

Bridge Medical Centre

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.

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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 17 March 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the safe management of medicines and cleanliness and infection control.

We undertook this focused inspection on 26 June 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only

covers our findings in relation to those requirements. A further focused inspection will be undertaken to follow up the remaining breaches of legal requirements. At this stage the overall rating for the practice will remain unchanged. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk

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

- the practice had implemented policies and procedures to ensure the proper and safe management of medicines.

Summary of findings

- the practice had arrangements in place to assess the risk of and prevent, detect and control the spread of infections, including those that are health care associated.

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?

For this inspection we just focused on two of the breaches of legal requirements that we found at our last inspection in relation to whether services are safe. We looked at the safe management of medicines and cleanliness and infection control. During this inspection we found that the practice had implemented policies and procedures to ensure the proper and safe management of medicines. There were arrangements in place to assess the risk of and prevent, detect and control the spread of infections, including those that are health care associated.

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Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector who was accompanied by a practice nurse specialist advisor.

improvements to meet legal requirements planned by the practice after our comprehensive inspection had been made. We inspected the practice against key questions in relation to whether services are safe. We specifically looked at the safe management of medicines and cleanliness and infection control. This is because the service was not meeting some legal requirements.

Why we carried out this inspection

We undertook an announced focused inspection on 26 June 2015. This inspection was carried out to check that

Are services safe?

Our findings

Medicines Management

During our last inspection we found that the practice did not have appropriate arrangements in place for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines. The practice did not have a “cold chain” policy in place for making sure medicines were always stored at the correct temperature without interruption. The “cold chain” is the process of maintaining medication at the correct temperature throughout the supply chain. Temperatures outside this range may reduce potency leading to lack of desired response, for example, reduced immunity. We checked medicines stored in the medicine refrigerators. We saw that charts put in place by the practice to record that fridge temperatures had been checked on a daily basis were incomplete. There was therefore no evidence to show fridge temperatures were being monitored or recorded on a daily basis to ensure medicines were being kept at the required temperatures. Staff we spoke with told us that some temperatures for each fridge were not always checked on a daily basis.

The practice did not have effective processes in place to check medicines were within their expiry date and suitable for use. In one of the treatment rooms we saw evidence of monthly stock checks but no records to show that expiry dates were being checked on a regular basis. The lead nurse we spoke with confirmed this to be the case. Medicines were found to be out of date. For example, three ampules of an asthma relieving medicine were found with an expiry date of January 2015, a reliever inhaler for asthma was found with an expiry date of November 2011 and a tube of lubrication gel was found in use with an expiry date of 2011.

We found that blank prescription forms were not tracked through the practice or kept securely at all times in accordance with national guidance from NHS Protect. The practice had 78 blank FP10 prescription pads for which there was no accounting arrangement in place. There was no record of receipt of the pads or any record to show when they had been taken for use by the GPs. The blank prescription pads were kept in a locked cupboard. The key

to the cupboard was kept in a locked drawer in the main reception. However, the key to this drawer was stuck in the lock and could not be removed. It was therefore insecure and accessible to all staff.

During this inspection we saw that the practice had an up to date documented policy in place for ensuring medicines were always stored at the correct temperature without interruption. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed that fridge temperature checks were carried out daily which ensured medication was stored at the appropriate temperature.

Robust processes were now in place to check medicines were within their expiry date and suitable for use. This included recorded weekly checks of stock and expiry dates. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice had implemented robust procedures to ensure the security of prescription forms. We saw records and physical evidence that showed that both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Infection Control

At our last inspection we found that the practice did not have reliable systems in place to prevent and protect people from a health care associated infection. Not all relevant staff had up to date training on infection control, audits of infection control were inaccurate, cleaning schedules were not always followed and cleaning standards were not always checked.

Training records showed that a recently appointed member of clinical staff whose role involved a high risk of cross infection and needle stick injury had not completed any training on infection control. The same member of staff had suffered a needle stick injury on the day prior to the inspection. We found that the person had not commenced the immunisations required to protect them and patients

Are services safe?

from the risk of exposure for hepatitis B (a blood borne virus) until a few weeks after commencement in their role and that they had not completed the full course of immunisation at the time of the inspection.

Records showed that the practice had carried out an audit of infection control in February 2015. The audit identified a number of issues that needed to be addressed. However, the lead nurse for infection control told us that the practice had not yet developed an action plan to ensure improvements were made. We also found that some areas of the audit did not reflect what we observed on the day. The audit identified that sinks in clinical rooms were free from reusable nail brushes. However, we saw that in one of the consulting rooms there was a reusable nail brush in use on the side of the sink. The audit also identified fridges used for vaccine storage were used for that purpose only, however on the day of the inspection we observed that a urine specimen had been stored in one of the fridges used for vaccine storage. The infection control audit also identified that privacy curtains were laundered every six months or that they were disposable and changed according to manufacturer's instructions. However we were told on the day of the inspection that this had not taken place. We also observed that there were no dates on the curtains to identify when they had last been changed or laundered.

Some areas of the premises were unclean. In one of the consulting rooms we found thick dust on the curtain track. We saw that there were cleaning schedules in place and cleaning records were kept by the company. However, the practice manager told us these were not regularly checked. Also the cleaning schedules did not always reflect what happened in reality. We were told that whilst the cleaning schedules identified that carpets should be steam cleaned every six months, this had not happened.

During this inspection we found that the practice nurse lead for infection control had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. We also found

that the majority of staff including administration and reception staff had now undertaken training on infection control. Three out of eleven staff members had not undertaken the training. We were told that they would receive their training by the end of July 2015. We also saw that infection control was covered during the induction period for all new staff and that it formed part of the practice's mandatory training programme. The staff we spoke with were able to demonstrate a good understanding of infection control policies and procedures relevant to their role. They knew where to locate the practice's infection control policy.

The practice had appointed a GP to take the lead on ensuring that all staff had up to date hepatitis B immunisations. We saw evidence to show that the practice had up to date records of the hepatitis B status of its entire staff and that a plan was in place to ensure they all received the appropriate vaccinations.

We observed the premises to be clean and tidy. We saw evidence that the practice was in the process of appointing a new cleaning contractor. We saw copies of the cleaning schedules that had been agreed. The practice had allocated protected time to one of its health care assistants to enable them to undertake daily checks of cleanliness so that each room in the practice was checked at least once a week.

We saw evidence that the practice had appointed an external provider to undertake an audit of infection control in April 2015. We saw that the practice had addressed all of the areas of non-compliance identified in the findings of the report. We also saw that the issues we identified at our last inspection from the practice's own audit of infection control had been addressed. For example, all of the curtains around the examination couches had been replaced with new disposable ones. The practice had a plan in place to replace all carpeted areas with easy to clean vinyl flooring. We saw evidence that the practice had arranged for all of the carpets to be steam cleaned during the next week.