

Dr Colin-Jones & Partners

Quality Report

Snodland Medical Centre Catts Alley Snodland Kent ME6 5SN Tel: 01634 240296 Website: www.snodlandsurgery.org.uk

Date of inspection visit: 23 May 2017 Date of publication: 16/06/2017

Good

Good

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

Are services safe?

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 Dr Colin-Jones & Partners on 6 December 2016. The overall rating for the practice was good. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Dr Colin-Jones & Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 23 May 2017 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 6 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- The practice was able to demonstrate they were following national guidance on infection prevention and control.
- The practice was keeping inventories of vaccines held and was recording the batch numbers of local anaesthetic agents used during minor surgical procedures.

- Records showed that practice had carried out a full fire risk assessment on 7 December 2017.
- A legionella risk assessment had been carried out on 14 December 2016 and the practice had developed and implemented an action plan to address issue identified.
- Records showed that practice staff were checking the automated external defibrillator and medical oxygen on a regular basis.
- The practice had identified an additional 30 patients on the practice list who were also carers. The total number of identified patients on the practice list who were also carers was now 136. This represented 1.1% of the practice list.

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

The provider should:

• Continue to identify patients who are also carers to help ensure eligible patients are offered relevant support.

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 rated as good for providing safe services.

• The practice was able to demonstrate they were following national guidance on infection prevention and control.

Good



Dr Colin-Jones & Partners Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Colin-Jones & Partners

Dr Colin-Jones & Partners is situated in Snodland, Kent and has a registered patient population of approximately 12,200. There are more patients registered between the ages of 0 and 4 years as well as between the ages of 65 and 79 years than the national average. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of six GP partners (four male and two female), two GP Registrars, one practice managers, one assistant practice manager, three practice nurses (all female), one healthcare assistant (female), one health practitioner (female), one phlebotomist as well as medical assistants, administration and reception staff. There are reception and waiting areas on the ground floor. There is also a waiting area on the first floor which is accessible by stairs and lift. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is a training practice (training practices have GP trainees and FY2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from Dr Colin-Jones & Partners, Snodland Medical Centre, Catts Alley, Snodland, Kent, ME6 5SN only. Dr Colin-Jones & Partners is open Monday to Friday 8.30am to 6.30pm. Extended hours appointments are offered Monday and Tuesday 6.30pm to 7.40pm.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Colin-Jones & Partners on 6 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 6 December 2016 can be found by selecting the 'all reports' link for Dr Colin-Jones & Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Colin-Jones & Partners on 23 May 2017. 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.

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

Detailed findings

comprehensive and focussed inspections had been addressed. During our visit on 23 May 2017 we spoke with the practice manager as well as reviewed information, documents and records kept at the practice. Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 6 December 2016, we rated the practice as requires improvement for providing safe services.

• The practice was unable to demonstrate they were always following national guidance on infection prevention and control.

These arrangements had significantly improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had revised arrangements for managing infection prevention and control to help keep patients safe.

- The practice had carried out an infection control inspection in May 2017 and there was an action plan to address any improvements identified as a result. The action plan contained an indication of the timeline for implementing the improvements. For example, the installation of a clinical wash-hand basin in the phlebotomy room was due to be completed by June 2017.
- Staff told us that the practice had introduced a system that kept inventories of the vaccines they held. We saw records that confirmed this.

• Staff told us that the batch numbers of local anaesthetic agents used during minor surgical procedures were now being routinely recorded in relevant patients' records. We saw records that confirmed this and that the practice was monitoring this activity.

Monitoring risks to patients

The practice had revised the way they managed fire safety risks to patients, staff and visitors.

- A full fire risk assessment had been carried out on 7 December 2016 and the practice had developed and implemented an action plan to reduce identified risks.
 For example, refuse bins were now being stored a short distance from the practice building to reduce the risk of fire spreading to the building in the event that the bins were set alight.
- A legionella risk assessment had been carried out on 14 December 2016 and the practice had developed and implemented an action plan to reduce identified risks.
 For example, limescale had been removed from all taps on the premises and there were plans to install an electrical unit to reduce the amount of limescale in the building's water system.

Arrangements to deal with emergencies and major incidents

The practice had revised arrangements for checking emergency equipment and emergency medicines.

• Staff told us that the automated external defibrillator (AED) and medical oxygen were checked regularly and records confirmed this.