

Nork Clinic

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 of Nork Clinic on 14 April 2015. Breaches of legal requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Ensure that all staff are trained in safeguarding of children at a level appropriate to their role and that contact details for local authority safeguarding teams are accessible to all staff within the practice.
- Ensure risk assessment and monitoring processes effectively identify, assess and manage risks relating to fire safety arrangements.
- Ensure the actions identified as a result of auditing of infection control processes are documented and reviewed so that progress and completion can be monitored.
- Ensure all remedial works and ongoing monitoring recommendations are implemented in order to reduce the risk of exposure of staff and patients to legionella bacteria.

We undertook a focused inspection on 5 April 2016 to check that the provider had implemented their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

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

- All staff were trained in safeguarding of children at a level appropriate to their role and contact details for local authority safeguarding teams are accessible to all staff within the practice.
- Risk assessment and monitoring processes were effectively used to identify, assess and manage risks relating to fire safety arrangements.
- Actions identified as a result of auditing of infection control processes were documented and reviewed so that progress and completion was monitored. All actions identified had been completed.
- Remedial works were implemented in order to reduce the risk of exposure of staff and patients to legionella bacteria. Ongoing monitoring recommendations had not yet been fully implemented. However, we saw a clear plan in place to ensure this was followed through, including regular temperature monitoring and descaling of a shower head.

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.

- All staff were trained in safeguarding of children at a level appropriate to their role and contact details for local authority safeguarding teams are accessible to all staff within the practice.
- Risk assessment and monitoring processes were effectively used to identify, assess and manage risks relating to fire safety arrangements.
- Actions identified as a result of auditing of infection control processes were documented and reviewed so that progress and completion was monitored. All actions identified had been completed.
- Remedial works were implemented in order to reduce the risk of exposure of staff and patients to legionella bacteria. Ongoing monitoring recommendations had not yet been fully implemented. However, we saw a clear plan in place to ensure this was followed through, including regular temperature monitoring and descaling of a shower head.
- Sealed sharps bins were stored securely, away from patient treatment areas.

Good



Nork Clinic

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

19 March 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 15 March 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- During our inspection on 14 April 2015 we found that not all staff were trained in safeguarding of children at a level appropriate to their role and that contact details for local authority safeguarding teams were not accessible to all staff.
- On 5 April 2016 we found that all staff were trained in safeguarding of children at a level appropriate to their role. For example 15 out of 16 non clinical staff had completed level one safeguarding children training. The other member of the team had received an introduction to safeguarding as part of their induction and was scheduled to complete the full training within three months of commencing in post.

Cleanliness and infection control

- During our inspection on 14 April 2015 found that the practice had not developed an action plan to address the findings of an infection control audit, subsequently not all actions identified as a result of auditing the infection control processes had been reviewed. For example, GPs and nurses had not received hand hygiene awareness update training in the preceding 12 months.
- During our inspection on 5 April 2016 we saw a clear action plan had been carried out following in infection control audit. This included the purchase of biohazard spill kits, the delivery of annual hand hygiene training to all staff and subsequent audit, infection control 'leads' training for three members of staff including the lead nurse, a GP and the practice manager and locating full sharps bins away from patient areas.

- During our inspection on 14 April 2015 we found that the practice had not responded to the risks identified in relation to potential exposure to legionella bacteria which is found in some water systems.
- During our inspection on 5 April 2016 we found that the practice had carried out remedial works and follow up action in response to the risk assessment carried out in 2014. This included cleaning and disinfection of the water system and water sampling. Ongoing monitoring recommendations had not yet been fully implemented. However, we saw a clear plan in place to ensure this was followed through, including regular temperature monitoring and descaling of a shower head. A repeat risk assessment was booked for May 2016.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- During our inspection on 14 April 2015 we found that the practice had not ensured that risk assessment and monitoring processes were in place to effectively identify, assess and manage risks relating to fire safety arrangement. For example the practice had not assessed the risks associated with fire safety and evacuation procedures. The practice had not conducted a rehearsal of their fire evacuation procedures and fire alarms had not been tested until the day prior to our inspection.
- During our inspection on 5 April 2016 we viewed a fire safety risk assessment that had been carried out in June 2015. The risk assessment identified hazards, the level of risk and action to be taken to reduce the risk. Specific action included a twice yearly fire drill. We viewed records of a drill that had been carried out on 23 June 2015 and saw that learning included a prompt for staff to remember to check staff and visitor sign in records. A fire assembly point sign had also been erected following this. We also saw records of a fire safety talk for all staff held in November 2015.