of those aged from 15 to 39 years.

The clinical team includes four male and two female GP partners, two female salaried GPs, three practice nurses, two healthcare assistants and a phlebotomist. (A phlebotomist is a specialised clinical support worker who collects blood from patients for examination). The team is supported by a practice manager, a deputy practice manager, an office manager and 17 other secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

At Gade Surgery the phone lines open from 8am and the practice is fully open (phones and doors) from 8.30am to 6.30pm Monday to Friday. Between 1pm and 2pm daily the phone lines close but the doors remain open. Appointments are available from 8.40am to 11.30am and 1.30pm to 6.30pm daily, with slight variations depending on the doctor and the nature of the appointment. The practice is also part of the Watford Care Alliance and offers appointments on Saturdays and Sundays every two weeks to patients on the practice list and those registered at other practices in the scheme.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

We undertook a comprehensive inspection of Gade Surgery on 1 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as good. However, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services.

The full comprehensive report following the inspection on 1 December 2016 can be found by selecting the 'all reports' link for Gade Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Gade Surgery on 7 March 2018. 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.

Are services safe?

Our findings

At our previous inspection on 1 December 2016, we rated the practice as requires improvement for providing safe services as the process in place for managing Patient Group Directions (PGDs) was insufficient. We issued a requirement notice in respect of this issue.

In addition we found:

- Appropriate checks on newly recruited staff were not always completed or documented correctly.
- There was no system in place to record and monitor the use of prescription pads, although these were stored securely.
- The plans in place to respond to actions identified by risk assessments were not always completed in a timely manner. Water temperature testing was not completed and fire extinguishers were not checked at specified intervals to ensure they were working properly.
- The provider hadn't properly assessed the risk of transporting patient identifiable data between the branch site and the main practice.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 7 March 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

We reviewed the personnel files of three staff (clinical and non-clinical) recruited since our comprehensive inspection in December 2016 and found the appropriate recruitment checks had been undertaken and documented prior to their employment. For example, photographic proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body (when applicable) and the appropriate checks through the Disclosure and Barring Service (DBS).

Safe and appropriate use of medicines

We looked at 11 PGDs and saw these were managed appropriately. All of the PGDs we looked at were signed as reviewed and understood by the nurses. They were countersigned by a GP to confirm the competency of the nurses and authorise them in administering the relevant medicines (vaccines). The staff we spoke with understood the process in place at the practice to ensure the appropriate management of PGDs.

We saw that blank prescription pads were securely stored and there was a system in place to monitor their use. This included the monitoring of the pads arriving at the practice and being assigned internally to the GPs. The relevant staff we spoke with were aware of how the system worked. We checked the serial numbers of prescription pads assigned to three GPs and these matched with the records kept. We noted that the pads for hand written prescriptions were rarely used by the GPs.

Track record on safety

We looked at the fire risk assessment and action plan in place at the time of our comprehensive inspection in December 2016. We saw that all the necessary actions had now been completed and recorded. This included checks on fire extinguishers to ensure they were working properly. The certificates of conformity we looked at showed the checks were completed in December 2016 and November 2017. We found all the door closures at the practice had been replaced at the end of 2017, but due to a fault they were replaced again on 6 March 2018.

We looked at the Legionella risk assessment and action plan. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the necessary actions had been completed and recorded. This included the monitoring and recording of specific hot and cold water temperatures. We looked at the water temperatures recorded between September 2017 and March 2018 and found they were within the required levels. An external contractor had completed a Legionella interim health check at the practice in September 2017. This included visual checks and water sample checks which raised no concerns.

From our conversations with staff and our review of documentation we found that following our comprehensive inspection in December 2016 the practice risk assessed how it transported patient identifiable data between the practice's two sites. The staff we spoke with understood the process involved and the precautions they needed to take to reduce the identified risks. We were told that early in 2018 the practice had purchased a new coded lock box which was used to transport all patient identifiable data between the two sites. Staff said this was sturdier than the previous container and helped to further reduce any risk.