

# Ivry Street Medical Practice

## Quality Report

Ivry Street Medical Practice  
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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 Ivry Street Medical Practice on 13 July 2016. The overall rating for the practice was good, with requires improvement for the safe domain. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Ivry Street Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We visited Ivry Street Medical Practice to conduct a follow-up focused inspection to check that they had followed their plan and to confirm that improvements had been made following our previous inspection on 13 July 2016. This report only covers our findings in relation to those requirements. Overall the practice is now rated as good.

However, on the inspection on 13 July 2016, there were areas of practice where the provider needed to make improvements.

We found that the provider must ensure that the actions required in the fire risk assessment are completed and that the practice conducts regular fire drill training. Ensure that 'safe rooms' to be used by patients who are unable to manage the stairs in the event of a fire are clear and that plans are available to inform staff and emergency services where they are located.

In addition, we found that the provider should review the infection control procedures within the practice and ensure that sufficient time is allocated to the lead. Review the cleaning schedules and have formal systems in place to monitor the contract cleaners. Review the system used to manage safety alerts. Continue to improve and embed accurate recording/coding of patient data to ensure effective and safe care of patients. Undertake a risk assessment of the use of mercury sphygmomanometers and ensure that mercury spillage kits are available. Review the system used to record and monitor the use of prescription pads and forms. Improve the system to ensure the management team have oversight of the training that practice staff have undertaken and any training that is due.

At this inspection we found evidence that the practice had a completed fire risk assessment and had completed the actions identified. They had carried out a fire drill in August 2016, with another planned for May 2017. Both 'safe rooms' were clear and staff were able to demonstrate how they would inform emergency services where they were located in the event of a fire.

**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?

At the last inspection on 13 July 2016 we found that:

- The practice had an up to date fire risk assessment, however, actions identified had not been completed. We were concerned that staff did not understand fire procedures and that 'safe rooms' were not clearly marked for patients to use in the event of a fire.
- The infection control audit did not contain sufficient detail such as which rooms had been inspected. The lead had identified that time restraints had impacted the quality of the audit.
- The cleaning schedule had not been reviewed since March 2006 and there was no documentation to ensure that cleaning processes met the required schedule as laid out by the practice
- The practice had a system to manage safety alerts; however there was no evidence of identified actions or learning shared.
- Admin and clinical staff did not always code clinical records effectively which resulted in lower Quality and Outcomes Framework (QOF) scores.
- The practice utilised mercury sphygmomanometers but did not have a risk assessment in place for these, or mercury spillage kits in the event of a breakage..
- The practice did not have systems in place to monitor the use of prescription pads and forms.
- All staff kept a portfolio of their own training, but the management team did not have a robust oversight of training records.

Our focused inspection on 2 March 2017 found that:

- The practice had completed the actions in the fire risk assessment and that a fire drill had been completed in August 2016 with good outcomes. Both 'safe rooms' were clear and staff knew how to inform emergency services of their location in the event of a fire.
- An infection control audit had been started and actions identified, however the infection control lead required more allocated time to complete the role.
- The cleaning schedule had not been reviewed since the last inspection on 13 July 2016 and there was no documentation to ensure the cleaning met the schedule laid out.
- The practice had implemented a structured system for the management of safety alerts, action was recorded and learning was shared at team meetings.

Good



# Summary of findings

- The practice had a good system in place for accurate coding of patient data to ensure effective and safe care of patients, which was utilised by all secretarial staff and GPs.
- A risk assessment for the use of mercury sphygmomanometers had not been undertaken, but mercury spillage kits had been purchased and were available for use.
- There was a good system in place for the recording and monitoring of prescription pads and forms.
- The practice did not have a robust oversight of the training completed by staff, including GPs.

This report should be read in conjunction with the full inspection report from 13 July 2016.

# Ivry Street Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This follow up review was completed by a CQC lead inspector.

## Background to Ivry Street Medical Practice

The practice is situated in and covers the area of Ipswich and the villages of Bramford, Claydon, Barham, Westerfield, Tuddenham, Witnesham, Rushmere St Andrew and Kesgrave. The practice operates from a large four storey building and offers health care services to 11,300 patients. They offer consultation space for GPs, nurses and attached professionals including midwives, physiotherapists, and a community minor surgery unit.

The practice holds a GMS contract, which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients and is a training practice with two GP trainers. A training practice has trainee GPs working in the practice; a trainee GP is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs. There is one trainee GP working in the practice.

- There are five[CT1] GP partners and one salaried GP at the practice (three female and three male GPs). There are also four practice nurses (three hold independent prescribing qualifications), and one healthcare assistant and one phlebotomist.
- A team of 15 administration and reception staff support the practice manager and the unit manager.

- The practice is open between 8am and 8pm Mondays and 8am to 6.30pm on Tuesday to Friday. The practice offers pre booked appointments on Saturdays 8.30am to 11am.
- If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice profile for age range of patients is comparable to the national average. The deprivation score is below the England average. Unemployment in the practice population is lower than the England average, the percentage of patients who provide unpaid care is in line with the national average.
- Male and female life expectancy in this area is in line with the England average at 79 years for men and 83 years for women.

## Why we carried out this inspection

We undertook a comprehensive inspection of Ivry Street Medical Practice on 13 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with requires improvement for the safe domain. The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for Ivry Street Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

As a result of the last inspection on 13 July 2016 we saw that some improvement was required. This was because the practice had not acted on actions identified from the fire risk assessment and 'safe rooms' were not clear. Furthermore, the infection control lead did not have sufficient allocated time to complete an audit and complete highlighted actions and there was not a system in place to monitor and manage the cleaning processes with

## Detailed findings

the contract cleaners. Additionally, the practice needed to review the system for monitoring safety alerts and ensure learning was shared and improve the coding of patient data to ensure safe care of patients. The practice was also required to monitor the use of prescription pads and forms and undertake a risk assessment of the use of mercury sphygmomanometers and purchase mercury spillage kits. Lastly, the practice was required to improve the management oversight of staff training.

