

Roysia 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

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 of this practice on 5 May 2016. We set a requirement in relation to Safe Care and Treatment. The practice sent in an action plan informing us about what they would do to meet legal requirements in relation to the following;

- Robust processes were not in place to assess the risk of and prevent, detect and control the spread of infection. The practice did not have a robust legionella risk assessment and did not ensure infection control audits were completed.
- Dispensary staff did not have training appropriate to their role and had not received annual competency assessments.

During the initial inspection we also found areas where improvements should be made:

- The practice should record on their clinical system children who fail to attend hospital appointments by using the appropriate coding.

- Ensure thermometers used to record refrigerator temperatures are validated and calibrated annually to ensure their accuracy.
- Ensure all standard operating procedures are finalised and implemented.

The practice told us these issues would be addressed by December 2016 and have provided us with evidence to show they had taken the action to address these concerns.

We undertook a desk top review on 5 December 2016 to make a judgement about whether their actions had addressed the requirements.

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link for on our website at www.cqc.org.uk

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 5 May 2016 we found that:

- Effective processes were not in place to assess the risk of and prevent, detect and control the spread of infection. The practice did not have a robust legionella risk assessment and did not ensure infection control audits were completed.
- Dispensary staff did not have training appropriate to their role and had not received annual competency assessments.

During the initial inspection we found areas where improvements should be made:

- The practice should record on their clinical system children who fail to attend hospital appointments by using the appropriate coding.
- Ensure thermometers used to record refrigerator temperatures are validated and calibrated annually to ensure their accuracy.
- Ensure all standard operating procedures are finalised and implemented.

Our focused inspection on 5 December 2016 found that:

The practice is rated as good for providing safe services.

- The practice had safe and effective systems in place and had implemented more efficient processes to assess the risk of and prevent, detect and control the spread of infection. The practice had a legionella management protocol, a risk assessment and a legionella water temperature testing report.
- The practice had commenced an annual competency assessment to be carried out during the staff member's appraisal. A bar code accuracy checking system had been installed in the dispensary.
- The practice updated their child safeguarding policy to include planned actions where a child failed to attend a hospital appointment.
- The practice purchased data loggers to monitor the various medical refrigerators and monitored the temperature of the rooms the refrigerators were sited in. The nurses and dispensers downloaded the refrigerator temperature data each month in addition to the daily checks and the practice manager regularly downloaded the report. The thermometers were calibrated annually with the other practice equipment.

Good



Summary of findings

This report should be read in conjunction with the full inspection report from 5 May 2016.

Roysia Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Background to Roysia Surgery

Roysia Surgery is situated in Royston Hertfordshire. The practice provides services for approximately 6,100 patients. It holds a General Medical Services contract. The practice has two male and three female GP partners. The team also includes two female practice nurses and two female health care assistants (HCA). They also employ a practice manager, a dispenser and a team of reception/administration/secretarial staff. The practice is a dispensing practice and dispenses medicines to 824 patients. The practice is a teaching and training practice. The practice's opening times are from 8am until 6.30pm Monday, Wednesday and Friday with extended hours on alternate Tuesdays and Thursdays until 8pm. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Herts Urgent Care via the 111 service. We reviewed the most recent data available to us from Public Health England which showed that the practice has a comparable practice population compared with the national England average. The deprivation score is lower than the average across England.

Why we carried out this inspection

As a result of the last inspection on 5 May 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. This was because the practice had not ensured that effective processes were in place to assess the risk of and prevent, detect and control the spread of infection. The practice did not have a robust legionella risk assessment and did not ensure infection control audits were completed. Dispensary staff did not have training appropriate to their role and had not received annual competency assessments.

How we carried out this inspection

We reviewed the information received from the practice, spoke with the practice manager and requested additional information from the practice.

We have not revisited Roysia Surgery as part of this review because Roysia Surgery were able to demonstrate they were meeting the standards without the need for a visit

We carried out a desk-based review on 5 December 2016.

