

The Waterfield Practice

Quality Report

The Waterfield Practice
Ralph's Ride
Harmanswater
Bracknell
RG12 9LH
Tel: 01344 454626
Website: www.waterfieldpractice.co.uk

Date of inspection visit: We have not revisited The Waterfield Practice as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.
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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	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

In October 2014 we found concerns related to the training of staff, the recruitment of staff and infection control during a comprehensive inspection of Waterfield Practice. Following the inspection the practice sent us an action plan detailing how they would revise the practice training programme, review recruitment undertaking necessary staff checks and complete infection control audits.

We carried out desktop review of the Waterfield Practice on 2 July 2015 to ensure these changes had been implemented and that the practice was meeting regulations. Our previous inspection in October 2014 had found breaches of regulations relating to the safe delivery of services and services being well-led. The ratings for the practice have been updated to reflect our findings.

We found the practice had made improvements since our last inspection on 15 October 2014 and they were meeting the regulation relating to the recruitment of staff that had previously been breached.

Specifically the practice was:

- Operating safe systems in relation to the recruitment of staff.
- Ensuring staff completed training appropriate to their roles and any further training needs had been identified and planned.
- Monitoring hygiene and infection control, including a system of audit, identifying and assessing any risk of legionella.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Furthermore, the rating for all six population groups are now rated as good.

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 safe.

Since our last inspection in October 2014 systems had been put in place to assure safe patient care and to support the standard of care for patients diagnosed with a mental illness.

Multi-disciplinary meetings included discussion of significant event analyses so the team could learn from any mistakes. Systems were in place which recognised and supported patients who were at risk of abuse.

Recruitment procedures were carried out with care to ensure that staff were suitable to work in positions of trust and with vulnerable patients.

Policies and procedures were in place to maintain safe standards of infection control.

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

The practice is rated as good for well-led.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients.

There was a level of constructive engagement with staff and a high level of staff satisfaction. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

The Waterfield Practice

Detailed findings

Background to The Waterfield Practice

The Waterfield Practice is located on two sites and has a patient population of approximately 12,000. They are one of sixteen practices within Bracknell and Ascot Clinical Commissioning Group.

The practice has core opening hours from 8:00am to 6:30pm Monday to Friday to enable patients to contact the practice.

Care and treatment is delivered by six GP partners and a total of eight GPs working at the practice, as well as locums. There are two male GPs and six female GPs working at the practice.

The nursing team consists of five practice nurses and one healthcare assistant. Administrative and medical secretaries also work at the practice and are led by a Practice Manager and an Assistant Practice Manager.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

The practice has opted out of providing out-of hours services to its own patients and uses the services of a local out-of-hours service accessed via the NHS111 service.

Why we carried out this inspection

We carried out a comprehensive inspection on 15 October 2014 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting. We have followed up to make sure the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We have not revisited the Waterfield Practice as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

How we carried out this inspection

We reviewed information given to us by the practice, including records of infection control audits, staff training, recruitment checks and a recruitment policy.

Are services safe?

Our findings

Cleanliness and infection control

Following the comprehensive inspection in October 2014, the practice sent us an action plan and provided evidence showing the improvements made in relation to cleanliness and infection control.

At the last inspection, we found that there was no formal training programme for staff regarding hygiene and infection control and staff told us they had not received any recent training. There was no hygiene and infection control audit undertaken to ensure all relevant guidance was followed or areas of risk identified.

Sharps bins waiting for collection from external contractors were stored in area accessible to patients. There was the potential risk that patients, specifically children, could access the area and sustain a sharps injury if they picked up the boxes. Some clinical waste bins were not pedal operated, which could pose a minor infection risk.

Comprehensive training schedules for specific staff groups and individual staff were sent to us for this desktop review. These demonstrated that the practice had reviewed the staff training programme and records showed that all staff working in the practice had received appropriate hygiene and infection control training.

We saw a completed infection control audit from May 2015 and actions for improvements identified were recorded as completed within set timescales. We were sent the amended infection control policy and supporting procedures which the practice manager advised were available for staff to refer to and enabled them to plan and implement measures to control infection.

