

The Key Medical Practice

Quality Report

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Date of inspection visit: We have not revisited The Key Medical Practice as part of this review because it was able to demonstrate that it was 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

Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

In February 2016, during an announced comprehensive inspection of The Key Medical Practice, we found issues relating to infection control auditing and monitoring of hygiene and cleanliness. This was assessed as being in breach of Health and Social Care Regulations 2008.

Following the inspection the provider sent us an action plan detailing how they were putting in place a package of measures to improve the ways it assessed, prevented, detected and controlled the risk of infection within the practice. These measures had been in development since the formation of the practice in October 2015, but had not been fully in place at the time of inspection.

We carried out a desktop review of The Key Medical Practice in September 2016 to ensure these changes had been implemented and that the service was meeting Regulations.

We found the practice had made improvements since our last inspection in February 2016 and that it was meeting the Regulation relating to infection control auditing and hygiene monitoring that had previously been breached.

Specifically, the practice had implemented policies and protocols related to infection control, introduced new premises and equipment cleaning schedules, commenced a staff training programme, ensured that staff have the required immunity against infectious diseases, and started a cycle of six monthly infection control and cleaning audits.

The ratings for the practice have been updated to reflect our findings. This report should be read in conjunction with the full inspection report.

We found one area where the practice should continue to make improvements:

- Ensure that actions arising from infection control and cleaning audits are marked as completed or outstanding on follow-up audits.

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.

Since our last inspection in February 2016, the practice was found to have undertaken work to address infection control auditing and hygiene monitoring by:

- Commencing a six monthly cycle of infection control and cleaning audits at both locations, the initial audits were undertaken in March 2016, with follow-up audits in August 2016.
- Completing a set of policies and protocols around infection control and hygiene. This work had commenced prior to inspection, and was completed in March 2016. Introducing new premises and equipment cleaning schedules, including a rota to deep clean all clinical rooms on a two weekly cycle.
- Commencing annual infection control e-learning and handwashing audit for current staff and for new staff within six weeks of joining. All current staff as of August 2016 had received this training. The senior nurse attended a one-day infection control course in March 2016.
- Ensuring all staff are assessed for immunity to infectious diseases, and the offering of immunisations where appropriate. All clinical staff have now provided evidence of immunity to Hepatitis B.
- Decommissioning a treatment room which was found on inspection to have worn work surfaces and sink area sealant until it can be refurbished to appropriate clinical standards.

Good



The Key Medical Practice

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection on 3 February 2016 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 undertook a focussed follow up inspection in September 2016 to ensure that 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 Key Medical Practice as part of this review because the practice was able to demonstrate compliance without the need for an inspection visit.

How we carried out this inspection

We reviewed information provided to us by the practice, including infection control and hygiene policies and protocols, infection control and cleaning audits, and training and staff health records.

Are services safe?

Our findings

During our inspection in February 2016 we found issues relating to infection control auditing and monitoring of hygiene and cleanliness. Following the inspection the provider sent us an action plan detailing how they were putting in place a package of measures to improve the ways it assessed, prevented, detected and controlled the risk of infection within the practice. These measures had been in development since the formation of the practice in October 2015, but had not been fully in place at the time of inspection. From our focussed inspection in September 2016 we found:

Overview of safety systems and processes

The practice had put in place systems, processes and practices to maintain appropriate standards of cleanliness and hygiene.

- The senior nurse had attended a one-day training course in infection control to keep up to date with best practice, and all staff had completed infection control e-learning at Level 1 or 2, depending on their role. All staff had undertaken a handwashing audit, overseen by the senior nurse.
- The practice had developed a set of policies on health and safety, infection control including biological substances, and the control of substances hazardous to health. In addition it had also implemented protocols for the safe use of sharp equipment, dealing with needlestick injuries, waste management including clinical waste, handwashing and sample handling.
- New cleaning schedules for premises and equipment had been drawn up, including two-weekly cycles to deep clean all clinical rooms. There was a schedule of the descaling and disinfecting of taps, which had been identified as an action in the legionella assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Other schedules had been drawn up to change the paper curtains in clinical rooms every six months, and for the

cleaning of carpets and soft furnishings by contract cleaners. Two new health care assistants had joined the practice, and were assisting nurses with the tasks of cleaning clinical equipment and monitoring clinical stock to ensure it was in date. The cleaners had been provided with written instructions on the care, use and storage of cleaning equipment

- Six-monthly infection control and cleaning audits had been commenced at both practices, the first had taken place in March 2016, and follow ups in August 2016. The practice provided evidence that actions identified at the initial audits had been taken. However, actions were not specifically mentioned as completed or outstanding on the second round of audits.
- All staff had been referred to the local occupational health department for assessment of their immunity to infectious diseases, and immunisations had been offered where appropriate. As of August 2016, all clinical staff had provided evidence of their immunity to Hepatitis B, and either had confirmation of, or were awaiting the results of, immunity to measles, rubella and chicken pox. The practice had recently taken the decision to offer staff future immunisation screening and necessary vaccinations at the surgery for their convenience. The option of accessing these services from the local occupational health department remained for any staff member who prefers that their immunisation and vaccination information remains confidential from other staff members.
- On inspection in February 2016, we found one treatment room to have worn wooden work surfaces and missing sealant around the sink area, which was considered to be a hygiene risk. The practice responded to this by decommissioning the room and using it for storage only. With two new nurses due to start in November, work will shortly be undertaken to replace the wooden units and the sink as part of renovation work to ensure the environment meets the required standards before being recommissioned for clinical use.