

Waterhouses 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 previously carried out an announced comprehensive inspection of Waterhouses Medical Practice on 21 June 2016. The practice was rated as inadequate for providing safe services and requires improvement for providing effective and well led services. We carried out a focused inspection in respect of safe care on 5 October 2016 to check that urgent action had been taken to comply with legal requirements. We undertook a further announced comprehensive inspection at Waterhouses Medical Practice on 19 April 2017. The overall rating for the practice was good with requires improvement in providing safe services. The reports for the three inspections can be found by selecting the 'all reports' link for Waterhouses Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 4 October 2017. It was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in the regulation that we identified in our previous inspection on 19 April 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- Joint injections were carried out in clinical rooms with appropriate flooring to prevent and control the risk of infection.
- Syringes, dressings and dressing packs were in date and a system for checking them had been put in place.
- Medicines used in the treatment of joint injections were stored securely.
- Prescription stationary used in printers was stored securely.
- Satisfactory evidence of conduct in previous employment was documented for locum staff who worked at the practice.
- The safeguarding policy for vulnerable adults had been updated to reflect categories or definitions of the types of abuse for example, modern slavery.
- Systems to follow up children who failed to attend for hospital appointments had been implemented.
- Alerts had been added to the records of the parents of children with a child protection plan in place.

Summary of findings

- A formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice had been implemented. The practice had reviewed their processes for supporting nursing staff.

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.

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- Medicines used in the treatment of joint injections were stored securely.
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- Alerts had been added to the records of the parents of children with a child protection plan in place.
- A formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice had been implemented. The practice had reviewed their processes for supporting nursing staff.

Good



Waterhouses Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector

Background to Waterhouses Medical Practice

Waterhouses Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in North Staffordshire. The practice holds a Personal Medical Services (PMS) contract with NHS England but is going through a five year phased transition to a General Medical Services (GMS). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice is on the ground floor of the building and consists of a dispensing pharmacy, reception area, minor treatment room and consultation rooms. Administrative staff are located on the first floor. The practice has level access from the car park and is accessible for wheelchair users, there is a disabled toilet facility.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 3,204 patients. Demographically the population is predominantly white British with a practice age distribution

comparable to the national and CCG area in all age groups. The percentage of patients with a long-standing health condition is 60% which is comparable with the local CCG average of 57% and national average of 54%. The practice is a training practice for GP registrars and medical students to gain experience and higher qualifications in general practice and family medicine.

The practice staffing comprises of:

- Two GP partners (one male and one female)
- A locum GP, who will become a partner at the practice in November 2017, and two locum advanced nurse practitioners are currently covering a GP vacancy.
- Three female practice nurses and a health care assistant.
- A clinical support assistant
- A practice manager
- An assistant practice manager
- Four dispensary staff
- Three members of administrative staff working a range of hours.

The practice is open between 8am and 1pm and 2pm and 6pm Monday to Friday except for Thursday afternoons when it is closed. The practice closes at 1pm - 2pm but their telephone lines continue to be manned by a duty receptionist. Appointments are from 9am to 11.30am every morning and 3pm to 6pm daily (except Thursday afternoon). Telephone consultations are available after 11.30am. Appointments can be pre-booked up to four weeks in advance and urgent appointments are available for those that need them. The practice has opted out of

Detailed findings

providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Waterhouses Medical Practice on 21 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for providing effective and well led services. We issued a warning notice to the provider in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment, and informed them that they must become compliant with the law by 30 September 2016. We also issued requirement notices for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance, and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

We undertook a focused follow up inspection on 5 October 2016 to check that action had been taken to comply with the legal requirements of the warning notice. We undertook a further announced comprehensive inspection of Waterhouses Medical Practice on 19 April 2017 to check that action had been taken to comply with the requirement notices. The practice was rated as good overall but requires improvement for providing safe services. We issued a requirement notice to the provider in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment. The three inspection reports can be found by selecting the 'all reports' link for Waterhouses Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Waterhouses Medical Practice on 4 October 2017. 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.

How we carried out this inspection

We carried out a focused follow up inspection of Waterhouses Medical Practice on 4 October 2017. This involved reviewing evidence that:

- Joint injections were carried out in a clinical room with appropriate flooring to prevent and control the risk of infection.
- Systems to ensure items such as syringes, dressings and dressing packs were in date had been put in place.
- Medicines used in the treatment of joint injections were stored securely.
- Prescription stationary used in printers was stored securely.
- Satisfactory evidence of conduct in previous employment was documented for locum staff who worked at the practice.
- The safeguarding policy for vulnerable adults had been updated to reflect categories or definitions of the types of abuse for example, modern slavery.
- Systems to follow up children who failed to attend for hospital appointments had been implemented.
- Alerts had been added to the records of the parents of children with a child protection plan in place.
- A formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice had been implemented.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 19 April 2017, we rated the practice as requires improvement for providing safe services. This was because:

- The safeguarding policy for vulnerable adults did not reflect up to date categories or definitions of the types of abuse for example, modern slavery.
- Systems to follow up children who failed to attend for hospital appointments were not in place.
- Alerts were not on the records of the parents of children with a child protection plan in place.
- Joint injections were carried out in a clinical room with inappropriate flooring.
- There was no system in place to ensure items such as syringes, dressings and dressing packs were in date. We found items that had exceeded their expiry date, for example dressings packs dating back to March 2012.
- Medicines used in the treatment of joint injections and prescriptions used in printers were not stored securely.
- A formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice was not in place.
- Satisfactory evidence of conduct in previous employment was not documented for all locum staff who worked at the practice.

These arrangements had improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety:

- The safeguarding policy for vulnerable adults had been updated to reflect categories or definitions of the types of abuse for example, modern slavery. Staff we spoke with were aware of the changes that had been made to the policy.
- Systems to follow up children who failed to attend for hospital appointments had been implemented. The

practice's safeguarding policy for children and young people had been updated to reflect the procedures to follow when a child did not attend a hospital appointment. We saw three examples where the procedures had been implemented.

- Alerts had been added to the records of the parents of children who were looked after or had a child protection plan in place. The practice's safeguarding policy for children and young people had been updated to reflect this. We saw an example of a parent record where this had been implemented.

The practice maintained appropriate standards of cleanliness and hygiene:

- Joint injections were carried out in a clinical room with appropriate flooring to prevent and control the risk of infection. The practice's minor surgery policy had been updated to reflect which rooms were appropriate to use. We saw that these rooms had an appropriate floor covering.
- Systems to ensure items such as syringes, dressings and dressing packs were in date had been put in place. The practice nurse checked the expiry date of the items on a monthly basis. All the items we looked at were in date.

The arrangements for managing medicines in the practice minimised risks to patient safety.

- Medicines used in the treatment of joint injections were stored securely.
- Prescription stationary used in printers was stored securely and stored in a locked cupboard overnight. The practice manager told us they carried out random spot checks to ensure that this was done however, there was no documentation to support this.
- A formal system to review nurse/patient consultations and prescribing records to ensure the competence and safety of nurses employed to work at the practice had been implemented. We saw that the lead GP carried out monthly spot checks of prescriptions and consultations carried out by nurses who prescribed. We saw that the GP had identified areas for development when required. Additional support had been implemented for practice nurses. For example, regular one to one support from a GP and six weekly practice nurse clinical supervision. A

Are services safe?

practice nurse spoke positively about their induction to the practice and told us they were being supported to attend professional development training such as the nurse prescribing module.

We reviewed two personnel files for locum advanced nurse practitioners who worked at the practice. We saw that satisfactory evidence of conduct in previous employment had been obtained for both of these locum nurses.