

Preston Medical Centre

Quality Report

23 Preston Road
Wembley
Middlesex HA9 8JZ

Tel: 020 8904 3263

Website: <http://www.prestonmedicalcentre.co.uk>

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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 Preston Medical Centre on 16 November 2016. The overall rating for the practice was Good, with a rating of Requires Improvement in the Safe domain. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Preston Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 25 January 2018 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 16 November 2016. This report covers our findings in relation to those requirements and additional improvements made since our last inspection..

Overall, the practice is now rated as Good.

Our key findings were as follows:

- The practice had taken significant steps to ensure that they met infection control standards as per recommendations from the infection control audit and findings at our previous inspection.
- Comprehensive infection control audits were now being carried out in conjunction with the designated infection control nurse.
- The practice had carried out a Control of Substances Hazardous to Health (COSHH) risk assessment.

- Disclosure and Barring Service (DBS) checks had been carried out on newly employed staff and non-clinical staff who undertook chaperoning duties.
- Patient identifiable information was securely stored and staff had signed confidentiality agreements and had undertaken information governance training.
- The practice had installed a pull cord in the disabled toilet for patients to call for assistance.
- The practice had addressed risk in all areas of the practice and had taken action to address this; for example, they replaced a damaged examination couch and replaced flooring in one of the clinical rooms.
- The practice had installed blind loop cords in the patient toilet.
- The practice had improved the monitoring of patients with diabetes. They carried out a monthly virtual ward round and worked together with the diabetes specialist nurse

However, there were also areas of practice where the provider should make improvements.

Importantly, the provider should:

- Ensure the arrangements for identifying and controlling substances hazardous to health (COSHH) include all hazardous substances in the practice.
- Consider improving communication with patients who have a hearing impairment and review the requirements of Accessible Information Standard (AIS) as per national guidelines.

Summary of findings

- Continue to review staffing arrangements to ensure that there is sufficient nursing cover to meet patients' needs.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Preston Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC lead inspector.

Background to Preston Medical Centre

Preston Medical Centre provides primary medical services in Wembley to approximately 3600 patients and is one of 66 practices contracted to Brent Clinical Commissioning Group (CCG). The practice provides NHS services through a General Medical Services (GMS) contract and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The clinical team at the surgery is made up of two male GPs who are partners and two female salaried GPs who provide a combination of 22 sessions. The non-clinical practice team consists of a practice manager and three administrative and reception staff members.

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 9:00am to 12:00pm Monday to Friday and from 4:00pm to 6:10pm Monday to Friday except Thursday. Extended hours surgeries are offered on Mondays from 6:30pm to 8:00pm. The practice patients have access to a local GP hub which offers appointments from 6:00pm to 9:00pm Mondays to Fridays and from 9:00am to 3:00pm on

Saturdays and Sundays. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the OOH provider for Brent CCG.

The patient profile for the practice indicates a population of a higher than average working age and older people.

Preston Medical Centre was inspected under our methodology on 16 November 2016 and they were rated Good overall, meeting all the standards inspected. The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder, or injury.

Why we carried out this inspection

We undertook a comprehensive inspection of Preston Medical Centre on 16 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall with a rating of Requires Improvement in the Safe domain. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Preston Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Preston Medical Centre on 25 January 2018. 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.

Are services safe?

Our findings

At our previous inspection on 16 November 2016, we rated the practice as requires improvement for providing safe services, as the arrangements in respect of safety systems and processes and monitoring risks to patients were not effective.

Most of these arrangements had significantly improved when we undertook a follow up inspection on 25 January 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

- At our previous inspection, we found that three clinical staff had not undertaken safeguarding adults training relevant to their role. At this inspection, we saw that all clinical staff had received update training in safeguarding vulnerable adults.
- At our previous inspection, we found staff who acted as chaperones were not trained for the role. We also found that the practice had not carried out a Disclosure and Barring Service (DBS) check or risk assessment on non-clinical staff carrying out chaperoning duties. At this inspection, we found that staff carrying out chaperoning duties had recently received training and had all received a DBS check.
- At our previous inspection, we found DBS checks were not carried out for newly employed clinical and non-clinical staff. At this inspection, we found that DBS checks had been carried out for newly employed staff members.
- At our previous inspection, we found that the infection control processes in place were not effective. For example, the infection control audit was not thorough and had not identified the lack of hand washbasins in staff as well as patient toilets and there was a lack of staff training in infection control. After the November 2016 inspection, we found the practice had carried out a joint infection control audit review with the CCG infection prevention control nurse in March 2017 and a further comprehensive infection control audit had been

arranged for February 2018. The practice had also made significant improvements and had installed washbasins in both the staff and patient toilets. All clinical and non-clinical staff had also received infection control update training.

- At our previous inspection, we found unclean nebuliser masks being used and fresh masks were not available. The cleaning system for medical equipment including ear irrigators was not appropriate. At this inspection, we found the practice had developed a single use policy for medical equipment and were using disposable nebuliser sets. We also saw a completed spreadsheet of disposable nebuliser stock checks for both adult and children masks. The practice told us that patients requiring ear irrigation were now being referred to secondary care for this procedure.
- At our previous inspection, not all staff had signed confidentiality agreements and information governance training. At this inspection, we saw evidence that all staff had signed confidentiality agreements and had all received their information governance training.

Risks to patients

- At our previous inspection, we found staff had not undertaken fire safety training. At this inspection, we found staff had undertaken fire safety training in March 2017, as well as update training in November 2017. Following this, the practice had arranged that staff would be provided with annual refresher fire safety training.
- At our previous inspection, the practice had not carried out a Control of Substances Hazardous to Health (COSHH) risk assessment. At this inspection, the practice had carried out a COSHH risk assessment and a review on two hazardous items used in the practice.
- At our previous inspection, the patient toilet had no emergency pull cord so patients had no way to summon help in the event of an emergency. At this inspection, the practice had made improvements and had installed a pull cord in the disabled toilet for patients to call for assistance.