Are services safe?

Our findings

We found improvements were needed in relation to safe care and treatment at our last inspection on 5 May 2016, we found that:

- Effective processes were not in place to assess the risk of and prevent, detect and control the spread of infection. The practice did not have a robust legionella risk assessment and did not ensure infection control audits were completed. A nurse was the infection control clinical lead. There was an infection control policy in place which had been recently reviewed and staff had received up to date training. The practice did not ensure that annual infection control audits were undertaken. The practice did not have any audits to show us. All practice staff did infection control e-learning and regular hand washing training.
- The practice had not ensured that appropriate training was given to members of staff who worked within the dispensary and that a formal assessment of their competence to work in this area was carried out annually.

During the initial inspection we also found areas where improvements should be made:

- The practice did not record on their clinical system children who fail to attend hospital appointments by using the appropriate coding.
- The practice did not ensure thermometers used to record refrigerator temperatures were validated and calibrated annually to ensure their accuracy.
- The practice did not ensure all standard operating procedures were finalised and implemented. We noted that the practice has some clear and comprehensive Standard Operating Procedures (SOPs) for their dispenser to follow and we saw evidence that each member of staff had seen and understood each SOP and that they were reviewed on an annual basis. However, some SOPs were incomplete including those covering the repeat dispensing procedure, checking of refrigerator temperatures, waste disposal and recording of near-misses.

The provider sent us an action plan informing us about the action they would take to ensure that patients were safe.

Our focused inspection on 5 December 2016 found that the practice had implemented and embedded clearly defined systems, processes and practices.

The practice is rated as good for providing safe services.

- The practice had safe and effective systems in place and had implemented more efficient processes to assess the risk of and prevent, detect and control the spread of infection. The practice had completed an infection control audit in May 2016 and had highlighted actions identified within the audit in an action plan. We saw evidence of actions completed or a reasonable action completion date allocated. The practice had a legionella management protocol, a risk assessment and a legionella water temperature testing report. The practice had recently had an inspection of their water supply and central heating system to ensure it was running efficiently. Some remedial work was completed and the central heating system was operating well at the correct pre-set level. The practice were conducting more frequent hot and cold water temperature tests for the next three months to ensure the correct temperatures were reached.
- The practice had commenced an annual competency assessment to be carried out during the staff appraisals. The practice had implemented a system where prescriptions were second checked by administration staff and then third checked by a GP. This was an interim measure whilst the practice sought advice on purchasing and using an electronic bar code accuracy checking system. The practice manager had discussions at the clinical computer system user group meetings, practice manager meetings and a GP dispensing training day held during the year in their locality. The practice purchased and commenced using the bar code checking system on 24 November 2016. The practice have continued to use a final GP accuracy check in their policy until the system is embedded. The practice had one dispensing error in the previous six months and we saw evidence of an updated significant event reporting form, a dispensing error log and a near miss log book.

There were several areas where the practice should make improvements.

- The practice updated their child safeguarding policy to include planned actions where a child fails to attend a hospital appointment. For example; place the correct code on the patient record on the clinical computer

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system, note on the system safeguarding page, ensure the child had attended for a subsequent appointment, contact the family where appropriate and involve other agencies if necessary.

- The practice purchased data loggers to monitor the various medical refrigerators and monitored the temperature of the rooms the refrigerators were sited in. The nurses and dispensers downloaded the refrigerator temperature data each month in addition to the daily checks and the practice manager regularly downloaded the report. The thermometers were calibrated annually with other practice equipment.

- The practice had clear and comprehensive Standard Operating Procedures (SOPs) for their dispenser to follow and they continued to be reviewed on an annual basis. The SOPs which were found to be incomplete during the initial inspection, including those covering the repeat dispensing procedure, checking of refrigerator temperatures, waste disposal and recording of near-misses, had been scheduled to be reviewed.