

# Knebworth and Marymead 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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Knebworth and Marymead Medical Practice on 23 August 2017. This was to check that improvements had been made following the breach of legal requirement we identified from our comprehensive inspection carried out on 8 November 2016. During our inspection in November 2016 we identified a regulatory breach in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014
- safe care and treatment.

This report only covers our findings in relation to the area requiring improvement as identified on inspection in November 2016. You can read the report from this comprehensive inspection, by selecting the 'all reports' link for Knebworth and Marymead Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The area identified as requiring improvement during our inspection in November 2016 was as follows:

- Ensure appropriate management of infection prevention and control to ensure standards are consistently met.

In addition, the practice were told they should:

- Carry out regular fire drills.
- Continue to monitor and ensure improvement to patient survey results for example in relation to overall experience and opening hours.

Our focused inspection on 23 August 2017 showed that improvements had been made. The practice is now rated as good for providing safe services. Our key findings across the areas we inspected were as follows:

- The practice had taken steps to ensure infection prevention and control met the required standards. Systems and processes had been improved and the infection control lead kept up-to-date with best practice.
- The practice were now following their fire safety protocol and held fire drills on a six monthly basis. We saw evidence to confirm a fire drill had taken place at both premises in March 2017.
- Staff worked closely with the patient participation group and the practice regularly reviewed and discussed their patient survey results. The practice had an action plan in place and had increased their clinical capacity, reviewed their appointment booking system and had made improvements to their telephone system. The latest National GP Patient Survey results published in July 2017 showed the practice had improved in several areas. For example, 79% of patients described the overall experience of this GP

# Summary of findings

practice as good compared to the local average of 81% and national average of 85%. This was an increase of 14% when compared to the National GP Patient Survey results published in July 2016. 72% of patients were satisfied with the practice's opening hours

compared to the local average of 72% and the national average of 76%. This was an increase of 10% when compared to the National GP Patient Survey results published in July 2016.

**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?**

At our comprehensive inspection on 8 November 2016, we identified a breach of a legal requirement. Improvements were needed to processes and procedures to ensure the practice provided safe services.

During our focused inspection on 23 August 2017, we found the practice had taken action to improve and the practice is now rated as good for providing safe services.

- The practice had taken action to ensure infection prevention and control systems and processes met the required standards. The infection control lead kept up-to-date with best practice.
- The practice were now following their fire safety protocol and held fire drills on a six monthly basis. We saw evidence to confirm a fire drill had taken place at both premises in March 2017.

**Good**



# Knebworth and Marymead Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

## Background to Knebworth and Marymead Medical Practice

Knebworth and Marymead Practice provides a range of primary medical services to the residents of Knebworth and the surrounding area. The practice has a main location at Knebworth Surgery, Station Road, Knebworth, Hertfordshire, SG3 6AP and a branch practice at Marymead Medical Practice, 18 Spring Drive, Marymead, Hertfordshire, SG2 8AZ. Both sites were visited as part of the inspection. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice population is ethnically diverse and covers an average age range. National data indicates the area is one of low deprivation; however, the practice informed us there were some areas of deprivation within the practice boundary. The practice has approximately 12,000 patients who can see GPs at both sites. Services are provided under a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice is led by four GP partners, three male and one female with the support of a practice manager. The nursing

team consists of a nurse practitioner, a nurse prescriber, two practice nurses and a health care assistant. There is a practice manager, a deputy practice manager and a team of reception and administrative staff.

The practice is an accredited training practice. The practice is open between 8am and 6.30pm Monday to Friday. Extended opening hours appointments with GPs and nurses are offered from 7am to 8am and 6.30pm to 8.30pm on Tuesdays and Thursdays.

When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

## Why we carried out this inspection

We undertook an announced focused inspection of Knebworth and Marymead Medical Practice on 23 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 8 November 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This information told us how they had addressed the breach of legal requirement we identified during our comprehensive inspection on 8 November 2016.

We carried out an announced focused inspection on 23 August 2017. During our inspection we:

- Spoke with a range of staff including the deputy practice manager, practice nurse, practice manager and the nurse practitioner.
- Reviewed documentation in relation to fire safety and infection prevention and control.

# Are services safe?

## Our findings

### Overview of safety systems and processes

At our inspection on 8 November 2016 we found some areas of infection control lacking. For example, there was a carpet on the floor of the treatment room used for taking blood samples. There were cleaning schedules in place but no checks were made by the practice to ensure standards were met. We found some areas of visible dirt and dust in one of the consulting rooms.

During our inspection on 23 August 2017 and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to make the required improvements.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed both premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place. The practice had implemented daily, weekly and monthly cleaning checklists at both premises. The practice used this to

monitor cleaning and hygiene and the practice manager held regular monitoring meetings with the external cleaning company responsible for cleaning the premises.

- The nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and all staff had received up to date training. IPC audits were scheduled to be undertaken on a regular basis and we saw evidence to confirm that these audits were comprehensive and action had been taken to address any improvements identified as a result. For example, the practice had replaced the flooring in the treatment room used for taking blood samples to ensure it met the required standards.
- The practice was now following their fire safety protocol and held fire drills on a six monthly basis. We saw evidence to confirm a fire drill had taken place at both premises in March 2017. The practice had up-to-date fire risk assessments in place. Fire alarms were tested weekly and the practice carried checked fire equipment on a regular basis.