

Sandown Health Centre

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 top review of Sandown Health Centre on 4 July 2016 to check that action had been taken since our previous inspection in March 2015. Overall the practice is rated as good.

At our inspection in March 2015 we rated the practice as good overall. The practice was good for Effective, Caring, Responsive and Well Led services.

However we found that the practice required improvement in the Safe domain due to breaches of regulations relating to safe delivery of services. We found that the registered person did not ensure that effective systems were in place to assess the risk of, and prevent, detect and control the spread of infections. An action plan was required following an infection control audit and an annual infection control statement had not been written.

The practice had a policy for the management, testing and investigation of Legionella (a bacterium that can grow in contaminated water and can be potentially fatal).

We have not revisited Sandown Health Centre as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.

We undertook this focused desk top review on 4 July 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sandown Health Centre on our website at www.cqc.org.uk

Our key findings for this review were as follows:

The provider had made improvements to:

- There have been action plans produced following infection control audits.

The practice is now rated Good for Safe services.

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.

- Risks to patients were assessed and well managed. The practice had an infection control policy and staff had received training, the practice was able to produce a formal infection control audit and comprehensive annual infection control statement. This ensured that all possible infection risks were considered and that the practice was complying with the standards required to keep patients safe.

Good



Sandown Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

At this review our inspection team consisted of a Care Quality Commission Inspector.

Background to Sandown Health Centre

Sandown Health Centre is a training practice situated in Sandown on the east side of the Isle of Wight.

The practice shares a building with district nursing, health visitors and the community rehabilitation team. The practice has an NHS general medical services (GMS) contract to provide healthcare and does this by providing health services to approximately 11,800 patients.

Sandown Health Centre is a GP training practice for 5th year medical students. We were told the practice had trained students since 1988 and recently applied to become a placement for trainee nurses.

Appointments are available between 8.30am and 6pm from Monday to Friday. Evening appointments are also available on Wednesdays and Thursdays between 6.30pm and 8pm. The practice has opted out of providing out-of-hours services to their own patients and refers them to Beacon Health Centre via the NHS111 service.

The mix of patient's gender (male/female) is almost half and half. Approximately 27% of patients are aged over 65 years old which is higher than the average for England. The practice is located in a high area of deprivation. Sandown Health Centre treats a number of patients who have high

intake of drug and alcohol and/or experience poor mental health. The practice also treats a high number of temporary residents especially during summer months when people come to the Isle of Wight for holidays.

The practice has eight GP partners who together work an equivalent of six and a quarter full time staff. In total there are six male and two female GPs. The practice also has a nurse prescriber, lead nurse, eight practice nurses and four health care assistants. The GPs and the nursing staff are supported by a team of ten reception staff and ten administrators and the practice manager.

Why we carried out this inspection

At the inspection carried out on 24 March 2015, we made a requirement to address shortfalls with;

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

We found that the registered person did not ensure that effective systems were in place to assess the risk of, and prevent, detect and control the spread of infections. An action plan was required following an infection control audit and an annual infection control statement had not been written.

This was a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

Detailed findings

We have followed up to make sure that the necessary changes have been made and found the provider was now meeting the regulations included within this report. This report should be read in conjunction with the full inspection report.

How we carried out this inspection

We have not revisited Sandown Health Centre as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Cleanliness and infection control.

At our visit in March 2015 we observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. All the patients we asked, on the day of our visit, said they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a named GP lead for infection control. A nurse also undertook this role 'day to day' but told us they had not undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.

An infection control policy was available for staff to refer to which was reviewed in November 2014. Areas covered by the policy included hand hygiene, clinical waste protocols, uniform cleaning and specimen handling. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury. Clinical waste was disposed of appropriately and was kept in locked waste bins to await collection.

We asked for records of infection control audits and were given one audit that had been completed the day before our visit. We were told this was the first audit carried out. Areas which required improvement had been identified but an action plan had not been created by the time of our visit. We asked the practice for their annual infection control statement and was told this had not been completed.

For this review the practice was able to send us evidence to show that all the improvements required had been made.

The practice had appointed a lead for infection control and a nominated member of clinical staff had attended a training course in September 2015 and kept updated on infection prevention practice.

All staff now received annual training in infection prevention and control. Training was undertaken for all non-clinical staff via the NHS e-learning website.

In September 2015 an infection control education meeting and workshop was held, where representatives from nursing staff, Health Care Assistants and members of the admin team attended.

Infection prevention and control audits were completed in March 2015 by authorised staff.

As a result of the audits, action plans were raised and the following things have been changed:

- A full Medical Protection Society (MPS) risk assessment has been Undertaken.
- MPS Workshop on infection prevention has been attended by several staff members.
- A new infection prevention audit tool has been introduced.

Monthly practice discussions regarding infection control are now carried out at partnership meetings.

An audit on minor surgery procedures was undertaken in March 2015. No infections were reported for patients who had had minor surgery.

The practice have undertaken the following audits in 2015-16:

- Infection Prevention and Control audit – annually.
- Annual minor surgery outcomes audit.
- Domestic cleaning audit – every 3 months.
- Annual hand hygiene audit March 2016.

The practice had also prepared a full Infection Control Annual Statement which included a Legionella (water) Risk Assessment: The practice had conducted and reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff. This statement is due for review in November 2016.