

Welling Medical Practice

Quality Report

2 Danson Crescent
Welling
Kent
DA16 2AT

Tel: 020 8301 7889

Website: <http://www.wellingmedicalpractice.co.uk/>

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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 of the practice on 28 July 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of regulation 12(1)(2)(b)(d)(g)(h) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 1 April 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Welling Medical Practice on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe services. As the practice was now found to be providing good services for safety, this affected the ratings for the population groups we inspect

against. Therefore, it was also good for providing services for older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings across all the areas we inspected were as follows:

- Risks to patients were assessed and well-managed, including those related to medicines management, infection control and responding to emergencies.

However there were areas of practice where the provider should make improvements:

- Ensure that the practice has a system for ensuring monitoring of refrigerator temperatures every day that the practice is open, in line with recommended guidance.
- Ensure that clinical staffing levels are appropriately planned and monitored.

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 as improvements had been made.

Risks to patients were assessed and well-managed, including those related to medicines management, infection control and responding to emergencies.

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

The practice is rated as good for the care of older people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Welling Medical Practice

Detailed findings

Why we carried out this inspection

We undertook a desk-based focussed inspection of Welling Medical Practice on 1 April 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically a breach of regulation 12(1)(2)(b)(d)(g)(h) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

During the comprehensive inspection carried out on 28 July 2015 we found that the practice did not have adequate arrangements in place for management of emergencies including access to emergency equipment. The practice had not ensured up to date infection control training for staff and the risks relating to the control of substances

hazardous to health (COSHH) were not assured. We also found that the practice did not have a system to track and log use of prescriptions and the practice was not always monitoring vaccine refrigerator temperatures adequately.

We also found that the practice did not have a clear incident reporting procedure for staff and clinical staffing levels were not always appropriately monitored.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 28 July 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe would affect the rating for all the population groups we inspected against.

Are services safe?

Our findings

Safe track record and learning

The practice had an incident reporting form available for staff, and we saw they had implemented a clear procedure for staff in the event of an incident, since the initial inspection.

Medicines management

The practice had implemented a system to track and log prescriptions received and used in the practice. There was evidence that more effective systems for the monitoring of refrigerator temperatures had been implemented since the initial inspection for all refrigerators in the practice. There had been no instances where the temperatures had fallen out of the required range, however the temperatures were not recorded every day that the practice was open in line with recommended guidance. For example there were three working days where the main refrigerator had not been checked in December 2015.

Cleanliness and infection control

The practice had ensured that all staff had received updated infection control training within the last six months and we saw a sample of infection control training certificates for five staff members.

The practice had improved assurances of risks associated with the control of substances hazardous to health (COSHH). They had a COSHH policy in place and had completed an inventory and obtained copies of COSHH data log sheets for products used in the practice by the cleaning company.

Staffing and recruitment

During the initial inspection it was not clear that there was sufficient GP staffing to meet demand for appointments as we saw that doctors were scheduled for a higher than expected number of appointments per day and the practice reported that there had been difficulty recruiting doctors to cope with demand. Since the initial inspection, there was no evidence that the practice had put systems in place to ensure that clinical staffing levels were now being monitored effectively.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice provided evidence that a defibrillator was now available in the practice premises. The practice had implemented a number of emergency policies and procedures for staff to follow in the event of a clinical emergency or urgent non-clinical incident, for example, guidance for the use of the panic alarms.

The practice had ensured that they had access to rectal diazepam (a medicine used to treat seizures) in the event of an emergency following the previous inspection. They provided evidence they had obtained hydrocortisone (a medicine used to treat anaphylaxis or asthma) within 24 hours following the focussed inspection, so the practice had a full range of emergency medicines that may be required.