

# Sackville Medical Centre Quality Report

20 Sackville Road, Hove, East Sussex, BN3 3FF Tel: 01273 778585 Website: www.sackvillemedicalcentre.co.uk

Date of inspection visit: 14 January 2016 Date of publication: 25/02/2016

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



# Summary of findings

### Contents

Summary of this inspection	Page
Overall summary	2
The five questions we ask and what we found	3
Detailed findings from this inspection	
Our inspection team	4
Why 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 17 June 2015. Breaches of legal requirements were found in relation to the safe management of medicines, the cleaning of equipment and assessing the risk of legionella. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements. We undertook this focused inspection on 14 January 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

Our key findings across the areas we inspected for this focused inspection were as follows:-

• Arrangements were now in place to ensure that medicines were stored securely at all times

- Blank prescription forms were handled in line with current national guidance.
- A comprehensive assessment had been undertaken to detect the risk of legionella and action had been taken to mitigate identified risks.
- Cleaning schedules were in place for equipment and toys kept in the treatment rooms and regular spot checks were undertaken.
- An up to date audit of infection control had been undertaken and the practice had plans in place for these to be repeated very six months.
- All GP records were now held centrally and we saw evidence to show that all GPs had completed level 3 training on safeguarding children.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

### 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 some systems and processes to ensure the safe management of medicines the cleaning of equipment and assessing the risk of legionella were not in place. During this inspection we found that the practice had implemented systems to ensure that all treatment rooms, medicine refrigerators and medicines cupboards were locked when left unattended and that access could only be gained by authorised staff. We also saw that the practice had robust systems in place to ensure that both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. The practice had systems in place to ensure equipment and toys in the treatment rooms were cleaned according to specific cleaning schedules. We also saw that the practice had effective arrangements in place to reduce the risk of legionella. Good



# Sackville Medical Centre Detailed findings

### Our inspection team

### Our inspection team was led by:

The inspection was undertaken by a CQC General Practice Inspector.

# Why we carried out this inspection

We carried out a focused inspection on 14 January 2016 to follow up on the breaches of legal requirements and regulations associated with the Health and Social Care Act 2008, under the Care Act 2014 found during the comprehensive inspection of this service on 17 June 2015.

## Are services safe?

### Our findings

### **Medicines Management**

At our inspection of 17 June 2015 we found that some systems and processes to ensure the safe management of medicines were not in place. We found that medicines that were stored in the treatment rooms and medicine refrigerators were not stored securely and only accessible to authorised staff. The door to one of the treatment rooms was unlocked although the practice nurse told us this was locked at the end of the day. There was also an unlocked cupboard in the treatment room where contraceptive medicines were stored. We also found that whilst prescriptions were handled in accordance with national guidance, that one prescription pad stored in one of the doctor's bags had not been subject to an audit trail.

During this inspection of 14 January 2016 we found that the practice had implemented systems to ensure that all treatment rooms were locked when left unattended and that access could only be gained by authorised staff. We saw that all the medicine refrigerators and medicines cupboards were kept locked and again could only be accessed by authorised staff. We also saw that the practice had robust systems in place to ensure that both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. We saw that blank prescriptions were kept in a locked drawer in a locked room which only authorised staff were able to enter. We saw that blank prescriptions could only be issued by a receptionist who kept a log of the serial numbers of the prescriptions which were issued to the GPs. Both the issuer and receiver of the prescriptions signed for the issuing and receipt of blank prescriptions.

#### **Cleanliness and infection control**

At our inspection of 17 June 2015 we found that there was no cleaning schedule for equipment within the treatment rooms e.g. blood pressure monitors and nebuliser machines. Staff told us this was because clinical equipment was cleaned after each use and was the responsibility of the staff member using it. We also saw that toys were available for children in some clinical areas and that cleaning of these items was the responsibility of the clinician. However, we did not see cleaning schedule or a process for monitoring cleanliness in place for these items.

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). The practice had not undertaken a risk assessment for legionella.

During this inspection of 14 January 2016 we saw that the practice had developed comprehensive cleaning schedules and checklists for the cleaning of equipment and toys in the treatment rooms which identified the cleaning methods and frequency. We saw that spot checks of the cleanliness of these items were undertaken on a six weekly basis. We also saw that the practice had had comprehensive legionella risk assessment undertaken by an external company which identified areas of high, low and medium risk.

We also saw that the practice now had a policy in place for the management, testing and investigation of legionella. The practice had had a comprehensive legionella risk assessment undertaken by an external company which identified areas of high, low and medium risk. We saw evidence to show that the practice had arranged for remedial work to be undertaken to mitigate the risks which included the replacing of lead pipework and undertaking staff awareness training.