

Dr Leszek Piechowski and Partners

Quality Report

Dryland Medical Centre
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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 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 at Dr Leszek Piechowski and Partners on 7 June 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Dr Leszek Piechowski and Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The provider had resolved the concerns for safe and well-led services identified at our inspection on 7 June 2017 which applied to everyone using this practice, including the population groups. The population group ratings have been updated to reflect this. Overall the practice is now rated as good.

Our key findings were as follows:

- A process was in place to record and monitor the collection of controlled drugs prescriptions.

- There was a clinical supervision policy and a process to ensure all staff received an annual appraisal. Personal development and training plans were in place for all staff members. With the exception of the practice manager all staff had received an annual appraisal.
- Patient engagement was via a virtual Patient Participation Group (vPPG). Communication with the group had been strengthened since the last inspection. The practice now responded to feedback received indirectly, for example, via the NHS Choices website.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- Thermostatic mixer valves had been fitted to the hand wash facilities in the patient toilets. This ensured the water remained within a set temperature to avoid the risk of scalding.
- Hot water temperature checks were all within recommended levels to mitigate the risk of Legionella in the water system.
- A fire drill had been completed and future drills were scheduled. There was recorded evidence of the drill and actions had been taken following feedback from the staff members involved.
- All clinical staff had completed Deprivation of Liberty Safeguards (DoLS) training.

Summary of findings

- The practice completed an audit of all deceased patients that included whether the patient had been on the palliative care register and the condition that had led to their death. However, this did not include whether the patient had died in their preferred place of death.
 - Health promotion information and leaflets were available in the patient waiting areas. A prototype of the new practice website showed that it would include health information and links to external sites such as NHS Choices, counselling and well-being services.
 - Ten appointments per week were made available to complete new patient and NHS health checks for people aged 40 to 74 years of age. Since the inspection in June 2017 338 NHS health checks had been completed. The practice had run three flu clinics that were held on Saturdays and were open access for all eligible patients to attend. These were advertised to patients on the practice website, in the patient waiting area and on repeat prescriptions. Any eligible patients that had not attended the flu clinics were contacted and offered an alternative date to receive their vaccination.
 - Carers were supported in the practice by an identified carers lead. There was a carer's noticeboard with useful information regarding support available in the patient waiting area. The practice informed us that information for carers was also made available at the designated flu clinics. The carers lead had introduced carer's packs that could be taken away. They contained information on referrals to Northamptonshire Carers and of local drop in cafes and the contact details of the carers lead including telephone number and email address. The practice had identified 127 patients who were carers which equated to approximately 1.2% of the practice list.
 - A new baby changing unit had been fitted. This had a wipe clean surface and straps to secure babies when in use.
 - The practice policies and procedures were in hard copy format and available to all staff in the reception area of the practice. Pertinent information that may be required by staff such as contact numbers for local authority safeguarding leads and flow charts for what to do in case of a needle stick injury were available in the clinical rooms.
- However, there were also areas of practice where the provider needs to make improvements.
- Importantly, the provider should:
- Complete the appraisal for the practice manager.
 - Consider including whether a patient has died in their preferred place of death as part of the audit of deceased patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Dr Leszek Piechowski and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector completed the inspection.

Background to Dr Leszek Piechowski and Partners

Dr Leszek Piechowski and Partners provides a range of primary medical services from its premises at Dryland Medical Centre, 1 Field Street, Kettering, Northamptonshire, NN16 8JZ.

The practice population is predominantly white British with an above average number of patients aged from 45 to 54 years and 65 years and over. There is a lower than average number of patients aged from 0 to 4 years and 15 to 39 years. National data indicates the area is slightly less deprived compared to England as a whole. The practice has approximately 10,950 patients with services provided under a nationally agreed general medical services (GMS) contract.

There are one female and three male GP partners and they employ two female salaried GPs. The nursing team consists of three advanced nurse practitioners, one treatment room

nurse manager, two practice nurses, two treatment room nurses and one healthcare assistant, all female. There are a number of secretarial, administration and reception staff and three domestic staff all led by the practice manager.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening hours every Saturday from 8am to 11.30am for GP pre-bookable appointments.

When the practice is closed out of hours services are provided by Integrated Care 24 Limited and can be accessed via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Leszek Piechowski and Partners on 7 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 7 June 2017 can be found by selecting the 'all reports' link for Dr Leszek Piechowski and Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Leszek Piechowski and Partners on 14 February 2018. 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.