## How we carried out this inspection

We spoke with the practice manager, a practice nurse and a GP and reviewed the information received from the practice.

We revisited Ivry Street Medical Practice as part of this review to assess the information provided to inspect whether they had met the requirements.

We carried out a focussed follow-up review on 2 March 2017.

# Are services safe?

## Our findings

At our previous inspection on 13 July 2016, we rated the practice as requires improvement for providing safe services as the practice was required to complete the actions highlighted in the fire risk assessment and ensure that 'safe rooms' were clear and that staff knew how to inform emergency services where these were located in the event of a fire.

These arrangements had significantly improved when we undertook a follow up inspection on 2 March 2017. The practice is now rated as good for providing safe services. We found improvements were needed in relation to safe care and treatment at our last inspection on 13 July 2016.

- The practice had an up to date fire risk assessment, however, actions had not been completed from a risk assessment in December 2013. The practice had completed another risk assessment in July 2016 and ten action points had been raised for action within three months. We were concerned that the practice fire procedures were not clear and understood by all staff. This stated patients who could not use the stairs (the practice operates over four floors) should be taken to 'safe rooms'. However there was no evidence of a plan to identify these rooms to the fire brigade, staff or patients. The practice tested fire alarms weekly; however, they did not regularly conduct fire drills and staff were not able to reassure us what action they would take in the event of a fire.
- The infection control audit had been carried out in February 2016 but did not contain sufficient detail such as which rooms had been inspected. For example, there were no details to identify clinical rooms from the non-clinical areas. The lead had identified that time restraints had impacted the quality of the audit. The practice manager stated that he would allocate specific time to the infection control lead to complete this role.
- The cleaning schedule had not been reviewed since March 2006 and there was no documentation to ensure the cleaning met the schedule laid out. Staff reported shortfalls to the practice manager who addressed these with cleaning staff; however they did not record this information or the actions taken to improve these..

- The practice had a system to manage safety alerts; however there was scope to improve these to ensure that a record of identified actions had been completed and that learning had been shared.
- On the inspection on 13 July 2016, clinical staff recognised there was an inconsistent approach to the coding of records by clinicians. Non clinical staff reported that they did not have robust systems in place and that they would extract all clinical information from clinical letters that they received. This resulted in lower QOF figures for the practice.
- The practice utilised mercury sphygmomanometers (blood pressure machines), however they did not have a risk assessment in place for these, and they were no mercury spillage kits.
- Both blank prescription forms and those for hand written prescriptions were stored securely at all times, however; the practice did not have systems in place to track and monitor their use throughout the practice
- The practice did not have robust oversight of staff training. Staff were able to demonstrate that they had access to, and made use of, e-learning training modules and in-house training. Practice staff kept their own records and were able to demonstrate that they were up to date with most training with the exception of fire awareness.

Our focused inspection on 2 March 2017 found that:

- The practice had completed the actions in the fire risk assessment from July 2016, for example, signage on fire exits was clear. A fire drill had been completed in August 2016 with good outcomes, with another drill planned for May 2017. Both 'safe rooms' were clear and staff knew how to inform emergency services of their location in the event of a fire. The rooms had clear signage to alert the fire brigade, staff and patients and staff. The practice fire procedures were clear and displayed in all rooms, including the waiting area and staff we spoke to understood what to do in the event of a fire.
- An infection control audit had been started for February 2017 and actions had been identified. For example, it was recommended from the audit that a cupboard should be purchased to store full sharps boxes until disposal, and this had been completed. However the infection control lead felt time restraints were impacting

## Are services safe?

the quality of the audit. The lead felt there was enough time allocated to complete a thorough audit of the minor operations room, but not the clinical rooms. The infection control lead had been on a two day course and discussed issues at regular monthly nurse meetings.

- The cleaning schedule had not been reviewed since the last inspection on 13 July 2016 and there was no documentation to ensure the cleaning met the schedule laid out by the practice. The practice manager stated they would put a plan and documents in place to address this.
- The practice had implemented a structured system for the management of safety alerts. The alerts were printed and the practice manager recalled any patients affected; the alert was then signed and dated with the action taken clearly written on the alert. Any alerts affecting a number of patients were then discussed at the partners meetings for shared learning.
- The clinical staff were able to demonstrate a consistent approach to the coding of patients by clinicians. The non-clinical staff had a good process in place for the

extracting of clinical data from clinical letters and had a good recall system in place for patients which consisted of three letters and a phone call. Clinical staff were confident this would result in better QOF outcomes.

- A risk assessment for the use of mercury sphygmomanometers had not been undertaken, but mercury spillage kits had been purchased and were available for use. There were instructions with the spillage kits and the practice manager stated that only clinicians would clean any spillages.
- There was a good system in place for the recording and monitoring of prescription pads and forms. The practice manager kept a log of all batch numbers that had been assigned to clinicians and this was up-to-date.

The practice did not have a robust oversight of the training completed by staff, including GPs. Staff kept their own records and the practice manager checked an e-learning report monthly to view compliance. However, the practice manager stated that GPs managed their own training, and therefore the practice manager did not have clear oversight of this. The practice manager stated they would be creating a spreadsheet of all staff training to ensure there was a record and clearer oversight of all staff training.