

SKHealth (Knowsley) Ltd

St. Laurence's Medical Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection at St. Laurence's Medical Centre (SK Health (Knowsley) Ltd) on 31 October 2017. We found that the service was not providing safe care and treatment and asked the provider to make improvements. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for St. Laurence's Medical Centre on our website at www.cqc.org.uk.

This desk-based review was carried out on 5 June 2018 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 31 October 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our findings were:

We found that this service had improved the systems in place to support safe care in accordance with the relevant regulations.

Background

St. Laurence's Medical Centre (SKHealth (Knowsley) Ltd) provides minor surgery and Ear, Nose and Throat (ENT) consultations and procedures. They offer diagnosis, treatment and support for people aged 16 years old and over within the Knowsley area of Liverpool.

The hours of operation are: Monday, Wednesday and Thursdays 1pm – 3.30pm. The service is run by three doctors and a business manager, and is supported by two nurses, one healthcare assistant and administrative staff.

One of the doctors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

St. Laurence's Medical Centre is registered with the Care Quality Commission (CQC) as an independent doctor's consultation and treatment service.

The provider is registered with the CQC to provide the following regulated activity:

- Surgical procedures

Our key findings were:

Over all, we found improvements at the service during this follow-up review.

- Revised recruitment procedures were in place.
- Infection prevention and control practices were in place to keep people safe and minimise the risk of infections.
- Staff had received training in safeguarding appropriate to their role.

Summary of findings

- Information and advice was available to give to patients following their procedures.
- Patient satisfaction surveys were carried out and results collated and reported upon annually.
- Staff meetings were documented. Service review meetings were also held regularly and documented.
- A training and development policy and plan had been implemented.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection on 31 October 2017, we found the service was not providing safe services as the arrangements in respect of cleanliness and infection control and staff recruitment were not adequate.

These arrangements had improved when we undertook a follow up review on 5 June 2018. The practice is now providing safe services.

We found improvements in safe care in accordance with the relevant regulations.

The areas of improvement were:

- The recruitment policy and procedures had been revised
- Revised recruitment procedures were in place.
- Infection prevention and control practices were in place to keep people safe and minimise the risk of infections.
- Staff had received training in safeguarding appropriate to their role.
- Information and advice was available to give to patients following their procedures.
- Patient satisfaction surveys were carried out and results collated and reported upon annually.
- Staff meetings were documented. Service review meetings were also held regularly and documented.
- A training and development policy and plan had been implemented.

St. Laurence's Medical Centre

Detailed findings

Background to this inspection

We carried out a desk-based review on 5 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned this review to follow-up on whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

The review was led by a CQC Lead Inspector.

We reviewed documentation and information sent to us by the provider to demonstrate they had acted on the requirements and recommendations made at the last inspection.

Are services safe?

Our findings

At our previous inspection on 31 October 2017, we found the service was not providing safe services and needed to improve as the arrangements in respect of cleanliness and infection control and staff recruitment were not adequate.

These arrangements had improved when we undertook a follow up review on 5 June 2018. The practice is now providing safe services.

Safety systems and processes

The systems in place minimised the risk of infection:

- A cleaning schedule specific for the minor operations suite was in place and the cleaning was monitored.
- The floor covering of the minor operations suite had been replaced with suitable sealed flooring. The worktop surfaces had been sealed.
- Infection prevention and control policies had been localised and were now specific to the service. An infection control audit had been undertaken by the service in March 2018. No actions were needed to be taken following this.
- A Legionella risk assessment was reviewed and revised in February 2018. A safe water policy was now in place and water temperature testing carried out as required.
- The provider held documented evidence of clinical staff's immunisation status for Hepatitis B.

Systems were now in place to ensure safe staff recruitment:

- The recruitment policy and procedures had been revised in order to comply with the requirements for safe recruitment of staff and to ensure staff employed by the service had the necessary checks carried out and necessary documentation was held in respect of people employed.
- We were sent evidence that demonstrated appropriate checks had been carried out such as Hepatitis B immunisation status, professional registration and medical indemnity insurance and Disclosure and Barring Service (DBS) checks. Where these checks had not been undertaken an appropriate risk assessment was in place.

Further recommended improvements had been made:

- Staff had all received safeguarding training at an appropriate level to their role.
- Information and advice was available to give to patients following their procedures. A minor ops discharge advice leaflet had been implemented.
- Patient satisfaction surveys were carried out and results collated and reported upon annually.
- Staff meetings were documented. Service review meetings were also held regularly and documented.
- A training and development policy and plan had been implemented.