

Riverside 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 

Are services well-led?

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 Riverside Medical Practice on 10 May 2016. Breaches of the legal requirements were found.

- The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse.
- Risks to patients were not always assessed and well managed.
- Governance arrangements were not always effectively implemented.

Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 15 November 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. At our focussed follow-up inspection on 15 November 2016, the practice provided records and information to demonstrate that the requirements had been met. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Riverside Medical Practice 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 our previous comprehensive inspection on 10 May 2016 the practice had been rated as requires improvement for providing safe services.

- The practice had been unable to demonstrate that they always followed national guidance on infection prevention and control.
- The practice was unable to demonstrate that they always followed national guidance on medicines management.
- The practice had been unable to demonstrate that infection control or control of substances hazardous to health risk assessments had been carried out and their fire risk assessment was incomplete.

At our focussed follow-up inspection on 15 November 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had revised their procedures and were now able to demonstrate they were following national guidance on infection prevention and control.
- The practice had revised their procedures and were now able to demonstrate they were following national guidance on medicines management.
- The practice had carried out infection control, control of substances hazardous to health and fire risk assessments and had developed as well as implemented action plans to address issues identified.

Good



Are services well-led?

At our previous comprehensive inspection on 10 May 2016 the practice had been rated as requires improvement for providing well-led services.

- The practice had a number of policies and procedures to govern activity. However, the practice did not have an effective system to keep these up to date.
- Risks in relation to infection control, medicines management, the control of substances hazardous to health and fire safety had not always been identified and well managed.

At our focussed follow-up inspection on 15 November 2016, the practice provided records and information to demonstrate that the requirements had been met.

Good



Summary of findings

- The practice had revised their system to manage governance documents. Policies and protocols that we looked at were now up to date.
- The practice had revised arrangements for identifying, recording and managing risks. Risks in relation to infection control, medicines management, the control of substances hazardous to health and fire safety had been identified and were now being well managed.

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

At our previous comprehensive inspection on 10 May 2016 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 15 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People with long term conditions

At our previous comprehensive inspection on 10 May 2016 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 15 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



Families, children and young people

At our previous comprehensive inspection on 10 May 2016 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 15 November 2016, the practice provided records and information to demonstrate that the

Good



Summary of findings

legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Working age people (including those recently retired and students)

At our previous comprehensive inspection on 10 May 2016 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 15 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People whose circumstances may make them vulnerable

At our previous comprehensive inspection on 10 May 2016 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 15 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People experiencing poor mental health (including people with dementia)

At our previous comprehensive inspection on 10 May 2016 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement

Good



Summary of findings

for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 15 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Riverside Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We undertook an announced focused inspection of Riverside Medical Practice on 15 November 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 10 May 2016.

We inspected this practice against two of the five questions we ask about services; is the service safe and is the service well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

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 GP and the practice manager as well as reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Overview of safety systems and processes

- The practice had revised their procedures and were now able to demonstrate they were following national guidance on infection prevention and control. One member of staff had been designated as the practice lead for infection control and records showed they had been provided with advanced training for this role. A second member of staff had been appointed as deputy lead for infection control. The practice had introduced an overarching infection control policy and other guidance documents for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection. The practice was able to demonstrate that staff were recording domestic cleaning that was being carried out and colour coded cleaning equipment was available as well as being stored correctly in line with standard infection control practices. The practice had carried out infection control audits as well as made and implemented action plans to reduce identified issues.
- The practice had revised their procedures and were now able to demonstrate they were following national guidance on medicines management. A system that monitored blank prescription forms and pads throughout the practice had been introduced. Records showed that medicines including vaccines were being stored within acceptable limits in the two designated refrigerators at the practice. Three records showed the temperature of the refrigerators was outside of the recommended storage range of between two and eight

degrees centigrade on three occasions. On each occasion records identified the reason for this, such as a medicines audit being carried out, and that no further action was required by the practice.

- Formal recording of 'near misses' (dispensing errors that did not reach a patient) had been introduced. There was written guidance for staff to follow on the reporting of 'near misses' that took place in the dispensary and records showed that 'near misses' were being recorded. A Standard Operating Procedural document had also been introduced to guide staff when dispensing medicine used to thin people's blood. Staff told us that dispensary staff were now checking patients' records (yellow books) prior to dispensing this type of medicine.

Monitoring risks to patients

- In addition to revising infection control procedures the practice had introduced a system for the routine control of substances hazardous to health. Individual risk assessments had been carried out for each substance stored in the practice that had the potential to be hazardous to health, and action plans made to reduce identified risks.
- The practice had carried out a fire risk assessment in July 2016 as well as made and implemented action plans to reduce identified risks. For example, a smoke detector that was missing from the treatment room had been replaced. The fire risk assessment contained a plan drawing of the premises. Fire safety instructions for staff had been revised and the medical oxygen cylinder had been identified as a potential hazard that could place firefighters in extra danger in the event of a fire. Staff told us that fire drills were carried out quarterly and records confirmed this.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

The practice had revised governance arrangements to help ensure they were implemented effectively.

The practice had revised their system to manage governance documents. Policies and protocols that we looked at were now up to date.

The practice had revised arrangements for identifying, recording and managing risks;

- Risks in relation to infection control, medicines management, the control of substances hazardous to health and fire safety had been identified and were now being well managed.