

# Victor Street 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 a focused inspection of Victor Street Surgery on 29 July 2016 to check that action had been taken since our previous inspection in April 2015. Overall the practice is rated as good. The practice was good for Effective, Caring, Responsive and Well Led services.

However we found that the practice required improvement in the Safe domain due to breaches of regulations relating to safe delivery of services.

We found that the practice had not ensured recruitment arrangements included all necessary employment checks for all staff. There were no fire and legionella risk assessments. Safeguarding, basic life support and fire safety training needed to be undertaken for relevant staff. The medicine/vaccination refrigerators required servicing and calibration. Prescriptions were not kept securely and only accessible to authorised people and the practice required effective infection prevention and control systems.

We inspected the practice on 29 July 2016 to check that they had followed their plan and to confirm that they now

met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection of Victor Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings for this inspection were as follows:

The provider had made improvements:

- Action plans had been produced following infection control audits.
- The practice reviewed its water safety risk assessment in relation to Legionella to ensure that the water supply did not pose a risk to patients, visitors or staff.
- Recruitment arrangements included all necessary employment checks for all staff had been carried out.
- Safeguarding, basic life support and fire safety training had been undertaken by relevant staff.
- New medicine/vaccine refrigerators had been purchased.

The practice is now rated good for Safe services.

**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.

- Risks to patients were assessed and well managed.
- Action plans had been produced following infection control audits.
- Water safety risk assessment in relation to Legionella to ensure that the water supply did not pose a risk to patients, visitors or staff had been completed.
- Recruitment arrangements included all necessary employment checks for all staff had been carried out.
- Safeguarding, basic life support and fire safety training had been undertaken by relevant staff.
- New medicine/vaccine refrigerators had been purchased.

**Good**



# Victor Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

At this review our inspection team consisted of a Care Quality Commission Inspector.

## Background to Victor Street Surgery

Victor Street Surgery is a training practice situated in Shirley, Southampton.

The practice has an NHS general medical services contract to provide healthcare and does this by providing health services to approximately 12,300 patients.

Appointments are available between 8.00am to 6.30pm from Monday to Friday. In addition early morning appointments are available between 7.30am and 8am on Monday, Tuesday, Thursday and Friday. Evening appointments are also available on Tuesday evenings between 6.30pm and 8.00pm and one Saturday per month between 8.30am and 11.30am. The practice has opted out of providing out-of-hours services to its patients and refers them to Care UK out-of-hours service via the 111 service.

The mix of patient's gender (male/female) is almost half and half. The practice is located in an area of average deprivation. Victor Street Surgery treats a number of patients who have high intake of drug and alcohol and/or experience poor mental health.

The practice has nine GP partners and a GP registrar who together work an equivalent of eight full time staff. In total there are three male and seven female GPs. The practice

also has four practice nurses and a phlebotomist and a health care assistant. The GPs and the nursing staff are supported by a team of 16 administration staff, the finance manager and practice manager.

## Why we carried out this inspection

At the inspection carried out on 21 April 2015, we made a requirement to address shortfalls with regulations in relation to:

Procedures missing included infection control audits, an annual infection control statement and a legionella risk assessment.

Recruitment checks missing included; conduct in previous employment, eligibility to work in the UK and photographic identification. Staff that performed chaperone duties did not have either a criminal records check or documented rationale why such a check was not required.

A risk assessment had not been carried out for fire safety, tests and fire drills were also not completed.

Blank prescription forms were not stored securely. Medicines/vaccination refrigerators had not been serviced or temperature gauges calibrated.

Not all staff were up to date for fire safety, basic life support and safeguarding training.

We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

# Detailed findings

## How we carried out this inspection

We revisited Victor Street Surgery as part of this review because they were able to demonstrate that they were meeting the standards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Medicines management.

At our visit in April 2015 we checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.

Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. Fridges were not serviced or their thermometers calibrated to ensure they worked effectively.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were tracked through the practice but not kept secure.

At this inspection on 29 July 2016 we saw that the practice had purchased three new clinical fridges specifically designed for the storage of medicines. The fridges had been serviced in May 2016 and all the temperature checking log books were completed.

The practice had upgraded their security protocols and door security. The GPs, nurses and some administration offices had been fitted with push button door locks. This ensured that prescriptions were now kept and stored in a secure environment.

### Cleanliness and infection control.

In April 2015 we observed the premises to be generally clean and tidy. All of the 20 patients we asked told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control. We asked the lead for the practice's annual infection control statement and any audits that had been carried out in the past 12 months. We were told that neither had been completed.

A GP partner told us they had carried out a risk assessment for legionella in April 2015. Legionella is a bacterium which can contaminate water systems in buildings. This

assessment did not include an inspection of water storage units or pipes within the building and therefore did not identify any potential risk to health or if an action plan was required.

After our inspection the practice had a full Legionella risk assessment undertaken by an external provider and monthly checks were carried out on water temperatures. The practice also replaced the hot water systems so that there was no standing water in the practice.

The practice also has produced a comprehensive annual infection control statement which includes details of hand washing audits and we saw that infection control audits had been performed and were discussed at partners meetings and at Target meetings. The practice also introduced a matrix of annual risk assessments that needed to be completed.

### Staffing and recruitment

At our visit in 2015 we looked at the staff recruitment files for three reception staff that started to work at Victor Street Surgery in May 2014 and found that two did not have evidence to confirm satisfactory conduct in their previous employment, eligibility to work in UK or proof of identity. The practice also had an induction policy, but there was no evidence to show that these members of staff had completed an induction.

At this inspection we saw that the practice had revised its recruitment policy and had implemented the checks that were missing in the previous inspection. We looked at three files of staff that had been employed since our last inspection and saw that all the relevant checks had been completed. The practice manager had introduced a check sheet to ensure that these documents were in the staff files. All clinical staff are required to have a Disclosure and Barring Services check. All other staff have a Disclosure and Barring services risk assessment completed. If the risk assessment identifies a requirement, then the Disclosure and Barring Service check is undertaken.

All new clinical staff have undergone chaperone training and chaperoning is only performed by nursing staff. The chaperone policy has been reviewed and updated.

### Monitoring safety and responding to risk.

At our visit in 2015, the practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. However,

## Are services safe?

a number of risk assessments remained outstanding. These included, checks of the building, the environment, medicines management, dealing with emergencies and equipment. We were shown a first aid policy which indicated that staff should be trained in basic life support annually. Records showed that 19 out of 33 staff had received training in basic life support in 2014.

Since our last inspection the practice has undergone a full review of policies which was on-going. All staff have received basic life support training and we saw certificates to show that staff had received fire safety training, safeguarding children and adults, (GPs had been trained to level 3). The practice had provided staff with e-learning modules from a health care site and we saw that this had become part of the induction plan for new staff that they had to complete.

At our inspection in 2015 the practice had not carried out a fire risk assessment which would identify the actions required to maintain fire safety. Also monitoring of fire safety had not been carried out. Actions missing included testing of fire alarms, emergency lighting checks and fire drills. Records provided to us showed that only four out of 33 staff had received fire training in the previous 12 months.

At this inspection we saw that the practice had undertaken a fire risk assessment with an action log. The practice had created a responsible person for the practice fire control. We saw completed records that the person responsible had tested the fire alarms weekly, checked fire extinguishers, and checked the safety lighting every month. The practice had also undertaken a full fire drill. The practice manger had undertaken fire warden training and all staff had received the relevant fire safety training.