

Russell Street Surgery CQC Inspection Q&A

Are services safe?

In order to improve safety we have ensured that:

- **Staff training**

All staff have now had specific to their roles. The Nurse Lead is now Infection control trained along with all the other clinical/admin staff. The CPR & Safeguarding training is in place for all staff.

- **Recruitment**

(We now have risk assessment in place for staff so as to address CQC concern) This includes:

- Photo Identity
- CV/references & contracts
- DBS check
- Hep B status
- Rhesus training
- Safeguarding training (child/adult)
- Chaperone Training
- MDU certificate
- GMC licence to practice certificate
- Performers list confirmation
- NMC Registration

- **Sufficient clinical staff on duty**

We recruited a new GP who joined the practice in March 2015 & became a Salaried GP in May 15 to ensure we have enough clinical staff to support the needs of patients. As a result the practice can provide more routine and same-day emergency GP appointments.

- **Routinely managing safety and risk over time**

We will review and amend our systems to identify risks and improve quality so we can demonstrate a safe track record.

- **Disseminating significant events and complaint outcomes**

The practice has a system in place for reporting and recording significant events but needed to evidence that we recorded discussions that took place in clinical staff meetings. We have reviewed this and now document meetings with clinical and non-clinical staff in which we discuss significant events and complaints.

There is now a robust system in place for discussion/action plans that will be shared and recorded formally. The feedback from staff with regards to any concerns will be collected.

- **Safeguarding**
The evidence of referral already in place including local safeguarding meetings already attended. The reporting of issues to MASH (multi agency source hub) will continue as before but will now be formally recorded/stored appropriately.
- **Chaperones**
Chaperone training has taken place for all staff and information leaflets are available to the patients in the waiting room and on our website.
- **Dealing with emergencies**
The emergency equipments are in place and a record log sheet is kept and the emergency medicines are secured in a locked drug cabinet to meet National Guidelines.
- **Medicines management**
The practice has a medicines management policy in place. We will review and amend our systems to ensure they reflect national guidelines. We have already implemented a robust system for routinely checking fridge temperatures.
- **Infection control**
The practice has put supporting policies and audits in place for infection control and will now periodically conduct reviews with the CCG infection Control Lead Our infection control lead has received the appropriate training for all staff has been completed.

A Legionella risk assessment had been carried out and it confirmed patients are not at risk.

To improve vaccination storage-

- a) We purchased a glass fronted double fridge for child imms and a separate one for travel imms
- b) Data loggers & room temperature thermometers with better recording procedures
- c) Extractor fan with thermostat
- d) All staff trained with recording/resetting procedures

Are services effective?

To ensure that we are providing effective services, we have ensured that:

- **Assessing patient needs**
We will amend our processes so that we assess patients' needs in line with the guidelines of the National Institute for Health and Care Excellence (NICE) and our local commissioners.

- **Clinical audits**

A number of clinical audits had been undertaken but were not “two cycle” audits. The practice has put processes in place to complete audits regularly (at least two cycles) and to share and act on the lessons learned from each audit with the whole team.

- **Multi-disciplinary team meetings**

Multi-disciplinary team meetings were held on an ad hoc basis and were not minuted or documented. We are now holding these meetings monthly and ensuring we share minutes.

Are services well-led?

To ensure that we are seen and operating as a well-led practice, we have ensured that:

- **Business planning**

In focussing on the ever-increasing day to day demands on the practice, we have not paid sufficient attention to the longer term business plan and succession planning. We will now work with our staff team, CCG colleagues and NHS England to set out a future vision for the practice.

- **Governance arrangements and leadership**

Informal procedures and processes will now have a system put in place so that we are able to demonstrate appropriate staff checks and training is in place, along with the audit logs now required of us. We will also formalise existing practice meetings so that decisions are properly recorded and there are suitable mechanisms in place to capture and address lessons learned.

Updating this Q&A

We welcome questions from patients and staff alike following the publication of the CQC report. In the event of questions and issues raised which are not covered in these pages, we will update and republish this document.

Updated By: Kerrie Naish/Practice Manager 11.12.15