

North Laine 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

The practice is rated good overall and is now rated good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 1 July 2015. Breaches of legal requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. As a result, we undertook a focused follow up inspection on 28 July 2016 to follow up on whether action had been completed to deal with the breaches.

During our previous inspection on 1 July 2015 we found the following areas where the practice must improve:-

- Ensure that a legionella risk assessment has been carried out and any risks addressed and that cleaning checklists are completed to indicate that cleaning has been carried out in line with cleaning schedules.
- Ensure all emergency equipment is subject to regular safety checks and that all medicines (including those used for emergencies) are within date.

Our previous report also highlighted areas where the practice should improve:-

- Take action to address practice performance against the quality and outcomes framework (QOF) in areas identified as falling below the local and national average
- Ensure the practice policy for undertaking criminal records checks includes the need to hold records of these for the GP partners.
- Ensure that all staff have an understanding of the Mental Capacity Act 2005 and its relevance to their practice.
- Ensure that full audit cycles are completed in order to demonstrate the impact of learning on patient outcomes.

We conducted a follow up focused inspection on 28 July 2016 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

During this inspection we found:

- The practice had conducted a legionella inspection and completed the necessary works to ensure safety.
- That cleaning checklists were completed on a daily and weekly basis to indicate that cleaning had been undertaken in line with cleaning schedules.

Summary of findings

- All emergency equipment was subject to weekly safety checks. All medicines including those used for emergencies were in date and were checked on a monthly basis.

We also found in relation to the areas where the practice should improve:

- That practice was able to demonstrate improved monitoring and performance against the QOF indicators in areas where it was below the local and national average.

- That DBS records for the GP partners were held at the practice.
- That all staff had attended in-house training on the Mental Capacity Act 2005 and that awareness of the relevance of this to their roles had improved.
- That second cycles of clinical audits had commenced and that there were on-going plans to complete full audit cycles.

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 a legionella risk assessment had not been carried out and that regular checks of cleaning were not undertaken to indicate that cleaning has been carried out in line with cleaning schedules. We also found that emergency equipment was not subject to regular safety checks and that some medicines (including those used for emergencies) were out of date making them unsafe for use.

At this inspection, we found that the practice had conducted a legionella inspection and completed the necessary works to ensure safety. We saw that cleaning checklists were completed on a daily and weekly basis to indicate that cleaning had been undertaken in line with cleaning schedules. We also saw that all emergency equipment was subject to weekly safety checks and all medicines including those used for emergencies were in date and were checked on a monthly basis.

Good



North Laine Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC 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

1 July 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 follow up inspection on 28 July 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Reliable safety systems and processes including infection control.

At our previous inspection, we found that the practice had not undertaken a risk assessment for legionella to identify the level of risk to enable them to make a decision about on-going formal legionella testing. Regular checks of cleaning had not been undertaken to indicate that cleaning had been carried out in line with cleaning schedules, for the treatment room. We also found that emergency equipment was not subject to regular safety checks and that some medicines (including those used for emergencies) were out of date making them unsafe for use.

At this inspection, the practice manager was able to show us details of a risk assessment undertaken by an external company in October 2015. This had identified that as the hot water within the practice was mains fed that the risks

associated with stored water and potential stagnation issues in this area was removed. The practice therefore had an exceptionally low risk of legionella. However, the practice manager had put systems in place to ensure that water temperatures were checked and recorded on a monthly basis to ensure they were maintained within the recommended range.

At this inspection, we also saw that the practice had drawn up a daily decontamination schedule for the treatment room. We saw that the practice nurse completed daily and weekly checklists to indicate that cleaning had been undertaken in line with the schedule. We also saw that medicines including those for use in an emergency were in date and that the practice nurse undertook monthly checks, which were signed off by a GP, to ensure that they were. We saw records to show that emergency equipment which included a defibrillator and an oxygen cylinder was checked on a weekly basis to ensure they were in working order.