Rosemead Drive Surgery

Quality Report

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Date of inspection visit: 13 July 2016
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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
Are services effective?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 8 July 2015. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12 and 19 of HSCA (Regulated Activities) Regulations 2014.

We undertook a focussed inspection on 13 July 2016 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from the December 2015 by following the link http://www.cqc.org.uk/location/1-544619317 or selecting the 'all reports' link for Rosemead Drive Surgery on our website at www.cqc.co.uk

At this inspection we found that:

- The significant event system had been improved with a new policy and reporting form in place and a consistent approach. Investigations identified actions which were implemented and learning shared with all staff.

  The practice had introduced a process to ensure emergency equipment and medicines are checked as per the practice protocol.

- Medicine refrigerators were checked and reset on a daily basis.

  - There was now an effective and consistent system in place for dealing with significant events including reporting and the dissemination of learning from recorded events.

  - There was now a consistent system in place to ensure referrals were made in a timely manner and monitored.

- Systems and processes relating to infection control in line with national guidance were put in place, including actions from infection control audits being recorded and implemented.
- All necessary employment checks for staff were undertaken, including DBS checks.
- Formal governance arrangements were in place, including systems for assessing and monitoring risks, for example relating to legionella and fire safety arrangements.

  - Staff had received an annual appraisal.

Summary of findings

- Policies had been reviewed and updated, including the policies relating to safety alerts, safeguarding vulnerable adults and arrangements for dealing with emergencies.

The areas where the provider should make improvements are:

- Further embed the process which has been introduced to ensure emergency equipment, other equipment and medicines are checked as per the practice protocol.

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?

Good

The practice is rated as good for providing safe services.

The system for reporting significant events had been improved and was effective as significant events were now reported consistently by all staff and lessons learned were communicated in order to improve safety.

Risks to patients were assessed and monitored such as those relating to fire and legionella.

Appropriate recruitment checks had been undertaken.

Are services effective?

Good

The practice is rated as good for providing effective services.

All staff had now received an annual appraisal.

There was now an effective system in place for monitoring referrals.

Are services well-led?

Good

The practice is rated as good for being well-led.

- Since our inspection in July 2015 we found that the practice had made significant improvements.
- The practice had improved the governance framework in place to support the delivery of the strategy and good quality care. For example, systems for assessing and monitoring risks and the quality of the service provision.
- There was evidence of appraisals for all staff.

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

Good

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of older people.

People with long term conditions

Good

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The practice is now rated as good for the care of people with long-term conditions.

Families, children and young people

Good

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The practice is rated as good for the care of families, children and young people.

Working age people (including those recently retired and students)

Good

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The practice is now rated as good for the care of working-age people (including those recently retired and students).

People whose circumstances may make them vulnerable

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People experiencing poor mental health (including people with dementia)

Good

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The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Further embed the process which has been introduced to ensure emergency equipment, other equipment and medicines are checked as per the practice protocol.

Rosemead Drive Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector and included a practice nurse specialist adviser.

Why we carried out this inspection

We undertook an announced focussed inspection of Rosemead Drive Surgery on 13 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 8 July 2015 had been made. We inspected against three of the five questions we asked about the service:

- Is the service Safe, effective and well-led?

This is because the service was not meeting some legal requirements.

How we carried out this inspection

We spoke with the lead GP partner, a GP partner, the practice nurse and the practice manager.

We reviewed records, policies and procedures relating to the clinical and general governance of the service.

Good

Are services safe?

Our findings

Safe track record and learning

At the inspection in July 2015 we found that the practice did not have an effective system in place for reporting, recording and monitoring of significant events as there was an inconsistent approach to reporting events and sharing the learning from them. At our inspection in July 2016 we found that there was now a consistent approach and an effective system in place to deal with significant events. We looked at records which showed that significant events were accurately recorded, investigated and learning disseminated to all staff. Meeting minutes reflected that significant events were discussed at practice meetings and if staff were not able to attend the meeting learning was communicated to them by means of tasks on the practice computer system or by email. Staff we spoke with were aware of recent significant events and we saw that the practice had produced a summary of themes identified in significant events and actions taken.

At our inspection in July 2015 we found that the practice was not following their own protocol in respect of dealing with national patient safety alerts. In July 2016 we found there was an effective system in place for dealing with safety alerts. The safety alerts policy had been reviewed in September 2015 and there was a new protocol in place dated January 2016 which the practice was following. The practice manager kept a log of alerts received which included details of action required, who was responsible and when completed.

Overview of safety systems and processes

In July 2015 when we carried out our inspection we found that the practice did not have effective arrangements in place to safeguard vulnerable adults as the policy was not detailed enough and had information on coding for vulnerable patients but a search of patient records showed only one child and one adult.

