

Pavilion 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

The practice was rated good overall and is now rated good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 27 May 2015. Breaches of legal requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. We conducted a desk based focused inspection on 13 May 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. (A desk based focused inspection means the provider was able to send us evidence of the action taken to address the issues previously found rather than visiting the practice).

During our previous inspection on 27 May 2015 we found the following areas where the practice must improve:-

- Ensure that a legionella inspection is carried out.
- Ensure that all clinical staff have been checked with the Disclosure and Barring Service (DBS) prior to them commencing in post.

Our previous report also highlighted areas where the practice should improve:-

- Ensure that meeting minutes include details of which staff were present and a summary of discussions held to include actions to be taken and by whom.
- Support the patient participation group (PPG) to gather and review patient feedback on the practice and ensure this is recorded so that the practice demonstrates on-going learning from patient feedback and involvement.
- Ensure that identified health and safety risks are recorded in a way that details the actions to be taken to eliminate or reduce the risk of harm.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

During this inspection we found:

- The practice had conducted a legionella inspection and completed the necessary works to ensure safety.
- All clinical staff had received a criminal record check via the DBS and the practice had a policy to ensure that new clinical staff received a DBS check prior to them commencing in post.

We also found in relation to the areas where the practice should improve:

Summary of findings

- That the practice was able to provide evidence that meeting minutes included details of which staff were present and a summary of discussions held which included actions taken.
- The practice was able to provide evidence that they had supported the PPG to gather and review patient feedback on the practice and that this information was recorded and published on the practice website.
- The practice was able to demonstrate that identified health and safety risks were recorded in a way that detailed the actions to be taken to eliminate or reduce the risk of harm.

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 Good for delivering Safe services

At our last inspection, we found that risk assessments did not always include details of how the risk could be effectively managed, clinical staff had not all received criminal records checks via the Disclosure and Barring Service (DBS) prior to commencing in post and a legionella inspection had not been carried out.

At this inspection, we found that all clinical staff had received a criminal record check through the DBS and that a legionella inspection and associated safety works had been carried out.

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 good for the care of older people. At our inspection in May 2015 the provider was rated as requires improvement for safety. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection the practice is now rated as good for safety, this population group is now also rated as good.

Good



People with long term conditions

The practice is rated good for the care of people with long term conditions. At our inspection in May 2015 the provider was rated as requires improvement for safety. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection the practice is now rated as good for safety, this population group is now also rated as good.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. At our inspection in May 2015 the provider was rated as requires improvement for safety. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection the practice is now rated as good for safety, this population group is now also rated as good.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working age people (including those recently retired and students). At our inspection in May 2015 the provider was rated as requires improvement for safety. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection the practice is now rated as good for safety, this population group is now also rated as good.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances make them vulnerable. At our inspection in May 2015 the provider was rated as requires improvement for safety.

Good



Summary of findings

The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection the practice is now rated as good for safety, this population group is now also rated as good.

People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). At our inspection in May 2015 the provider was rated as requires improvement for safety. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection the practice is now rated as good for safety, this population group is also rated as good.

Good



Summary of findings

Pavilion Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC inspector. We did not speak with any stakeholders or patients during this inspection.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

18 November 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

Breaches of legal requirements were found. As a result, we undertook a focused desk based inspection on 13 May 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding.

At our previous inspection, we found that the practice did not have a policy for the management,

testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).The practice had not undertaken a risk assessment for legionella to identify the level of risk to enable them to make a decision about on-going formal legionella testing.

At this inspection, the practice manager was able to send us details of the legionella risk assessment dated 11 April 2016 along with an action plan and the associated works carried out on 29 April 2016.

Staffing and recruitment

At our previous inspection, we saw that two clinical staff who were new into post had not received criminal records checks via the Disclosure and Barring Service (DBS) prior to commencing in post. We saw that the documentation was being processed at the time of our visit but this meant that clinical staff had been working in the practice without the practice being assured they had a criminal record check via DBS in place.

At this inspection, the practice manager was able to send us details of the DBS checks completed for all clinical staff and was able to send us an updated the policy in relation to this.