

Dr A Bansal Practice

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.

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Overall summary

We conducted a follow up inspection of the service. This was to check that the provider had addressed previous areas of non-compliance identified in respect of infection prevention control and the assessing and monitoring of the service.

During our earlier inspection we found that no infection prevention control audit had been conducted to identify potential risks to patients, a medical device for examining patients ears was dirty and no cleaning records had been completed by the contracted cleaning company to demonstrate what had been cleaned and when. We also

found that the practice had not identified learning from previous serious incidents or reviewed actions given to staff to ensure tasks were progressed in a timely and appropriate manner.

On our return we found the provider had conducted an infection control audit and supporting action plan. Outstanding actions were being progressed by the infection prevention control lead nurse and closely monitored by the practice manager. Consultation and

Summary of findings

treatment rooms were bright, clean and tidy and systems had been implemented to ensure staff were aware of and adhered to the cleaning requirements relating to their environment and equipment.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Summary of findings

Dr A Bansal Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Care Quality Commission Inspector

Why we carried out this inspection

We conducted a follow up inspection of the service. This was to check that the provider had addressed previous areas of non-compliance identified in respect of infection prevention control and the assessing and monitoring of the service.

Are services safe?

Our findings

During our earlier inspection in July 2014 we found that no infection prevention control audit had been conducted to identify potential risks to patients, a medical device for examining patients ears was dirty and no cleaning records had been completed by the contracted cleaning company to demonstrate what had been cleaned and when. The Commission issued a warning notice requiring the provider to be compliant with this regulation by 29 August 2014.

On our return we found the provider had conducted an infection control audit on 14 July 2014 and had a supporting action plan. Outstanding actions were being progressed by the infection prevention control lead nurse and closely monitored by the practice manager. We looked at a consultation room and a treatment room and found both were bright, clean and tidy.

We inspected a medical device for looking into the ears of patients and found it was clean and there were appropriate arrangements in place disposal or cleaning of examination heads. Staff had received training on infection control relating to medical devices and this was also reflected in their policies. The practice manager had also introduced and monitored systems to ensure staff were aware of and adhered to the cleaning requirements relating to their environment and equipment.

The practice manager told us a new cleaner had been appointed by their contracted cleaning company and they had noticed an improvement in the cleaning of the practice. They were now receiving completed cleaning schedules so they were able to determine what had been cleaned and when and this was supported by monthly assurance reports from the cleaning company.

Are services effective?

(for example, treatment is effective)

Our findings

Are services caring?

Our findings

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

During our earlier inspection conducted in July 2014 we found that the practice meeting minutes lacked details regarding concerns and how they were managed and prevented from reoccurring. We found that issues were not revisited to ensure actions were progressed and resolved. We also reviewed significant incidents recorded and investigated by the practice and found that their reports lacked evidence of learning from incidents.

On our return we spoke with the registered manager who told us how they had changed their practice following review of a significant incident where they were unable to locate appropriate medicines and found out of date medications had been retained. We reviewed the practice management meeting minutes for August 2014 detailing clinician's responsibilities for checking their emergency medication bags for out of date equipment and medicines and ensuring the appropriate safe disposal of such items. We spoke with staff who confirmed that changes had been implemented following the reviews of incidents.