At our inspection in July 2016 we found that the practice now had a detailed vulnerable adults safeguarding policy in place with appropriate guidance. We also saw evidence that they had carried out an audit of their safeguarding registers and these were now up to date and coding was appropriate.

At our inspection in July 2015 we found that not all staff who acted as chaperones had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) and neither was there a risk assessment in place to address this. At our most recent inspection we found that DBS checks had now been undertaken for these staff members.

During the course of our July 2015 inspection we found that there was not an effective system in place to ensure adequate arrangements for infection prevention and control.

At this inspection we found that the lead for infection control was booked to attend an external infection control training course. The practice had reviewed their arrangements regarding the cleaning of the practice and implemented arrangements to ensure that cleaning was carried out on a daily basis at the main surgery and three times a week at the branch surgery.

We now found that infection control audits had been carried out in February 2016 and an action plan compiled to address the issues identified. This included timescales when the actions would be completed by.

At this inspection we now found that sharps bins were correctly labelled. However we did see that the lids on the sharps bins were not always closed when not in use. We raised this with the practice manager who took steps to rectify this immediately.

Staff had now received training in how to use the blood and vomit spillage kits available in the practice.

We reviewed the Control of substances hazardous to health (COSHH) information available and found that this had now been updated and there was a system in place to ensure it was reviewed at regular intervals.

At our inspection in July 2015 we found that external thermometers on two fridges had different minimum and maximum temperature set. At this inspection we found that a new fridge had been installed. However there was no secondary thermometer in use to ensure fridge temperatures remained within specified limits consistently. The practice manager told us they had ordered a secondary thermometer for use with this fridge.

Good

Are services safe?

At our inspection in July 2015 we found that not all necessary recruitment checks had been undertaken prior to employment. However at this inspection we found that staff files we reviewed contained all the relevant checks and DBS checks had been undertaken for all staff.

Monitoring risks to patients

In July 2015 at our inspection we found that there were limited procedures in place for monitoring and managing risks to patient and staff safety. At our recent inspection we found that the practice had implemented a new health and safety policy dated February 2016 and the fire safety policy had been reviewed in January 2016. We also saw that a fire risk assessment had been undertaken by an external contractor at the branch surgery in August 2015 and remedial work and required processes identified as a result had been implemented. Staff were now trained as fire marshals and we saw evidence that fire drills had been carried out at both sites. A further fire risk assessment had been booked for the main surgery and following our inspection the practice provided evidence that required remedial work had been undertaken. The practice were also able to provide a five year fixed electrical testing certificate in place which was dated 2012 but which had not been available at the previous inspection.

Following our inspection in July 2015 the practice had carried out a legionella risk assessment in February 2016 but at our recent inspection we found that this did not identify the need for monthly water temperature checks as a control measure. The practice immediately arranged for an external contractor to carry out a legionella risk assessment at both sites and provided us with a copy of this, along with evidence they had implemented the necessary control measures and remedial work recommended.

Arrangements to deal with emergencies and major incidents

At our July 2015 inspection we found that there were not appropriate arrangements in place to manage emergencies. For example some of the equipment listed in the anaphylaxis policy was not available and some was out of date. The emergency equipment and medicines were not all kept together in the same room. At our July 2016 inspection we found that all emergency equipment and medicines were kept together. The anaphylaxis policy had been updated in July 2015 and there was a system in place to check the equipment and medicines on a monthly basis. However we found that despite the checks having been completed some equipment such as oxygen masks were out of date at both sites. The practice immediately replaced these. We also found other equipment at the branch surgery which was out of date. The practice removed this equipment but informed us that the rooms where we saw this equipment were not used clinically. The practice informed us following the inspection that they had further reviewed their processes for checking equipment and medicines to ensure all equipment was checked.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in July 2015 we found that staff had not received appraisals although this had been identified by the practice manager and had been scheduled. At this inspection in July 2016 we found that all staff had received an appraisal where appropriate and relevant learning identified and implemented, for example INR training for the health care assistant.

In July 2015 we also found that although the practice generally shared relevant information with other services in a timely way, the system for monitoring or ensuring that referrals were done within a specific timeframe was not effective. At our most recent inspection we found that the practice had reviewed their system for dealing with referrals in order to ensure they were prioritised. We saw that a consistent approach had been introduced and that referrals had been sent in a timely manner.

Are services well-led?

Good

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

Our findings

At our inspection in July 2015 we found that although the practice had an overarching governance framework which supported the delivery of the strategy and good quality care, there were areas which required improvement, such as some policies required more detailed guidance and there were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

At our inspection in July 2016 we found that the policies we reviewed such as those relating to safety alerts, safeguarding vulnerable adults, anaphylaxis and fire safety had been updated and contained relevant guidance.

We found that there were now appropriate arrangements in place for identifying, recording and managing risks and implementing actions. For example risks relating to fire safety and legionella had been assessed and necessary actions and control measures introduced.