

Cookham Medical Centre

Quality Report

Cookham Medical Centre
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Date of inspection visit: 3 February 2016

Date of publication: 04/07/2016

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 March 2015 we found concerns related to infection control, health and safety risk assessments and access to appointments for working age people (including those recently retired and students) during a comprehensive inspection of Cookham Medical Centre. Following the inspection the provider sent us an action plan detailing how they would improve these areas of concern and a timeframe for completion.

We carried out a focused inspection of Cookham Medical Centre on 3 February 2016 to ensure these changes had been implemented and that the service was meeting regulations. Our previous inspection in March 2015 had found a breach of regulations relating to the delivery of safe services and care of patients of working age.

We found the practice had made improvements since our last inspection on 11 March 2015 and they were now meeting the regulations relating to safe care and treatment and good governance that had previously been breached.

Specifically the practice had:

- Maintained cleanliness in the practice and monitored that cleaning standards had been upheld through regular spot checks.
- Carried out risk assessments relating to fire, legionella and control of substances hazardous to health.
- Undertaken routine building and utilities maintenance to ensure staff, patient and visitor safety.
- Reviewed online access arrangements and worked with the patient participation group to identify where improvements to service access could be made.

We have offered a new rating to reflect these changes.

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 now rated good as for providing safe services.

The practice were able to demonstrate they had made sufficient changes to improve.

Specifically the practice had:

- Maintained cleanliness in the practice and monitored that cleaning standards had been upheld through regular spot checks.
- Carried out risk assessments relating to fire, legionella and control of substances hazardous to health.
- Undertaken routine building and utilities maintenance to ensure staff, patient and visitor safety.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Working age people (including those recently retired and students)

When we inspected in March 2015 we found concerns relating to accessing appointments for this population group. There were limited online services offered to enable patients to make an appointment or order repeat prescriptions. During our visit in February 2016 we saw evidence that online services had been implemented since April 2015. The practice had engaged with their patient participation group to promote and encourage use of online services. In addition, in August 2015 an input of funding enabled the practice to offer seven day GP access via a walk-in centre locally. Appointments could be booked through the practice and there was an information leaflet offered to patients with details of how the service worked. This had proved popular and had seen a number of patients utilising this service.

Good



Cookham Medical Centre

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection on 11 March 2015 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 regulations they were not meeting. We have followed up to make sure 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.

How we carried out this inspection

We reviewed information provided to us by the practice and a CQC Inspector carried out a focused follow up inspection visit to the practice site on 3 February 2016.

Are services safe?

Our findings

When we inspected in March 2015 we found the standards of cleaning at the practice were inconsistent. We found an accumulation of dirt and debris in two of eight the consulting rooms. The practice did not have a cleaning schedule in place. There was no formal system of monitoring cleaning and completion of cleaning tasks was not recorded. The practice could not be assured that appropriate standards of general cleanliness were being maintained. There was inadequate separation of cleaning equipment and materials. Equipment used for cleaning general areas could have been used in treatment rooms and thus lead to a minor risk of cross infection. In addition, the practice had not carried out a risk assessment for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).

We could not evidence that the heating or electrical systems had been maintained appropriately. We also noted that the practice had not completed a risk assessment for the control of substances hazardous to health (COSHH). There was no fire risk assessment, regular fire alarm testing or fire drills taking place.

Personnel files did not contain up to date Disclosure and Barring Service (DBS) checks for the nursing staff.

Overview of safety systems and processes

During our visit in February 2016, we found the practice had improved all these areas and had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning schedules were in place and although routine spot checks were evidenced as being undertaken, we found a small accumulation of dust on a windowsill in one consultation room which was located behind a desk and some high level surface dust in a room which had not been actively used for many weeks. This was brought to the attention of the practice manager who immediately organised for these areas to be cleaned and ensured these areas were added to the cleaning and spot check schedules.

- Cleaning equipment was stored appropriately to ensure the risk of cross contamination was minimised. The practice had instigated a colour coding system for cleaning materials and ensured they were stored separately.
- There was an infection control policy and protocol in place and staff had received up to date training on a rolling schedule. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, which now included cleaning spot checks and monitoring.
- We saw up to date DBS checks for all nursing staff were held on file.

Monitoring risks to patients

Risks to patients in relation to legionella, health and safety, fire and control of substances hazardous to health (COSHH) had been assessed and were well managed.

- Legionella testing and risk assessments had been completed (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). An on-going programme of weekly water run throughs had been instigated and logged.
- We saw evidence that a fire risk assessment had been undertaken by an external contractor. The practice had a fire drill in June 2015 and had commenced a fire marshal monthly check of the premises, including emergency lighting. Fire alarm testing was carried out weekly.
- Health and Safety checks to the building and utilities had been carried out and action plans drawn up to offer a timescale for completion. For example, a wall in the car park had partly fallen down and was due for repair by June 2016. The weather needed to be warmer to enable to mortar to set.
- The COSHH policy had been updated and risk assessments carried out. Data sheets for substances under COSHH that were used at the practice were available to staff.

In May 2015 the service was issued with Care Quality Commission inspection report which highlighted regulatory breaches in the provision of safe care and treatment and governance arrangements. The service had responded positively to the report compiled by the commission, where action was required. For example, health and safety checks, monitoring of cleaning and a

Are services safe?

review of the appointment access arrangements for working age patients. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.