

Thorney Medical Practice

Quality Report

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Date of inspection visit: 10 October 2016

Date of publication: 07/11/2016

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

Are services safe?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Thorney Medical Practice	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 3 March 2016. We issued a requirement notice in relation to good governance. The practice sent in an action plan informing us about what they would do to make the necessary improvements:

The practice had not undertaken a robust legionella risk assessment.

- The practice had not ensured that all medicines needing cold storage were kept in an appropriate fridge.
- The practice had not ensured that dispensing staff had received a documented competency assessment.

- The practice had not ensured that oxygen warning signs were displayed on doors where it was held.

They told us these issues would be addressed by 30 June 2016 and provided us with evidence to show they had taken the action to address the concerns.

We undertook a desk top review on 10 October 2016 to make a judgement about whether their actions had addressed the requirements.

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?

At the last inspection on 3 March 2016 we found that;

- The practice had not undertaken a robust legionella risk assessment.
- The practice had not ensured that all medicines needing cold storage were kept in an appropriate fridge.
- The practice had not ensured that dispensing staff had received a documented competency assessment.
- The practice had not ensured that oxygen warning signs were displayed on doors where it was held.

Our focused inspection on 10 October 2016 found that;

The practice is now rated as good for providing safe services.

- The practice had completed a legionella risk assessment for both practice sites.
- The practice had implemented effective systems to ensure that all medicines were stored appropriately, that staff had received documented competency assessments, and appropriate oxygen warning signs were in place.

This report should be read in conjunction with the full inspection report from 3 March 2016.

Good



Thorney Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Background to Thorney Medical Practice

Thorney Medical Practice is situated in Thorney, Cambridgeshire. The practice provides services for approximately 7,800 patients. They hold a General Medical Services contract.

The practice has two male GP partners, and four female salaried GPs. The team also includes two female practice nurses and one female phlebotomist /health care assistant. They also employ a practice manager and a team of reception/administration/secretarial staff.

Thorney Medical Practice has a branch surgery in the village of Eye. The practice has been training GPs since 1993 and two GP partners are GP trainers. A further GP at the practice is training to become an associate GP trainer.

The practice's opening times are from 8am until 6.30pm Tuesday to Friday, with extended hours on Mondays from 8am until 8pm. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Urgent Care Cambridgeshire via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a slightly higher than average practice population aged over 50 to 75 compared to national England average. The deprivation score was comparable to the average across England.

Why we carried out this inspection

As a result of the last inspection on 3 March 2016 we had concerns and issued a requirement notice in respect of good governance. This was because the practice did not have a legionella risk assessment.

How we carried out this inspection

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

We have not revisited Thorney Medical Practice as part of this review because Thorney 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 10 October 2016.

Are services safe?

Our findings

We found improvements were needed in relation to good governance at our last inspection on 3 March 2016, we found that;

- The practice had not undertaken a legionella risk assessment.
- The practice had not ensured that all medicines needing cold storage were kept in an appropriate fridge.
- The practice had not ensured that dispensing staff had received a documented competency assessment.
- The practice had not ensured that oxygen warning signs were displayed on doors where it was held.

The provider sent us an action plan informing us of the actions they would take to ensure that patients were safe. Our focused inspection on 10 October 2016 found that the practice had made the improvements needed.

- The practice provided evidence of a recently received completed legionella risk assessment for main site at Thorney and told us that they were awaiting the report for the branch site at Eye. We saw that both assessments had been undertaken in July 2016. As a result of the delay in the practice receiving these reports, they had not been able to complete the policy and action log. The practice told us that the policy will include a named person responsible for taking suitable precautions to prevent or control the risk of exposure to legionella and that they were currently addressing this outstanding area of improvement.

- The practice provided us with record sheets to show that regular checks were undertaken to ensure that the temperature of the fridges where medicines were stored were managed safely.
- The practice provided us with signed competency assessment forms to show that dispensary staff had been assessed and were competent to undertake their role.
- The practice provided us with photographic evidence to show that appropriate oxygen warning signs were in place to ensure that staff and patients were kept safe.

We noted in our report 3 March 2016 that areas where the practice should make improvements had been actioned.

The practice provided evidence to show that they had implemented a system to record and monitor the use of prescription forms. The practice told us that the use of prescription forms had reduced as they offered patients the electronic prescription service (EPS). EPS is a system where the prescription can be sent electronically to the pharmacy of choice of the patient.

The practice provided evidence to demonstrate that they had implemented systems to ensure that all histology results were received by the practice from the laboratory. We saw that the health care assistant and GP managed the results in a timely way to ensure that patients were kept safe.

The practice told us that they ensured phlebotomy took place in the appropriate rooms, which met the standards required for the prevention and control of infections. They told us that they planned to upgrade further rooms with hard flooring giving a greater flexibility of room use for the nursing staff.