

Dr William McKee

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 a desk based review for Dr William McKee on 10 June 2016. This was to follow up on actions we asked the provider to take after our announced comprehensive inspection on 3 December 2015. During the inspection in December 2015, we identified::;

- Whilst internal assessments had been completed around the management of legionella and fire risks, issues identified had not been actioned. There was scope to involve external professionals in the compilation of an action plan, especially with regard to the safe storage of heat emitting equipment in the loft space.
- Regular fire drills had not been undertaken.
- There was scope to improve the recording of action taken in response to MHRA (Medicines and Healthcare products Regulatory Agency) safety alerts and updates.
- There was scope to improve the management of cleaning schedules through formal monitoring.

- Staff who acted as chaperones had not been trained in accordance with the recent best practice guidelines.
- The provider had not maximised the functionality of the new computer system in order that the practice could run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- There was scope to ensure and improve the effectiveness of care received by patients through referrals audits and prescribing analysis.
- There was scope to improve the recording of verbal complaints in order to widen shared learning.
- There was scope to improve the arrangements for the security of blank prescription forms.

The practice manager provided us with evidence which showed the practice had put systems in place to improve these systems.

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?

We found that improvements had been made following our previous inspection.

- A health and safety inspection, a fire risk assessment inspection and Legionella testing were undertaken by external professionals. Recommendations and actions following these assessments and inspections had been completed by the practice followed by regular audits and reviews.
- The recording of action taken in response to MHRA (Medicines and Healthcare products Regulatory Agency) safety alerts and updates had been improved with a record of safety alerts and actions taken where required.
- Cleaning schedules were in place with a formal schedule of monitoring and auditing of cleaning undertaken. All complaints were recorded, including verbal complaints. The provider confirmed that complaints and significant events were discussed and reviewed with staff at monthly practice meetings.
- The provider had put systems in place to improve the security of blank prescription forms.

Good



Dr William McKee

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

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. We undertook a focused inspection on 10 June 2016 to confirm that the provider had undertaken and completed the actions identified at the previous inspection.

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 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

How we carried out this inspection

We reviewed the information received from the practice, spoke with the practice manager and requested additional information from the practice. We carried out a desk-based review on 10 June 2016.

Are services safe?

Our findings

The practice had made improvements following our findings at inspection on 6 October 2015, we found that;

- A health and safety inspection, a fire risk assessment inspection and Legionella testing were undertaken by external professionals. Recommendations and actions following these assessments and inspections had been completed by the practice followed by regular audits and reviews.
- Weekly checks on fire alarms were recorded with regular fire drills undertaken by staff.
- The recording of action taken in response to MHRA (Medicines and Healthcare products Regulatory Agency) safety alerts and updates had been improved with a record of safety alerts and actions taken where required.
- Cleaning schedules were in place with a formal schedule of monitoring and auditing of cleaning undertaken. This included an annual schedule of deep cleaning for carpets and fabric chairs.
- Following our previous inspection in December 2015 non-clinical staff did not undertake chaperoning duties, however all staff had undergone re-training to ensure they understood best practice guidance for chaperoning.
- The provider had put systems in place to ensure they could maximise the functionality of the computer system. This included the recruitment of IT staff, roll out of clinical system searches and audit of patient recall and prescribing analysis. The practice confirmed that where coding errors had been identified, systems were in place to ensure these were resolved. IT staff worked closely with clinical staff to update and amend chronic disease templates to identify any gaps in data and to ensure patient records accurately recorded all patient treatments and results.
- All complaints were recorded, including verbal complaints. Written complaints were notified annually to NHS England. The provider confirmed that complaints and significant events were discussed and reviewed with staff at monthly practice meetings.
- The provider had put systems in place to improve the security of blank prescription forms.