

Eastwick Park 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?

Requires improvement 

Are services effective?

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 Eastwick Park Medical Practice on 10 September 2015. Breaches of legal requirements were found during that inspection within the safe, effective and well-led domains. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Ensure staff undertake training to meet their needs, including training in the safeguarding of children and vulnerable adults, the Mental Capacity Act 2005, information governance, fire safety, health and safety and infection control.
- Ensure all staff receive regular supervision and appraisal.
- Ensure criminal records checks via the Disclosure and Barring Service are undertaken for all staff who are assessed as requiring a check, such as staff who act as chaperones.
- Ensure there are formal arrangements in place for assessing and monitoring risks to staff, patients and visitors, including the management of medical emergencies and the risk of exposure to legionella bacteria.

- Ensure the security and tracking of blank prescription pads at all times.
- Ensure that records are maintained and circulated which accurately reflect the management of services provided, including records of clinical meetings, training activities, reviews of infection control audits and learning from safety incidents.

We undertook a focused inspection on 3 May 2016 to check that the provider had implemented their action 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, by selecting the 'all reports' link on our website at www.cqc.org.uk

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

- Criminal records checks via the Disclosure and Barring Service were undertaken for all staff assessed as requiring a check.
- Appraisals had been undertaken for all staff.
- There was a new system in place to ensure all staff undertake training to meet their needs, staff who had not previously attended training in areas such as safeguarding and fire safety now had.

Summary of findings

- Security and tracking of blank prescription pads was in place.
- Risk assessments had been carried out in relation to the management of medical emergencies and the risk of exposure to legionella bacteria and appropriate action had been taken to mitigate these risks.
- However, action to mitigate the risks relating to infection control had not always been fully mitigated. For example, the practice did not have a clear record of when privacy curtains in use within treatment rooms had been laundered.

- Records relating to clinical meetings, training activities and learning from safety incidents were in place.

The areas where the provider must make improvements are:

- Ensure that privacy curtains in use within treatment rooms are subject to regular laundering in line with infection control guidance and that there is a clear record of this.

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 requires improvement for providing safe services.

- The practice had taken action to address issues identified as part of an infection control audit; however they did not have a clear record of when privacy curtains in treatment rooms had been laundered.
- Improvements had been made in relation to ensuring that reception staff had received a Disclosure and Barring Service (DBS) check, including those undertaking chaperone duties.
- Improvements had been made to the secure storage and tracking of prescriptions within the practice, including those stored in printers.
- Risk assessments relating to the risk of legionella and an absence of oxygen within the practice had been undertaken. Oxygen was now accessible within the practice for use in medical emergencies.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Improvements were noted in relation to the availability, attendance and recording of staff training to ensure effective staffing.
- Staff who had not received an appraisal of their performance at the previous inspection now had and personal development plans were in place.

Good



Are services well-led?

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

- Records of governance meetings and training were clearly recorded.
- Risks to patients and staff were assessed and generally well managed in relation to legionella and the availability of oxygen within the practice.
- Staff had undergone appraisal of their performance and had received training appropriate to their roles.

Good



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure that privacy curtains in use within treatment rooms are subject to regular laundering in line with infection control guidance and that there is a clear record of this.

Eastwick Park Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

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

10 September 2015 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 inspection on 3 May 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had clearly defined and embedded some of their systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- During the inspection on 10 September 2015 it was noted that the practice did not have a notice advising patients that chaperones were available if required. Not all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (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). During our inspection on 3 May 2016 a notice was visible in the waiting room advising patients that chaperones were available if required. All reception staff had received a DBS check including those who acted as chaperones.
- During inspection on 10 September we found that blank prescription forms were not handled in accordance with national guidance and were not kept securely at all times. On 3 May 2016 we saw that the practice had a system for recording the receipt and distribution of prescriptions and these were kept in a locked cupboard. Prescriptions in printers in consulting rooms were kept in locked cupboards or drawers when not in use.

- During our inspection on 10 September 2015 we found that the practice had some infection control systems in place and had undertaken an infection control audit; however an action plan as a result had not been developed. On 3 May 2016 we saw that clear action had been taken to improve some areas of infection control such as introducing hand hygiene signage and the provision of infection control training for all staff. In addition the practice had undertaken a legionella risk assessment in October 2015 and subsequent action such as water temperature monitoring (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, while the practice told us they had introduced regular laundering of privacy curtains in use in treatment rooms there was no clear record of this and staff could not recall when it had been done..

Monitoring risks to patients

- During our inspection on 10 September 2015 the practice did not have a supply of oxygen and had not carried out a risk assessment to identify the risks associated with managing emergencies which required access to oxygen. On 3 May 2016 the practice had a supply of oxygen stored in their minor surgery room with appropriate signage and instructions for use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective Staffing

- During our inspection on 10 September 2015 staff told us they had received regular training; however no records of this training were available. Administration and reception staff had not received training in the safeguarding of children and vulnerable adults. Staff within the practice had not received training in fire safety, health and safety, infection control, information governance or the Mental Capacity Act 2005. On 3 May 2016 we saw that the practice had recently implemented a new online training system. We viewed the training records of three members of staff and saw that training included safeguarding, health and safety, fire safety, infection control and information

governance. The practice had a clear plan in place to ensure all staff had up to date training completed in a timely way. One GP and two members of the nursing staff had attended training in the Mental Capacity Act 2015 and had shared information with other staff during a practice meeting.

- During our inspection on 10 September 2015 we saw evidence of appraisals for nursing staff. However, other staff we spoke with had not recently participated in appraisal. The practice manager told us that administration and reception staff had not undergone appraisals since February 2013. On 3 May 2016 we viewed the records of five staff including reception and administrative staff. We saw that all staff had received an appraisal and there were personal development plans in place.

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

- During our inspection on 10 September 2015 we found that records of governance meetings were not always clearly recorded to ensure actions were followed up. Risks to patients and staff were not always assessed and well managed. Staff had not always received training appropriate to their roles, training was poorly recorded and not all staff had undergone regular appraisal of

their performance. On 3 May 2016 we found that records of governance meetings were now clearly recorded. For example, we viewed minutes from a clinical meeting held on 8 March 2016 and saw that issues such as significant event analysis were clearly recorded. We also found that the practice had developed a log to record all staff training and that staff received training and appraisals appropriate to their roles. There were improvements made in relation to the use of risk assessments within the practice, for example in relation to legionella.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to adequately mitigate the risks associated with infection control by not ensuring that privacy curtains within the practice were regularly laundered or that a record of this was kept.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>