

Waterfield House Practice

Quality Report

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Tunbridge Wells
Kent

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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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Waterfield House Practice	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Waterfield House Practice on 21 June 2016. The overall rating for the practice was good. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Waterfield House Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 29 March 2017 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 21 June 2016. 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:

- Since our inspection in June 2016 the practice had revised the processes for the prevention and control of infection, to include annual infection control audits.
- The practice had reviewed the processes for assessing the risk of legionella, as well as the risks associated with fire safety.
- Personnel files were up to date with copies of the routine checking of registration with the appropriate professional body for nurses.
- Systems to routinely check the equipment and medicines used in emergencies had been implemented to ensure they were safe for use and fit for purpose.
- Staff appraisals were being routinely conducted and recorded.

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



- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Since our inspection in June 2016 the practice had revised the processes for the prevention and control of infection, to include annual infection control audits.
- The practice had reviewed the processes for assessing the risk of legionella, as well as the risks associated with fire safety.
- Personnel files were up to date with copies of the routine checking of registration with the appropriate professional body for nurses.
- Systems to routinely check the equipment and medicines used in emergencies had been implemented.

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

The provider had resolved the concerns for safety identified at our inspection on 21 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 21 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 21 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 21 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 21 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 21 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Waterfield House Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Waterfield House Practice

Waterfield House Practice is a GP practice based in Pembury, Kent. There are 5,957 patients on the practice list.

The practice is in one of the least deprived areas of Kent. The practice is similar to the national averages for each population group. For example, 4.5% of patients are aged 0 - 4 years of age compared to the clinical commissioning group (CCG) average of 6% and the national average of 5.9% and 30% are 5 to 18 years of age compared to the CCG average of 34% and the national average of 32%. Scores were similar for patients aged 65, 75 and 85 years and over.

The practice provided care and treatment for 150 patients who lived in nursing and residential homes, who often had complex needs, dementia and were vulnerable. Additionally, the practice provided care and treatment for 43 patients who lived in a residential home for people with learning disabilities.

The practice holds a General Medical Service contract and consists of three partner GPs (male). The GPs are supported by a locum GP (female), a practice manager, three practice nurses (female) and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice building is arranged over two storeys, with all the patient accessible areas being located on the ground floor. The practice is accessible to patients with mobility issues, as well as parents with children and babies.

Waterfield House Practice is open 8.30am 1pm and 2pm to 6pm Monday to Friday. Morning appointments are from 9am to 11.30am and afternoon appointments are from 4pm to 5.50pm. There is a late evening clinic every Monday 6pm to 7.30pm. The practice operates a duty doctor system to ensure there is GP cover from 1pm to 2pm and 6pm to 6.30pm and urgent and emergency cases, as well as test results being monitored and responded to appropriately.

The practice is a training practice (training practices have GP trainees and FY2 doctors). There is one GP registrar at the practice. Additionally, the practice nurses provide mentoring services and there is a third year nursing student working at the practice.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Waterfield House Practice, 186 Henwood Green Road, Tunbridge Wells, Kent, TN2 4LR

Why we carried out this inspection

We undertook a comprehensive inspection of Waterfield House 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 requires improvement.

Detailed findings

The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for Waterfield House Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Waterfield House Practice on 29 March 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

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with the practice manager and staff as well as reviewed information, documents and records kept at the practice.

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 21 June 2016, we rated the practice as requires improvement for providing safe services as risks to patients who used services were not always assessed in order to keep patients safe.

- There was an infection control protocol and staff had received up to date training. However, annual infection control audits had not been undertaken.
- The practice did not do all that was reasonably practicable to assess the risk of legionella, as well as the risks associated with fire safety.
- Personnel files were not always up to date with copies of the routine checking of registration with the appropriate professional body for nurses.
- Systems to routinely check the equipment and medicines used in emergencies were not always safe. We found equipment was not always in date, sterile and fit for purpose and emergency medicines were not within their expiry date.

These arrangements had significantly improved when we undertook a follow up inspection on 29 March 2017. The practice is now rated as good for providing safe service.

Overview of safety systems and process

The practice demonstrated that since our inspection in June 2016 systems had improved.

The practice now had a designated lead for infection control and an infection control audit had been completed in February 2017. We reviewed the infection control action plan and saw evidence that action had been taken. For example, establishing routine checking of staff compliance with infection control policies and procedures, as well as replacing fabric covered chairs.

The practice had reviewed the processes for the routine checking of registration with the appropriate professional body for nurses. We looked at the personnel files for all nursing staff and found checks had been undertaken.

Monitoring risks to patients

The practice demonstrated that since our inspection in June 2016 systems had improved and risks to patients were assessed and well managed.

There were procedures for monitoring and managing risks to patient and staff safety. The practice had conducted a risk assessment for the checking of legionella in July 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), as well as an up to date fire risk assessment in October 2017. Additionally, staff had completed training in fire safety awareness. Documentary evidence viewed confirmed this.

Arrangements to deal with emergencies and major incidents

Since our inspection in June 2016 the practice had reviewed the arrangements to respond to emergencies.

- Records confirmed that all staff had received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were stored securely. Routine weekly checking of emergency medicines and equipment had been implemented. The process ensured that these were within their expiry date and that stock levels indicated on the emergency medicines box, matched those contained within it.