

# Jenner Health Centre

## 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Jenner Health Centre on 17 August 2015. This was to follow up on issues that we identified during an inspection on 26 August 2014, conducted as part of our pilot inspection programme.

Our key findings across the areas we inspected were as follows:

- Arrangements for the safe management of medicines were in place and appropriate systems were followed by competent dispensary staff.
- Systems to monitor infection control and cleanliness within the practice had been strengthened.

# Summary of findings

A refurbishment plan was in place and the practice had taken steps to ensure that the environment promoted good infection control practice. A process was in place to ensure that medical instruments were cleaned appropriately.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Remind staff about their responsibilities for packaging used instruments that require decontamination in accordance with practice guidelines.

This practice has not yet received a rating and will receive a full comprehensive inspection in the near future.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## What people who use the service say

We did not talk to patients as part of this follow up inspection.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The staff in the dispensary should sign up to the revised written procedures implemented by the practice since the last inspection.
- The practice should review the policy to include staff responsibilities in the management of used medical instruments that need to be sent for decontamination and sterilisation.

# Jenner Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC Inspector and a CQC pharmacist inspector .

## Background to Jenner Health Centre

Jenner Health Centre provides a range of primary medical services to approximately 7,900 registered patients. The practice is located in the centre of the small market town of Whittlesey in accommodation that was purpose built during the late 1960's.

The practice is run by four GP partners who employ one full time salaried GP and nineteen additional staff. The nursing team comprises of a nurse practitioner, two practice nurses and two healthcare assistants. The dispensary has a lead and two additional dispensary team staff. A practice manager oversees a support team, reception and administration staff.

The practice is open from 8.30am to 6 pm weekdays with extended hours available on Mondays until 8pm. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed.

## Why we carried out this inspection

We inspected this service to check the provider's compliance with the Health and Social Care Act 2008. Our inspections are conducted under section 60 of the Health and Social Care Act 2008 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. We carried out a follow up inspection of the Jenner Health Centre. The purpose of the inspection was to check the practice had addressed two regulatory breaches identified during their last comprehensive inspection conducted on 26 August 2014.

## How we carried out this inspection

During our visit we spoke with the practice manager, the GP lead for medicines management, dispensary staff and the dispensary manager. We also reviewed documentation.

# Are services safe?

## Our findings

### Medicines Management

Our inspection conducted on 26 August 2014, found the practice did not protect patients against the risks associated with the management of medicines because they did not have appropriate arrangements in place for the recording, safe keeping, dispensing and disposal of medicines. In response, the practice sent us a detailed plan of the actions they would take.

During the visit on 17 August 2015, we found that all prescriptions were reviewed and signed by a GP or nurse prescriber before they were given to the patient.

The practice had improved the security arrangements for the dispensary to ensure medicines and prescription pads were only accessible to authorised staff.

Processes were in place to check medicines held in the dispensary and throughout the practice were within their expiry date and suitable for use. Regular checks were also in place for controlled drugs and those that had expired had been destroyed by an authorised officer. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse.

The competence of dispensary staff had been assessed. The practice had taken steps to review its written procedures about medicine management in view of actions it had taken, however, dispensing staff had not yet acknowledged and signed up to the procedures.

### Cleanliness and Infection control

During our inspection conducted on 26 August 2014 we found the practice had not taken steps to protect staff and patients against healthcare associated infections. This was because the standard of cleanliness was not monitored and carpeted areas had not been risk assessed. Sinks used by staff for washing their hands were not fit for purpose and paper hand towels were not stored hygienically. Used medical instruments had not been packaged, removed

from the treatment area and sent for decontamination in a timely manner. Following our inspection, the practice completed a plan of the actions they would take to make improvements.

During this visit, we found the practice had designated the lead responsibility for infection prevention and control to a nurse practitioner who had been appointed to the practice since the last inspection. They had previous experience in training staff in infection control practice and helped the staff team to review their systems and processes.

This had included ensuring that medical instruments such as ear irrigators and spirometry equipment was regularly cleaned. The staff also shared responsibility for completing weekly environmental checks in all areas of the practice to ensure they were maintained at a clean and appropriate standard. The practice manager also met the cleaning contractor each month so that quality issues could be reviewed. Records we reviewed evidenced this. All staff had received infection control training within the last year.

A policy on instrument sterilisation was in place but this did not detail staff responsibilities within the practice and needed to be reviewed. In addition, when we entered a treatment room after the morning appointments had been completed, we noted that used instruments were still waiting to be safely packaged and sent off to the sterile supplies contractor for decontamination.

Audits of staff compliance with good hand hygiene had been completed in January and July 2015 with good results. Environmental audits had also been completed and included actions such as the replacement of washable flooring in the nurse's treatment room. We saw minutes of meetings to show that findings were discussed at staff meetings.

The treatment rooms that had previously contained sinks that were not fit for purpose and carpeted flooring had been refurbished to acceptable standards. The practice had also developed a longer term refurbishment project that would help to ensure that treatment areas and consultation rooms had fixtures and fittings that could be easily cleaned to reduce the risks of the spread of infection.