

Brooke Road Surgery

Quality Report

40-42 Brooke Road,
London,
N16 7LR
Tel: 020 8985 6675
Website:

Date of inspection visit: 10 October 2016
Date of publication: 04/01/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desktop based review of Brooke Road Surgery on 10 October 2016. We found the practice to be good for providing safe services and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 8 December 2015. As a result of our findings during that visit, the practice was rated as good for being effective, caring, responsive and well-led, and requires improvement for being safe, which resulted in a rating of good overall. We found that the provider had breached one regulation of the Health and Social Care Act 2008: Regulation 12(1) Safe care and treatment. You can read the report from our last comprehensive inspection at https://www.cqc.org.uk/sites/default/files/new_reports/AAAE6624.pdf. The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements.

We undertook this desktop based review on 10 October 2016 to check that the practice had followed their plan, and to confirm that they had met the legal requirements. This report only covers our findings in relation to those areas where requirements had not been met previously.

Our key findings on 10 October 2016 were as follows:

- The practice had a system to report and evaluate significant events and to implement any learning from these. Staff had received training to enable them to identify and record significant events.
- There was a supply of suitable emergency medicines available for use. These were monitored to ensure that they were in date and that stocks were replenished.
- The oxygen supply and adult and children masks were periodically checked to ensure that they were available for use in emergencies.
- A defibrillator was available at the practice for use in emergencies.

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 shortfalls identified at our last inspection had been remedied:

- The practice had a system to report and evaluate significant events and to implement any learning from these. Staff had received training to enable them to identify and record significant events.
- There was a supply of suitable emergency medicines available for use. These were monitored to ensure that they were in date and that stocks were replenished.
- The oxygen supply and adult and children masks were periodically checked to ensure that they were available for use in emergencies.
- A defibrillator was available at the practice for use in emergencies.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Brooke Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector.

Why we carried out this inspection

We carried out an announced, desktop-based review of this service on 10 October 2016 under Section 60 of the Health

and Social Care Act 2008 as part of our regulatory functions. This is because the service was not meeting some legal requirements during our previous visit on 8 December 2015.

The desktop-based review was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our desktop-based review on 10 October 2016, we reviewed a range of information provided by the practice.

Are services safe?

Our findings

Safe track record and learning

At our last inspection on 8 December 2015 we found that the practice was not reporting incidents in line with the practice policy, and that it was not effectively monitoring, evaluating or learning from significant events.

There was now an effective system in place for reporting and recording significant events.

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- Staff had received training that enabled them to identify and record significant events.

We reviewed incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient refused a particular medicine because of a belief that it contained a substance that the patient wished to avoid. The clinician explained in detail to the patient that the substance was not in the medicine and also offered alternative medicines but the patient declined. The practice reflected in a meeting that patients have the right to refuse treatment. It made available a leaflet that explained that the substance was not contained within the medicine.

Overview of safety systems and processes

When we last inspected on 8 December 2015 we found that the practice did not hold a supply of all emergency medicines that would be expected including diazepam. Nor was there a system in place to monitor that emergency medicines were in date and available for use.

The practice provided us with evidence that this shortfall had been remedied:

It now held a stock of appropriate emergency medicines and these were regularly checked to ensure that supplies of each remained available and that all were in-date.

Arrangements to deal with emergencies and major incidents

On 8 December 2015, during our last inspection, we found that the practice did not have a defibrillator or an appropriate risk assessment as to its absence, nor was it periodically checking its oxygen supply to ensure that it was available for use in an emergency.

The practice provided us with evidence that this shortfall had been remedied:

- The oxygen supply and masks were periodically checked to ensure that they were available for use in emergencies.
- A defibrillator was available at the practice for use in emergencies, it was also regularly checked to ensure that it remained available for use in an emergency.