Photographic evidence reviewed for this desktop review demonstrated that the practice has installed pedal operated clinical waste bins and stores sharps bins in a secure area away from patients.

At the last inspection the practice 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). Following the inspection the practice provided evidence that an independent specialist had completed legionella testing.

The practice was now ensuring that service users, staff, and others who may be at risk were protected from the risk of healthcare associated infection. An effective operation of systems designed to detect, control and prevent the spread of such infection is in place.

Reliable safety systems and processes including safeguarding

At the last inspection, we found that not all staff were up to date with safeguarding training. Some staff told us they did not know how to access the safeguarding policy.

In July 2015, the practice submitted evidence to us which demonstrated how the practice has reviewed safeguarding training. This included Mental Capacity Act training and all staff had completed this. We saw evidence that the practice had planned yearly refresher training and one of the modules in the refresher training is safeguarding.

The practice had a number of policies and procedures in place to govern activity. All policies including the safeguarding policy were stored on the practice shared drive. All staff had been sent a reminder and an easy to follow flow chart on how to access the policy folder.

The Practice Manager told us policies were available to all members of staff in a policies folder and on the desktop of any computer within the practice. We were sent examples of these policies and found they had been subject to regular review, updated and version controlled.

We were told National safeguarding alerts and updates were disseminated by a number of people, dependent on the type of alert. This could be by the practice manager, GPs and the CCG.

Staffing and recruitment

At the last inspection in October 2014 we had concerns that patients could not be assured that they were supported or cared for by staff who had been suitably recruited because appropriate checks were not always completed before new staff had commenced employment. Specifically three members of nursing staff did not have a criminal record check made through the Disclosure and Barring service (DBS).

Are services safe?

At the last inspection we saw evidence that the practice had applied for DBS checks on the three nurses and were waiting for the disclosures to be returned. We were sent evidence that these checks had been completed, returned and added the staff files.

Following the last inspection we received an action plan from the provider informing us of the action they had taken. The practice confirmed that they had taken appropriate action to ensure that all staff were subject to suitable checks prior to commencing employment and these checks had been undertaken for all staff. The provider had maintained records of these recruitment checks that they had undertaken.

This action had ensured that patients received care and treatment and support from suitably qualified staff who had been subject to appropriate recruitment checks by the provider, including a Disclosure and Barring Service check.

We noted the provider's recruitment policy had been amended to reflect the need for references where staff had previously worked in health or social care settings. Staff had received the checks required as result of these changes to the recruitment and staff background checking process.

Are services effective?

(for example, treatment is effective)

Our findings

Are services caring?

Our findings

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance Arrangements

At the last inspection in October 2014 we had minor concerns. It was not clear who was responsible for monitoring and developing the systems in place to ensure that patient's needs were managed in a way to ensure they received a consistent level of high quality care. We also found that infection control monitoring procedures had not been recorded. Criminal records checks during the recruitment process had not been recorded.

Following the last inspection in October 2014 we received an action plan from the provider telling us the action they would take to become compliant. We received confirmation that a nominated person responsible for clinical leadership had been established along with named leads for infection control and health and safety matters.

The named lead for infection control had a system in place to ensure that regular infection control monitoring was in place for clinical and non-clinical aspects of the practice. We saw evidence that infection control audits had been carried out, the last audit completed in May 2015.

Since the last inspection, members from the nursing team are invited to weekly clinical team meetings to discuss changes in national guidance, audit outcomes or risks identified through significant events.

Evidence sent to us for this desktop review demonstrated that the practice had reviewed how the practice seeks and acts on feedback from staff. We were sent agenda's and minutes from monthly practice meetings which included attendance from all staff groups.

There was a whistleblowing policy developed and accessible to all practice staff. We were told this policy has been implemented. This policy informed staff of their rights and how to report poor conduct of colleagues or other healthcare professionals.

Appropriate recruitment checks had been put into place and had been recorded for all staff to ensure that patients were receiving care from staff who were safe, competent and suitable skilled.