

The Queen Edith 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 effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 10 May 2016. We set a requirement in relation to safe care and treatment. The practice sent in an action plan informing us about what they would do in relation to the area where they needed to improve;

- Healthcare assistants must have authorisation from a prescriber for each medicine or vaccination they administer.

During the initial inspection we also found other areas where improvements were required:

- Complete and review actions resulting from infection control audits in a timely manner and implement practice wide infection control training.
- Review the visibility in the waiting areas to ensure the safety and security of vulnerable patients.

- Identify carers more proactively.
- Undertake fire drills at the required intervals.
- Take more proactive steps to try and improve cervical cytology rates.
- Record and learn from all verbal complaints.

We undertook a desk based inspection on 29 November 2016 to make a judgement about whether their actions had addressed the area they needed to improve. Actions had been undertaken to address this area. The practice also told us the majority of the areas for improvement had been addressed and provided us with statements and/or evidence to demonstrate this.

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link for on our website at www.cqc.org.uk

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.

Good



At the last inspection on 10 May 2016 we found that:

- The practice did not have patient specific directives in place for healthcare assistants to be able to administer certain types of vaccinations.
- Actions resulting from infection control audits were not completed and reviewed in a timely manner and infection control training had not been completed by all staff.
- Patients in the waiting rooms and throughout the premises were not monitored effectively, in case they became suddenly unwell.
- Fire drills were not undertaken at the required intervals.

Our desk based inspection on 29 November 2016 found that:

- The practice decided not to use the health care assistant to administer flu vaccinations at the flu clinic this year. They were involved by undertaking blood pressure and pulse checks. The practice had discussed getting the necessary documentation in place so that healthcare assistants could administer flu vaccines under the instruction of patient specific directions (PSD) next year. We reviewed a draft PSD template which the practice had written.
- All staff at the practice attended an infection control training session on 21 July 2016. We viewed the certificates for two members of staff.
- We were informed by the practice manager that 'Infection control update' was now a standing agenda item at the partnership meetings. We saw that actions for completion had been identified and it was recorded when these had been completed.
- The practice manager was looking into options for a CCTV system so staff could monitor patients in the second waiting room. The practice informed us that reception staff were briefed about the need to be vigilant and the area was checked regularly by a member of the reception team.
- A fire drill had been undertaken at the practice on 3 October 2016.

This report should be read in conjunction with the full inspection report published 4 August 2016.

Summary of findings

Are services effective?

The practice is rated as good for providing effective services.

At the last inspection on 10 May 2016 we found that:

- Cervical cytology screening rates were lower than local and national averages. The practice had a plan in place to address this.

Our desk based inspection on 29 November 2016 found that:

- The practice had increased the working hours of the notes summariser. They now undertook the monitoring of cervical cytology recalls, which included those patients who did not attend. The practice was in the process of updating their policy to reflect these changes. A nurse from another practice had visited to share how they had improved cervical cytology uptake rates.

This report should be read in conjunction with the full inspection report published 4 August 2016.

Good



Are services caring?

The practice is rated as good for providing caring services.

At the last inspection on 10 May 2016 we found that:

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 (fewer than 1%) patients as carers. The practice recognised this was a low percentage and informed us they would undertake a review of their records and coding processes in order to better identify patients with caring responsibilities.

Our desk based inspection on 29 November 2016 found that:

- The practice had discussed this issue at the partnership meeting on 18 October 2016 and actions had been agreed to improve the identification of carers on the practice's computer system. On 29 November, 105 carers had been identified, which was 1.4% of the patient population.

This report should be read in conjunction with the full inspection report published 4 August 2016.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

At the last inspection on 10 May 2016 we found that:

- The practice did not record minor verbal complaints, although following the inspection the practice stated that all verbal complaints would be recorded in the future.

Good



Summary of findings

Our desk based inspection on 29 November 2016 found that:

- Reception staff had been reminded to continue to report any minor, verbal complaints to the practice manager verbally. The practice was still looking into the best way to record minor verbal complaints.

This report should be read in conjunction with the full inspection report published 4 August 2016.

The Queen Edith Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Why we carried out this inspection

As a result of the last inspection on 10 May 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. We also found other areas where improvements should be made.

