

The Tickhill and Colliery Medical Practice

Quality Report

The Tickhill Surgery
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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

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 comprehensive inspection of this practice on 13 October 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 12 Safe care and treatment, Regulation 15 Premises and equipment, Regulation 17 Good governance and Regulation 19 Fit and proper persons employed.

We undertook this focused inspection on 17 May 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Tickhill and Colliery Medical Practice on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focused inspection we found the practice to be good for providing safe and well-led services.

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

- Systems and processes were in place to keep people safe. For example, the practice implemented a procedure to check all emergency drugs monthly and to record those medicines disposed of due to expiry dates. Staff who acted as chaperones had received training for the role in January 2016. Disclosure and barring service (DBS) checks were also completed for all staff and an annual infection prevention and control audit had been completed on 31 December 2015. We saw evidence that action was taken to address any improvements identified as a result.
- We reviewed two personnel files for staff starting at the practice in June 2016. We found appropriate recruitment checks had been undertaken.
- A fire risk assessment had been completed following our comprehensive inspection in October 2015 and we saw evidence actions identified were completed. Fire alarms were tested weekly and a fire evacuation drill was completed on 15 October 2015.
- The partners had reviewed the governance framework to support performance and deliver good quality patient care. We saw evidence that all of the clinical and non-clinical policies and procedures had been reviewed and were available to all staff via their desktop on the practice computer.

Summary of findings

- The practice had established a programme of internal audit to monitor quality and to make improvements. We were shown the planned audit schedule for the next 12 months.

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 rated as good for providing safe services.

- Systems and processes were in place to keep people safe. For example, the practice implemented a procedure to check all emergency drugs monthly and to record those medicines disposed of due to expiry dates. Staff who acted as chaperones had received training for the role in January 2016. Disclosure and barring service (DBS) checks were also completed for all staff and an annual infection prevention and control audit had been completed on 31 December 2015. We saw evidence that action was taken to address any improvements identified as a result.
- We reviewed two personnel files for staff starting at the practice in June 2016. We found appropriate recruitment checks had been undertaken.
- A fire risk assessment had been completed following our comprehensive inspection in October 2015 and we saw evidence actions identified were completed. Fire alarms were tested weekly and a fire evacuation drill was completed on 15 October 2015.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

- The partners had reviewed the governance framework to support performance and deliver good quality patient care. We saw evidence that all of the clinical and non-clinical policies and procedures had been reviewed and were available to all staff via their desktop on the practice computer.
- The practice had established a programme of internal audit to monitor quality and to make improvements. We were shown the planned audit schedule for the next 12 months.

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

The practice is rated as good for the care of older people as they are rated as good for safe and well-led.

Good



People with long term conditions

The practice is rated as good for people with long term conditions as they are rated as good for safe and well-led.

Good



Families, children and young people

The practice is rated as good for families, children and young people as they are rated as good for safe and well-led.

Good



Working age people (including those recently retired and students)

The practice is rated as good for working age people (including those recently retired and students) as they are rated as good for safe and well-led.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for people whose circumstances may make them vulnerable as they are rated as good for safe and well-led.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for people experiencing poor mental health (including people with dementia) as they are rated as good for safe and well-led.

Good



The Tickhill and Colliery Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector.

Why we carried out this inspection

We undertook an announced focused inspection of The Tickhill and Colliery Medical Practice on 17 May 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 October 2015 had been made.

We inspected the practice against two of the questions we ask about services: is the service safe and is the service well-led and against all of the population groups. This is because during our comprehensive inspection in October 2015 the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Regulation 12 Safe care and treatment, Regulation 15 Premises and equipment, Regulation 17 Good governance and Regulation 19 Fit and proper persons employed.

During the October 2015 comprehensive inspection we found patients were not protected from the risk of harm as we found expired medicines and open medicine ampoules in an emergency medicine box stored with the defibrillator and oxygen cylinders. The practice did not have any children's oxygen masks. The premises and equipment

were not adequately maintained as the fire safety equipment had not been routinely checked within the previous twelve months and the last weekly fire alarm test was dated August 2015. We were told fire evacuation drills were not performed. There were no sanitary disposal facilities in the staff or patient toilets.

