

# The Integrated Care Partnership

## 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

We carried out an announced comprehensive inspection at The Integrated Care Partnership on 7 July 2015. The practice had been rated as good for effective, caring, responsive and well led, however, required improvement in safe. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensure that cleaning equipment is stored appropriately and hygienically and monitor the levels of cleanliness throughout the practice. Ensure that after infection control audits, areas of non-compliance are followed up and action plans created to ensure compliance. Ensure that a risk assessment for legionella is completed.

We undertook this announced focused inspection on 1 August 2016 to check that the provider had followed their

action plan and to confirm that they now met legal requirements. The provider was now meeting all requirements and are rated as Good under the safe domain.

This report only covers our findings in relation to those requirements.

- There were robust and effective systems in place for controlling the risk of infection. The practice was clean and hygienic. Cleaning equipment was stored appropriately and infection control audits had taken place. Action plans had been created for areas of concern found after audits which had been dated and actioned. An assessment for Legionella had been completed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://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?**

The practice is rated as good for providing safe services.

Good



At our last inspection, undertaken on 7 July 2015, the practice was rated as requires improvement for providing safe services, as there were areas where it needed to make improvements. Previously we found:-

- Cleaning equipment was improperly stored and therefore infection control was inadequate. Staff we spoke with told us they felt that cleaning standards were poor. The October 2014 infection control audit carried out by the practice highlighted some concerns and there was no evidence that those concerns had been followed up. The practice had not undertaken a legionella risk assessment (a germ found in the environment which can contaminate water systems in buildings).

At this inspection, we found:-

- There were effective systems in place for controlling the risk of infection. The practice had two new infection control leads who had received additional training. The practice had reviewed infection control and cleaning across the main surgery and the branch surgeries. It had reviewed all of its policies and procedures and ensured that staff training was up to date and appropriate. The practice had reviewed the storage of cleaning equipment and created a new sluice room which was used for the storing of equipment. The practice had also used external organisations to audit infection control and waste storage to ensure they were working to a high standard. Internal infection control audits had taken place and regular spot checks were completed. Action plans had been created for areas of concern found after audits, which had been dated and actioned. An assessment for Legionella had been completed.

# The Integrated Care Partnership

## Detailed findings

### Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead 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

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

# Are services safe?

## Our findings

### Cleanliness and infection control

At our previous inspection, we found that there was inadequate infection control due to the inappropriate storage of cleaning equipment and cleaning logs were not being effectively monitored. There was no infection control lead and although an audit had been completed, no concerns from the audit had been actioned. Staff had not received training in dealing with bodily fluid spills and not all staff had received training in sharps/bites/splash management and were not aware of the actions to take following an injury. Staff we spoke with told us they felt that the cleaning was inadequate. The practice had also not undertaken a legionella risk assessment (a germ found in the environment which can contaminate water systems in buildings).

At this inspection, we found that robust processes had been put in to place for infection control. After our inspection, the practice had reviewed their policies and procedures and conducted a staff survey in relation to their knowledge of infection control. We saw the practice had not only reviewed their processes for the main surgery but for each of the branch surgeries as well. We reviewed a detailed comprehensive action plan which had been regularly reviewed to ensure that all points were actioned in a timely manner. The practice had redesigned the storage of cleaning equipment and refurbished a room to become the new sluice room and storage for cleaning equipment. New training had been designed which included one to one training with all staff from the infection control leads. Regular audits had been completed in cleaning and infection control and these were on-going to ensure that infection control standards were being maintained.

External agencies had also conducted audits so that the practice were aware of external standards of infection control that they wished to maintain. For example, the clinical commissioning group infection control lead had conducted a survey and an external clinical waste collection services had conducted an audit for the correct storage and segregation of clinical waste. We saw evidence that these audits had been included into the practices new policy and procedures and regular reviews were conducted to ensure these standards were being maintained.

The deputy practice manager and the practice nurse were the leads for infection control. All staff received induction training in relation to infection control specific to their role and received annual updates. We saw evidence the leads had carried out audits and any improvements identified for action were completed in a timely manner.

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place in all clinical rooms and cleaning records were reviewed and monitored by the infection control leads.

An infection control policy and supporting procedures were available for staff to refer to. This enabled staff to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Staff were able to describe how they would use these to comply with the practice's infection control policy.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

We spoke with the practice regarding the management, testing and investigation of legionella. We saw records which confirmed that legionella testing had been carried out for the practice.