

Beechcroft 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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of Beechcroft Surgery on 8 April 2016. This inspection was undertaken to follow up a requirement notice we issued to the provider at our previous inspection of 15 December 2016 as they had failed to comply with the law in respect of providing safe care and treatment for patients, specifically in respect of safeguarding service users from abuse and improper treatment.

We undertook this focused follow up inspection to check that they had followed their action plan to address the shortfalls and to confirm that they now met legal requirements. This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, 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?

We found that improvements had been made following our previous inspection of 15 December 2015.

Appropriately trained nursing staff undertook chaperone duties for patients.

Staff were registered with the appropriate professional bodies.

The practice had made improvements that ensured prescription pads and forms were stored securely and systems were in place to monitor their use.

Systems were in place to ensure that medicines were stored safely and that recommendations following a risk assessment for the prevention of Legionella Disease had been carried out.

Monthly safeguarding meetings were attended by GPs, health visitors and community staff.

Good



Beechcroft Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector.

Background to Beechcroft Surgery

Beechcroft Surgery is part of The Coastal Partnership which consists of seven practices in the Norfolk Area. It took over the practice in October 2012 and is an alternative provider of medical services for NHS South Norfolk CCG. The practice's current contract ceases on April 2016 and it has submitted a bid for the future contract.

The practice provides services to approximately 3600 registered patients. According to information taken from Public Health England, the patient population has a higher than average number of patients aged 45-85 years, and a significantly higher than average number of patients aged 85 years and above. It has a higher prevalence of patients

with a long standing health condition at 72%, compared to the national practice average of 54%.

The clinical team consists of one GP partner, two salaried GPs, two practice nurses, and one health care assistant. The administrative team is led by the operations manager, who also oversees other practices within the Coastal Partnership.

The practice is open between 8.30am and 1.30pm, and from 2pm to 6.30pm Mondays and Wednesdays, and between 8.30 am and 1.30pm, and from 2pm to 5.30pm on Thursdays and Fridays. Extended hours surgeries are offered on Tuesday evening between 6.30pm and 7.30pm.

Why we carried out this inspection

We undertook a focused inspection of Beechcroft Surgery on 8 April 2016. The inspection was carried out to check that improvements had been made to meet legal requirements in respect of compliance with regulation 13 Health and Social Care Act (Regulated activities) Regulation 2014, following out comprehensive inspection on 3 November 2015. When we inspected the practice on 3 November 2015 we were concerned about the safe care and treatment of patients in respect of safeguarding service users from abuse and improper treatment. Not all staff who undertook chaperone duties had been risked assessed regarding the need for a Disclosure and Barring check (DBS) check.

Are services safe?

Our findings

The practice had reviewed its policy for staff that undertook chaperone duties. We were told that only trained nursing staff will undertake this role, all these staff members had received Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working with children or adults who may be vulnerable. The practice had started the process of obtaining DBS checks for all staff members; we saw that application forms had been submitted online.

The practice demonstrated that they had checked the professional registration of clinical staff working at the practice. A new section to the staff annual appraisal form had been added, this would ensure that an annual check on qualifications and registration with the appropriate bodies would be carried out.

The immunisation status of all clinical staff had been recorded.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were reviewed and updated. The practice had a system to identify and investigate children who had not attended hospital appointments.

The practice had implemented robust systems to ensure that prescription pads and forms were stored securely and systems were in place to monitor their use. The reception staff were responsible for the allocation of prescription forms to each GP and each morning and evening they removed any unused forms from the consulting rooms. All serial numbers were recorded. When a GP requested a prescription pad for use on a home visit, they were required to sign the log book.

The practice had completed the recommendations from a risk assessment that had been undertaken to help prevent the spread of Legionnaire's disease. Legionella is a term used for a particular bacterium which can contaminate water systems in buildings. We saw that changes had been made to the water pipe systems. A further risk assessment had been performed January 2016 to ensure that the system was safe and would not pose a risk to patients and staff. Monthly water tests were completed.

Fridge temperatures were monitored and suitable thermometers were used. We reviewed satisfactory record sheets.