Are services safe?

Our findings

At our previous inspection on 7 June 2017, we rated the practice as requires improvement for providing safe services as the system in place for recording and monitoring the collection of controlled drugs prescriptions was insufficient.

In addition we found:

- Some hand wash facilities in the patient toilets didn't meet the required specifications.
- There were procedures for assessing, monitoring and managing risks to patient and staff safety. However, some hot water temperatures were above required levels as set out in the Legionella risk assessment and the practice was overdue the requirement for an annual fire drill. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 14 February 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

A policy and process was documented and put in place immediately following the inspection in June 2017 to record and monitor the collection of controlled drugs prescriptions. All such prescriptions were highlighted and a

log of them was kept in the reception area which was signed and dated by the person who collected them. An alert was also placed on patients' electronic records when a controlled drug prescription was issued. The practice completed ad hoc audits of the process to ensure the policy was followed correctly. Any errors identified were logged as a significant event and discussed at staff meetings.

Risks to patients

The practice had fitted thermostatic mixer valves to the hand wash facilities in the patient toilets. This ensured the water remained within a set temperature to avoid the risk of scalding. There were also notices in place that warned that the water was hot.

We saw records of hot water temperature checks completed in the practice to mitigate the risk of Legionella in the water system and found they were all within the recommended levels.

The practice had completed a fire drill in July 2017 and had scheduled a date for the next one in April 2018. We saw evidence that all staff were asked for feedback following the drill which was then documented on the health and safety risk log with learning identified and actions taken. For example, during the fire drill it was noted that a clinical waste bin was obstructing the treatment room door. This was immediately removed to facilitate ease of evacuation from the building. All staff had received annual online fire safety training.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 7 June 2017, we rated the practice as requires improvement for providing well-led services as:

- Not all staff employed by the practice were supported by receiving appropriate supervision and appraisal.
- There was not an appropriate system in place to engage with and seek feedback from patients in the delivery of the service and respond to all patient comments.

In addition we found practice specific policies were implemented and were available to all staff. These were regularly updated and reviewed. However, these were mainly only available in hard copy policy folders which restricted staffs' ease of access to them.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 14 February 2018. The practice is now rated as good for providing well-led services.

Governance arrangements

Following the inspection in June 2017 the practice developed and implemented a clinical supervision policy and put in place a process to ensure all staff received an annual appraisal. We saw evidence that all staff had now received an appraisal with the exception of the practice manager. We were informed that plans were in place for this to be completed with the GP partners. The appraisal process included a self-assessment that was completed by individual staff members and a detailed record of discussions held. There was a personal development and training plan completed for all staff. We saw evidence that this informed the practice training plan which had dates identified for future training. Appraisals for the nursing staff were completed by the nurse manager and the practice manager to ensure it included an appraisal of their clinical skills and competencies in addition to their performance and development needs. The practice had audited the process and identified learning. For example, they planned to introduce 360 degree feedback, a process to allow staff to provide feedback to the managers in the practice.

The practice policies and procedures remained in hard copy format and were available to all staff in the reception area of the practice. Pertinent information that may be required by staff such as contact numbers for local authority safeguarding leads and flow charts for what to do in case of a needle stick injury were available in the clinical rooms.

Engagement with patients, the public, staff and external partners

At the inspection in June 2017 it was noted that the practice had a virtual Patient Participation Group (vPPG). This was an online community of patients who worked with the practice to discuss and develop services. However, there had been limited engagement with this group. Following the inspection the practice identified a member of the administration team to lead on engagement with the vPPG. They validated the list of vPPG members and contacted them all via email inviting them to attend face to face meetings in the practice. We were informed there was minimal response from the vPPG therefore the practice made the decision to continue with a virtual group but with improved communications. They introduced a quarterly newsletter that was sent to the vPPG and invited feedback from them. The practice had other methods of receiving feedback from patients via feedback forms available in the patient waiting area, the NHS friends and family test (a process that provides an opportunity for patients to feedback on the services that provide their care and treatment) and through the complaints process. The practice was currently updating their website. We were shown a prototype of the new website that included an area for communications with the vPPG and for patients to leave feedback.

The practice now responded to feedback received indirectly, for example, via the NHS Choices website. We reviewed the website and found evidence that all comments, both positive and negative, left on the site had now been acknowledged with a response from the practice.