

The Practice Leecon Way & Hawkwell

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 comprehensive inspection at The Practice on 14 April 2016. Overall the practice was rated as good but required improvement for providing safe services.

During our last inspection we required the provider to make the following improvements;

- Record, investigate, analyse and share the learning from significant events thoroughly and consistently.
- Ensure the safe storage of vaccines in line with the recognised guidance and the practice policy.
- Implement a system to monitor the use of prescriptions.

A requirement notice was not issued. However, the practice put an action plan in place to address the areas requiring improvement and ensure they were resolved.

On 19 October 2016 we conducted a desk top review and found;

- The practice had revised their management of significant incidents. Staff had received training in the recognition of incidents and the escalation of concerns. All incidents as before, were overseen by the practice manager and reviewed monthly under the practice governance arrangements.
- The practice had investigated the disparity with the recording of a fridge temperature. A stock check of all vaccines had been conducted on the day. Staff had been advised to record all information and actions they had taken for transparency. Regular audits were conducted of the recording systems to ensure staff adhered to the cold chain policy.
- The practice ensured the safe and secure management of prescriptions as required under guidance.

We were satisfied that the practice had made the required improvements.

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



- The practice had revised their management of significant incidents. Staff had received training in the recognition of incidents and the escalation of concerns. All incidents as before were overseen by the practice manager and reviewed monthly under the practice governance arrangements.
- The practice had investigated the disparity with the recording of a fridge temperature. A stock check of all vaccines had been conducted on the day. Staff had been advised to record all information and actions they had taken for transparency. Regular audits were conducted of the recording systems to ensure staff adhered to the cold chain policy.
- The practice ensured the safe and secure management of prescriptions as required under guidance.

The Practice Leecon Way & Hawkwell

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was conducted by a CQC Lead Inspector.

Background to The Practice Leecon Way & Hawkwell

The Practice Leecon Way & Hawkwell, Essex has a main branch located in a residential area of Rochford, in addition to a smaller branch surgery in a residential area of Hawkwell. The practice is managed by a corporate provider, The Practice plc. The main practice is within a purpose built building whereas the branch surgery is in a converted residential building. There is on street parking available at both surgeries as well as good public transport links. We visited both premises on the day of our inspection.

There is a female salaried GP, a male long-term locum GP and two female practice nurses. There is a practice manager, an assistant practice manager and a team of reception staff.

The practice offers extended opening hours and is open as follows:

The practice and branch surgery had varying opening hours across seven days a week, with extended evenings, early mornings and weekends.

When the practice is closed patients are signposted to out of hours services accessed by calling 111. Out of hours care is provided by Nestor Primecare Services Ltd.

Why we carried out this inspection

We inspected this service to follow up on the findings of the comprehensive inspection conducted on 14 April 2016. We checked whether the necessary improvements had been made.

We carried out a desk top review under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Are services safe?

Our findings

In April 2016 the practice was inspected and improvements were required for providing safe services. The inspection found;

- The practice had not been consistent in their recording, investigation and analysis of incidents. Specifically a break in the cold chain management of vaccinations.
- The practice had not adhered to recognised guidance and the practice policy on the management of vaccinations at their branch surgery.
- The practice did not have a system in place to monitor the use of prescriptions.

Following the inspection an action plan was put in place by the practice to ensure the timely progression and resolution of the concerns highlighted. We found;

- The practice had revised their management of significant incidents. Staff had received training in the recognition of incidents and the escalation of concerns.

All incidents as before were overseen by the practice manager and discussed and reviewed monthly at team meetings. Time to learning training sessions were also used to explore additional learning needs of staff.

- The practice had investigated the disparity with the recording of a fridge temperature. Their investigation showed that a thorough stock check of all vaccines had been conducted on the day. Whilst the temperature had been checked and the fridge thermometer reset this had not been recorded. All staff were advised of the importance of recording the information and actions taken. Vaccination temperatures continue to be checked and recorded twice daily and regular audits were conducted by management to ensure adherence to the cold chain policy.
- The practice ensured the safe and secure management of prescriptions as required under guidance. They were logged and the serial numbers checked by staff. Prescriptions were issued to clinicians and audited through their electronic system.