

Welland Medical Practice

Quality Report

144 Eye Road,
Peterborough,
Cambridgeshire,
PE1 4SG

Tel: 01733 615090

Website: www.wellandmedicalpractice.co.uk

Date of inspection visit: 19 September 2016

Date of publication: 30/09/2016

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

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Welland Medical Practice	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 5 April 2016. We set a requirement in relation to Safe Care and Treatment. The practice sent in an action plan informing us about what they would do to meet legal requirements in relation to the following;

- Robust processes were not in place to assess the risk of and prevent, detect and control the spread of infection.
- The practice did not have a robust legionella risk assessment and did not ensure regular infection control audits were fully completed.

They told us these issues would be addressed by 31 May 2016 and provided us with evidence to show they had taken the action to address the concerns.

We undertook a desk top review on 19 September 2016 to make a judgement about whether their actions had addressed the requirements.

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link for 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 the last inspection on 5 April 2016 we found that;

- Annual infection control audits were not undertaken. We saw no evidence of a completed infection control audit however some issues had been identified in an incomplete audit dated June 2015 but no action plan completed. The issues had been rectified, for example; non wipeable chairs were replaced, lidded waste bins for paper waste were purchased, and reception staff were given access to gloves if the need to handle a specimen arose.
- The practice had not completed a robust Legionella risk assessment. The practice had identified possible risk but had not recorded an action plan to reduce it.

Our focused inspection on 19 September 2016 found that;

The practice is rated as good for providing safe services.

- The practice had safe and effective systems in place and had implemented more robust systems and processes to ensure infection control risks were identified and managed.
- The practice had completed a robust legionella risk assessment and details of the planned actions documented.

This report should be read in conjunction with the full inspection report from 5 April 2016.

Good



Welland Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Background to Welland Medical Practice

Welland Medical Practice is situated in Peterborough in Cambridgeshire. The practice provides services for approximately 4,200 patients. They hold a General Medical Services contract. The practice has two male GP partners. The team also includes two female practice nurses and one female health care assistant. They also employ a practice manager and a team of reception/administration/secretarial staff. Welland Medical Practice has a branch surgery also in Peterborough. The practice area covers Welland, Dogsthorpe, Parnwell & East Ward, Eye, Paston, Werrington, Bretton, Westwood, Orton Brimbles, Orton Goldhay, Orton Longueville, Orton Malborne, Orton Wistow, Hampton and Woodston. The practice is part of the Greater Peterborough Network who are a healthcare provider owned by the partners of the 27 practices in the Greater Peterborough area and run by local GPs. It is part of the Prime Minister's GP Access Fund to deliver an 8am to 8pm seven days a week GP access service.

The practice's opening times are from 8.30am and 6.30pm Monday, Wednesday and Friday and 7.30am to 6.30pm on Tuesday and Thursday. Extended surgery hours are offered on a Tuesday and Thursday from 7.30am to 8am. The

practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Urgent Care Cambridgeshire via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a higher than average practice population aged between 0 to 35 compared to national average and a lower than average practice population of 45 and over. The deprivation score was higher than the average across England.

Why we carried out this inspection

As a result of the last inspection on 5 April 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. This was because the practice had not ensured that robust processes were in place to assess the risk of and prevent, detect and control the spread of infection. The practice did not have a robust legionella risk assessment and did not ensure regular infection control audits were fully completed.

How we carried out this inspection

We reviewed the information received from the practice, spoke with the practice manager and requested additional information from the practice.

We have not revisited Welland Medical Practice as part of this review because Welland Medical Practice were able to demonstrate they were meeting the standards without the need for a visit. We carried out a desk-based review on 19 September 2016.

Are services safe?

Our findings

We found improvements were needed in relation to safe care and treatment at our last inspection on 5 April 2016, we found that the practice;

- Did not ensure regular infection control audits were undertaken. We saw no evidence of a completed infection control audit however some issues had been identified in an incomplete audit dated June 2015 but no action plan completed. The issues had been rectified, for example; non wipeable chairs were replaced, lidded waste bins for paper waste were purchased, and reception staff were given access to gloves if the need to handle a specimen arose.
- The practice had not completed a robust Legionella risk assessment. The practice had identified possible risk but had not recorded an action plan to reduce it. The practice identified that infrequently used water outlets existed but we found no control measures had been introduced or actions planned. We saw no evidence that water temperature was monitored however uninsulated pipe work had been reported to the building landlord in March 2016.

The provider sent us an action plan informing us about the action they would take to ensure that patients were safe. Our focused inspection on 19 September 2016 found that the practice had implemented and embedded clearly defined systems, processes and practices.

- We saw evidence that the practice had completed a further infection control audit in May 2016 and documented an action plan. Infection control audits were to be completed annually by the infection control lead nurse and a reminder placed in the practice calendar to ensure actions were completed on time. Infection control training had been completed by all staff and documented on the training register. We also saw evidence of completed daily cleaning rota forms and the infection control precaution guidelines that the practice referred to.
- The practice provided evidence of a completed legionella risk assessment and a robust legionella management, testing and investigation policy which included a named person responsible for taking suitable precautions to prevent or control the risk of exposure to legionella. The practice leased the premises and liaised with the landlord to ensure who had responsibility over the water systems within the building. Water temperatures were assessed and all water outlets run regularly. The results were recorded on a log sheet and all failures and large variations were investigated. Records would be retained for a period of at least five years.