How we carried out this inspection

We reviewed the information received from the practice, communicated with the practice manager and requested additional information and statements from the practice.

We have not revisited the practice as part of this review because The Queen Edith Medical Practice was able to demonstrate they were meeting the standards without the need for a visit.

We carried out a desk-based review on 29 November 2016.

Are services safe?

Our findings

We set a requirement in relation to safe care and treatment at our last inspection on 10 May 2016. We found that:

- The practice did not have patient specific directives in place for healthcare assistants to be able to administer certain types of vaccinations.

We also found that improvements should be made. We found that:

- Actions resulting from infection control audits were not completed and reviewed in a timely manner and infection control training had not been completed by all staff.
- Patients in the waiting rooms and throughout the premises were not monitored effectively, in case they became suddenly unwell.
- Fire drills were not undertaken at the required intervals.

The provider sent us an action plan informing us about the action they would take to ensure that patients were safe. Our desk based inspection on 29 November 2016 found that actions had been undertaken to address the area where improvements were needed in order to ensure patients were safe. The majority of the areas for improvement had been addressed and where they were in the process of implementing the agreed actions, we were assured that the actions would be completed. The practice provided us with statements and/or evidence to demonstrate this.

- The practice decided not to use the health care assistant to administer flu vaccinations at the flu clinic

this year. They were involved by undertaking blood pressure and pulse checks. The practice had discussed getting the necessary documentation in place so that healthcare assistants could administer flu vaccines under the instruction of patient specific directions (PSD) next year. Therefore we were not able to review any completed PSD's as they had not been needed. We reviewed a draft PSD template which the practice had written in readiness for next year.

- All staff at the practice attended an infection control training session on 21 July 2016. We viewed the certificates for two members of staff.
- We were informed by the practice manager that 'Infection control update' was now a standing agenda item at the partnership meetings. We reviewed the partnership meeting minutes dated 18 October 2016 and saw that outstanding actions were documented and reviewed to completion. For example, the replacement flooring in the upstairs consulting room was scheduled to be completed on 2 December and the disposable curtains had been changed.
- The practice manager was looking into options for a CCTV system so staff could monitor patients in the second waiting room. The practice informed us that reception staff were briefed about the need to be vigilant and the area was checked regularly by a member of the reception team.
- A fire drill had been undertaken at the practice on 3 October 2016. This was scheduled onto the meeting schedule for 2016 and would be taken forward to future years.

Are services effective?

(for example, treatment is effective)

Our findings

We found improvements were needed in relation to effectiveness of the services provided at our last inspection on 10 May 2016. We found that:

- Cervical cytology screening rates were lower than local and national averages. The practice had a plan in place to address this.

Our desk based inspection on 29 November 2016 found that:

- The practice had increased the working hours of the notes summariser. They now undertook the monitoring of cervical cytology recalls, which included those patients who did not attend. The practice was in the process of updating their policy to reflect these changes. A nurse from another practice had visited to share how they had improved cervical cytology uptake rates.

Are services caring?

Our findings

We found improvements were needed in relation to caring elements of the services provided at our last inspection on 10 May 2016. We found that:

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 (fewer than 1%) patients as carers. The practice recognised this was a low percentage and informed us they would undertake a review of their records and coding processes in order to better identify patients with caring responsibilities.

Our desk based inspection on 29 November 2016 found that:

- The practice had discussed this issue at the partnership meeting on 18 October 2016 and we saw minutes of this meeting. The practice had agreed on two codes to be used to identify carers, 'carer' and 'young carer'. This information had been shared with staff at the practice. The carers identification protocol had been updated with the agreed codes to be used to identify carers.
- 105 carers had been identified, which was 1.4% of the patient population.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found improvements were needed in relation to the responsive elements of the services provided at our last inspection on 10 May 2016. We found that:

- The practice did not record minor verbal complaints, although following the inspection the practice stated that all verbal complaints would be recorded in the future.

Our desk based inspection on 29 November 2016 found that:

- Reception staff had been reminded to continue to report any minor, verbal complaints to the practice manager verbally. The practice manager confirmed that staff do make them aware of any issues that were occurring. For example if there had been a number of minor verbal complaints about the telephones in the same morning. The practice manager then took immediate action to try and resolve the issue, if possible. The practice were still looking into the best way to record minor verbal complaints.