

Queens Walk Practice

Quality Report

Queens Walk 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 Queens Walk Practice on 16 February 2016. The overall rating for the practice was good. However, within the key question safe some areas were identified as 'requires improvement', as the practice was not meeting the legislation for Safe care and treatment; Good governance; Staffing & Fit and proper persons employed.

The practice was issued requirement notices under Regulation 12, Safe care and treatment; Regulation 17 Good governance; Regulation 18 Staffing; and Regulation 19 Fit and proper persons employed. The full comprehensive inspection on 16 February 2016 can be found by selecting the 'all reports' link for the Queens Walk Practice on our website at www.cqc.org.uk.

This inspection was a focused desk based review carried out on 1 June 2017 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspection on 16 February 2016. This report covers our findings in relation to those requirements and also any additional improvements made since our last inspection.

Overall, the practice is rated as good.

Our key findings were as follows:

- The practice had implemented and was following a system to ensure all MHRA and medicines alerts were acted on.
- All staff acting as chaperones had the appropriate Disclosure and Barring Service check (DBS check) completed.
- Locum staff at the practice had all the necessary employment checks.
- A cleaning schedule was in place and was being monitored.
- Staff had received appropriate infection control training and they were infection control audits in place.
- Health care assistants were working in accordance to Patient Specific Directions to ensure they delivered care safely.
- A risk assessment had been completed for the safe keeping of a large liquid nitrogen container used for surgical procedures to ensure it was stored safely.

In addition improvements had been made in the following areas we had recommended :

- Improvements had been made to the recording of patients care plans.

Summary of findings

- The practice was ensuring that palliative care meetings were held.
- The recording of team meetings was consistent to ensure staff had access to them if they had been absent on the day of the meeting.
- The practice had developed and was following a formalised system of identifying carers.

We reviewed this information and made an assessment of this against the regulations.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation. Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment; Regulation 17 HSCA (RA) Regulations 2014 Good governance; Regulation 18 HSCA (RA) Regulations 2014 Staffing; and Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.

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.

- The practice had implemented and was following a system to ensure all MHRA and medicines alerts were acted on.
- All staff acting as chaperones had the appropriate Disclosure and Barring Service checks (DBS check) completed.
- Locum staff at the practice had all the necessary employment checks.
- A cleaning schedule was in place and was being monitored.
- Staff had received appropriate infection control training and they were infection control audits in place.
- Health care assistants were working in accordance to Patient Specific Directions to ensure they delivered care safely.
- A risk assessment had been completed for the safe keeping of a large liquid nitrogen container used for surgical procedures to ensure it was stored safely.

Good



Queens Walk Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

Background to Queens Walk Practice

The Queens Walk Practice is located in the London Borough of Ealing, and provides a general practice service to around 10000 patients from a purpose built building.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures; family planning services; and maternity and midwifery services at one location.

The practice has a General Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two GP partners and five salaried GPs working a total of thirty four sessions amongst them. There is a good mix of female and male staff.

Queens Walk Practice is a teaching and training practice and hosts medical students.

The practice has a full time practice manager. The rest of the practice team consists of one full time practice nurse, three health care assistant and seven administrative staff consisting of medical secretaries', reception staff, clerks and typist.

The practice is currently open five days a week from 07:30-17:00hrs Monday – Fridays. Consultation times are 07:30hrs until 12:00hrs and 14:00hrs until 17:00hrs. When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

Our previous inspection found areas that required improvements.

Why we carried out this inspection

We undertook a comprehensive inspection of Queens Walk Practice on 16 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for the Safe domain. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Queens Walk Practice on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Queens Walk Practice on 1 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a desk-based focused inspection of Queens Walk Surgery on 1 June 2017. This involved reviewing evidence that:

- The practice was had implemented a system to ensure all Medicines and Healthcare products Regulatory Agency alerts (MHRA) and medicines alerts were acted on.
- All long standing staff acting as a chaperones had the appropriate Disclosure and Barring Service check (DBS check) completed.
- Locum staff at the practice had all the necessary employment checks.

- A cleaning schedule was in place and was being monitored.
- Staff had received appropriate infection control and they were infection control audits in place.
- Health care assistants were working in accordance to Patient Specific Directions to ensure they delivered care safely.
- A risk assessment had been completed for the safe keeping of a large liquid nitrogen container used for surgical procedures to ensure it was stored safely.

We reviewed this information and made an assessment of this against the regulations.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

- At our inspection on 16 February 2016 we rated the practice as requires improvement for providing safe services as the practice required to make improvements in some areas.
- These arrangements had significantly improved when we undertook a follow up inspection on 1 June 2017. The practice is now rated good for providing safe services.
- Our inspection in February 2016; found that the practice's system for following up MHRA alerts and medicines alert was not consistent.
- At this inspection we found that the practice had developed systems to ensure they could deal with MHRA alerts received into the practice. The practice sent us proof of that they had made adequate arrangements to ensure that all medicines alerts received into the practice were followed up by a nominated person and that this information was communicated to all clinical staff.

Overview of safety systems and processes

- At our last inspection we found that in the absence of nursing staff, the practice used reception staff who had been long employed to act as chaperones. These staff did not have Disclosure and Barring Service check (DBS check). At this follow up inspection we found all staff at the practice acting as chaperones had been DBS checked.
- Locum staff at the practice also had all the necessary employment checks. Including two employment references.

- Our inspection on 16 February 2016 found the practice did not have a system to monitor cleaning of the premises at the practice. During this inspection we found the practice had introduced a monitoring system to ensure the cleaning was monitored.
- All staff at the practice had also received in-house up to date infection control and there had been infection control audits carried out by the practice.
- At our inspection on 16 February 2016 we found the practice did not have adequate arrangements in place to ensure the safe administration of influenza vaccines by health care assistants. At this inspection we found the practice had developed systems to ensure health care assistants were working in accordance with the guidance for Patient Specific Directions (A patient specific direction is the traditional written instruction, from an independent prescriber, for medicines to be supplied or administered to a named patient).
- The practice sent us evidence to demonstrate the process and guidance health care assistants followed to ensure they were working in accordance to Patient Specific Directives.

Monitoring risks to patients

- Our inspection on 16 February 2016; found that the practice were not carrying out regular fire drills. At this follow up inspection the practice provided us with evidence that regular fire drills were being consistently undertaken. At our last inspection we also found the practice kept a large nitrogen cylinder used for surgical procedures. A risk assessment had not been carried out for its safe storage. At the inspection on 1 June 2017. The practice provided us with evidence they had now undertaken a risk assessment for the safe use of the nitrogen tank.