Governance systems and processes were not well established and operated effectively. This was because some of the policies and procedures we looked at had not been reviewed on the due date. The disciplinary procedures and management of sickness policies which were in place to support staff had passed the review date of 2013. Audits were not used routinely to monitor the quality of the service and practice. For example, the last infection prevention and control audit was completed in November 2013. Records of recruitment were not well organised and held in a number of different places.

Checks that staff were of good character where not adequate and recruitment procedures were not established and operated effectively. This was because of the three staff files we observed only one contained a written reference and another a verbal telephone reference. Not all staff who acted as chaperones had received a disclosure and barring service (DBS) check. We were shown DBS certificates which related to staff's previous employment with other organisations. The DBS status was not checked for these staff with the DBS service prior to their employment with the practice.

This focused inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 October 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the

Detailed findings

service safe and is the service well-led. We inspected the practice against all six of the population groups: older people; people with long term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe and well-led would affect the rating for all the population groups we inspected against.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and the action report submitted to us on 22 January 2016. We also asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with the acting practice manager and two GP Partners.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we asked the following two questions:

- Is it safe?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia)

Are services safe?

Our findings

Safe track record and learning

We reviewed significant event record reported due to expired medicines and open medicine ampoules stored with the defibrillator and oxygen cylinder. We saw the findings of the investigation were shared with staff at a whole practice meeting in January 2016. We saw evidence lessons were shared and action was taken to improve safety in the practice. For example the practice implemented a procedure to check all emergency drugs monthly and to record those medicines disposed of due to expiry dates. The acting practice manager checked the process every six months.

Overview of safety systems and processes

A notice on the patient display in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received training for the role in January 2016. Disclosure and barring service (DBS) checks were also completed for all staff in January 2016. (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). The practice had also revisited the chaperone procedure to include regular training updates for staff in this area.

We were shown annual infection prevention and control audit completed on 31 December 2015. We saw evidence that action was taken to address any improvements identified as a result including mounting hand soap dispensers on the wall. The practice had reviewed its

standards of cleanliness and hygiene. We observed the carpet had been removed from the reception area and replaced with vinyl flooring. The seating had been recovered with a wipe clean covering. We observed the premises to be clean and tidy. Sanitary disposal units were available in staff and patient toilets.

The arrangements for managing emergency medicines had been reviewed in the practice to keep patients safe. We observed regular monthly checks of medicines were performed and the practice now had child oxygen masks.

We reviewed two personnel files for staff starting at the practice in June 2016. We found appropriate recruitment checks had been undertaken. For examples references, qualifications, and the appropriate checks through the DBS had been requested. We were told all records relating to recruitment were now kept at the Tickhill site and shown evidence DBS checks had been completed for all existing staff.

Monitoring risks to patients

The practice had reviewed the procedures in place for monitoring and managing risks to patient and staff safety. A fire risk assessment had been completed following our comprehensive inspection in October 2015 and we saw evidence actions identified were completed. For example reviewing fire safety signage. We were shown records fire alarms were tested weekly and a fire evacuation drill was completed on 15 October 2015. This was scheduled to be completed every six months. A check of the fire safety equipment was completed on 16 October 2015 and included replacing some of the equipment. Servicing of the fire equipment was scheduled again for October 2016.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The partners had reviewed the governance framework to support performance and deliver good quality patient care. We saw evidence that all of the clinical and non-clinical policies and procedures had been reviewed and were available to all staff via their desktop on the practice computer.

The practice had reviewed its arrangements for identifying, recording and managing risks, issues and

implementing mitigating actions to routinely monitor the quality of the service. The acting practice manager had established a programme of internal audit to monitor quality and to make improvements. We were shown the planned audit schedule for the next 12 months which identified which audits were due for review. For example the infection prevention and control audit and fire safety risk assessment. We saw evidence actions identified from these audits were followed up and completed and discussed at monthly partner meetings.