

Avenue Medical Practice

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



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 2 December 2015. Breaches of legal requirement were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet this legal requirement in relation to the regulatory breach of the Health and Social Care Act 2008 (Regulated Activities) 2014, Regulation 12 Safe care and treatment and Regulation 19 Fit and proper persons employed.

We undertook this focused inspection on 10 August 2016 to check that they had followed their plan and to confirm they now met the legal requirement. 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 Avenue Medical Practice on our website www.cqc.org.uk.

Overall the practice is rated 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:

- All staff who performed chaperone duties had received training for the role and a Disclosure and

Barring Service (DBS) check had been completed (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).

- Systems and processes were in place to keep people safe. For example, the system to check and monitor the temperature of the medical fridges had been reviewed. The healthcare assistants had attended a vaccination and immunisation training programme. We saw evidence that patient specific directions were attributable to a prescriber and demonstrated individual patient consideration to allow healthcare assistants to administer vaccinations. We reviewed a random sample of medical consumables within the practice and all were found to be within their expiry date. The practice had implemented a system to monitor and control this.
- The partners had reviewed the governance framework to support performance and deliver good quality patient care. We saw evidence staff had received an up to date job description. All had received an appraisal within the last 12 months with

Summary of findings

the exception of the nurse practitioner who had a date for this scheduled. We saw evidence a computerised training matrix had been implemented to monitor staff training needs.

- We saw evidence that risk assessments had been completed. A building health and safety risk

assessment and a legionella risk assessment had been completed (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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.

- All staff who performed chaperone duties had received training for the role and a Disclosure and Barring Service (DBS) check had been completed (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 system to check and monitor the temperature of the medical fridges had been reviewed. A second thermometer had been implemented and we saw evidence the log sheet had been updated when the temperature had exceeded the recommended guidelines.
- The healthcare assistants had attended a vaccination and immunisation training programme. We saw evidence that patient specific directives (PSDs) were attributable to a prescriber and demonstrated individual patient consideration to allow healthcare assistants to administer vaccinations.
- We reviewed a random sample of medical consumables within the practice and all were found to be within their expiry date. The practice had implemented a system to monitor and control this.
- We saw evidence of risk assessments. A building health and safety risk assessment and legionella risk assessment had been completed (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Good



Are services well-led?

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

- We saw evidence staff had received an up to date job description.
- All staff had received an appraisal within the last 12 months with the exception of the nurse practitioner who had a date scheduled for this in August 2016.
- We saw evidence a training matrix had been implemented to monitor staff training needs.
- We saw evidence risk assessments had been completed and actions identified undertaken.

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 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 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 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 

Avenue 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 Avenue Medical Practice on 10 August 2016. This was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 2 December 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 against all the population groups. This is because during our comprehensive inspection in December 2015 the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) 2014. Specifically Regulation 12 Safe care and treatment and Regulation 19 Fit and proper persons employed.

During the December 2015 comprehensive inspection we found patients were not protected from risk of harm as we observed healthcare assistant staff were administering vaccines under Patient Specific Directive lists that were not clearly attributable to the prescriber and did not demonstrate individual consideration. The practice had not followed its own policy or recommended guidelines regarding monitoring of fridge temperatures. The medical fridge had exceeded maximum temperature on several occasions with no explanation documented. We found several consumables to administer medication were not within their expiry date.

Checks that staff were of good character were not adequate. Staff who performed chaperone duties had not received a DBS check and a risk assessment to identify which staff required one had not been completed.

This focused inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection in December 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the 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 may 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 23 March 2016. We carried out an announced visit on 10 August 2016. During the inspection we spoke with the practice manager, nurse practitioner, healthcare assistant and administration staff.

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

Is it safe?

Is it well-led?

Detailed findings

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

Overview of safety systems and processes

We saw evidence all staff who performed chaperone duties had received training for the role in December 2015 and a Disclosure and Barring Service (DBS) check had been completed (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 implemented a system to monitor the expiry date of clinical consumables, for example, syringes and needles. The healthcare assistant (HCA) told us stock was rotated and checked on a weekly basis. The practice had also implemented a computerised stock control system to control and monitor consumables and medications in the practice which would alert staff when stock was due to reach its expiry date. The practice manager and the nurse practitioner confirmed the practice had completed a thorough inspection of the practice to ensure all consumables were within their expiry date and the nurse manager was undertaking a quarterly audit to monitor the system.

The practice had reviewed its system to manage and store medicines and had implemented a new Vaccine, Transport and Storage Policy which was available to all staff on the practice's computer system. The system to monitor the medical fridge temperatures had been reviewed and the practice had purchased data loggers as a

second thermometer for each medical fridge. The practice nurses had taken responsibility for checking the fridge temperatures daily. The temperature recording log sheet was reviewed and evidence was seen that reasons were documented if the fridge temperature reading was not within the recommended range.

Evidence was seen that the healthcare assistants (HCAs) had attended a two day vaccination and immunisation training programme. The HCAs were mentored and supervised by the nurse practitioner for this role. The HCA and the nurse practitioner told us annual update training would be completed and this would be reviewed at least annually at appraisal. We saw evidence that patient specific directives (PSD's) were used by the practice to authorise the HCAs to give specific vaccinations. We observed these to be patient specific and attributable to the prescriber within the patients' medical records.

Monitoring risks to patients

We saw evidence a comprehensive health and safety risk assessment of the building had been undertaken on 27 May 2016. We observed that the areas requiring action were in the process of being completed. A legionella risk assessment had been completed 4 December 2015 (legionella is a term for a particular bacterium which can contaminate water systems in buildings). Staff we spoke to who were responsible for the temperature checks of the water system had a clear understanding of their role. The practice had also updated the fire risk assessment on 21 July 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 all staff had received an up to date job description. All staff had received an appraisal within the last 12 months with the exception of the nurse practitioner who had a date scheduled for 18 August 2016. The practice manager had implemented a computerised system to monitor when staff were due their next appraisal.

We saw evidence the practice had implemented a computerised matrix system to record and monitor the

training of all staff. This was colour coded to alert the practice manager when staff were due training updates. This system was also monitored by the assistant practice manager and the nurse practitioner.

The practice had reviewed its arrangements for identifying, recording and managing risks and we saw evidence several health and safety risk assessments had been completed.

There was an understanding of the performance of the practice. For example, the practice had completed a capacity and demand audit to review the appointment system. The practice manager told us two new salaried GPs were joining the practice and a new appointment system was being implemented in September 2016 to address the waiting time for a routine GP appointment.