

Fairfield Medical Centre

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 of this practice on 12 May 2015. Breaches of legal requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Ensure that all recruitment checks are carried out and recorded as part of the staff recruitment process. Ensure there is a written risk assessment where decisions have been made regarding staff not receiving a criminal record check via the Disclosure and Barring Services (DBS)
- Ensure that an infection control audit is completed on a regular basis and any actions recorded and updated. Complete a risk assessment for the control of substances hazardous to health (COSHH) and ensure that a risk assessment for legionella is completed.

We undertook this focused inspection on 17 August 2015 to check that the provider had followed their action plan and to confirm that they now met legal requirements. 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 on our website at www.cqc.org.uk

Our key findings across the areas we inspected were as follows:-

- All required recruitment checks were carried out and recorded. There was a written risk assessment in relation to which staff should have a criminal record check via the Disclosure and Barring Services (DBS)
- An infection control audit had been completed and actions from the audit had been recorded. This was to be discussed at the quarterly management meeting. We noted that there were risk assessments for the control of substances hazardous to health (COSHH). The practice had also completed a recent legionella risk assessment and had a supporting policy in place.

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 now rated Good for delivering Safe services

At our last inspection, we found that although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, recruitment checks required were not always documented, the practice was unable to locate records of infection control audits, and there was no system in place for the management of legionella.

At this inspection, we found that all recruitment checks were documented including recording the months and years of employment, reasons for gaps in employment and references. The practice had also completed risk assessments in relation to determine which job roles needed to complete a criminal records check through the Disclosure and Barring Service (DBS). There was a supporting policy in place.

A recent infection control audit had been completed and we noted that actions had been created from this. The practice had also completed a recent legionella risk assessment and had a supporting policy in place. We also saw there were risk assessments for the control of substances hazardous to health (COSHH)

Good



Fairfield Medical Centre

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 carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

12 May 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was 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

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 17 August 2015 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Cleanliness and infection control

At our previous inspection, we found the practice had not undertaken a risk assessment to minimise the risk of infection to staff and patients and did not have a policy for the management, testing and investigation of legionella (a germ found in the environment, which can contaminate water systems in buildings).

At the time of the inspection the practice was unable to locate a recent or past infection control audit or action plans resulting from these audits.

The practice had not completed a risk assessment for the control of substances hazardous to health (COSHH).

At this inspection, we found that the practice had conducted an infection control audit in June 2015 and we saw there were actions from this audit. We spoke with the practice manager who told us that the actions from the audit would be discussed at the September managers meeting (held quarterly) where a lead for infection control would also be identified. From this meeting, times frames for actions to be completed by, would be agreed and minuted.

The practice had water samples analysed for the presence of legionella, which had come back as 'not detected' and had completed risk assessments to minimise the risk to

staff and patients. We also saw there was an associated policy. The practice had also conducted risk assessments for the control of substances hazardous to health (COSHH) which was clearly displayed in the room where these substances were held.

Staffing and recruitment

At our previous inspection, we found that recruitment records we reviewed did not all contain evidence that appropriate recruitment checks had been undertaken prior to employment. For example, some files did not contain references from past employers, a full works history which included months and years, an investigation into gaps in employment and reasons for leaving past employers. There was also no written risk assessment as to why administration or reception staff had not received a criminal record check via the Disclosure and Barring Service (DBS).

At this inspection, we found that recruitment records contained the required information. The practice had recently employed two nurses and we were able to review their recruitment files. We saw that the files contained picture identification, DBS checks, a full works history with gaps of employment explained and reasons for leaving as well as references from past employers. We also saw that a risk assessment had been completed for the different roles within the practice and whether a criminal records check was required. We noted there was also a supporting policy.