

# Holly House Surgery

## 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



Are services responsive to people's needs?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 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

Why we carried out this inspection	5
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 8 September 2015. Breaches of legal requirements were 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(1)(2)(b)(d)(h) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 28 April 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Holly House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe services, however they were still Requires improvement for responsive services. As the practice was now found to be providing good services for safety, this affected the ratings for the population groups we inspect against. Therefore, it was also good for

providing services for older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

### Our key findings across all the areas we inspected were as follows:

- Risks to patients were assessed and well-managed, including those related to infection control, health and safety and responding to emergencies.

### However there were areas of practice where the provider should make improvements:

- Ensure that clinical staffing levels are appropriately planned and monitored.
- Ensure compliance of the premises with the Equality Act 2010.
- Improve access to pre-bookable appointments and appointments with a named GP for continuity of care, particularly for patients from vulnerable groups and those with long-term conditions.
- Ensure that complaints are responded to in an appropriate manner.

**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 as improvements had been made.

Risks to patients were assessed and well-managed, including those related to medicines management, infection control and responding to emergencies.

**Good**



### **Are services responsive to people's needs?**

The practice is still rated as requires improvement for providing responsive services as improvements had not yet been made.

**Requires improvement**



# 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 now found to be providing good services for safe, this affected the ratings 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 now found to be providing good services for safe, this affected the ratings 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 now found to be providing good services for safe, this affected the ratings 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 now found to be providing good services for safe, this affected the ratings 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 now found to be providing good services for safe, this affected the ratings 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 now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



# Holly House Surgery

## Detailed findings

### Why we carried out this inspection

We undertook a desk-based focussed inspection of Holly House Surgery on 28 April 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically a breach of regulation 12(1)(2)(b)(d)(h) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

During the comprehensive inspection carried out on 8 September 2015 we found that the practice did not have adequate arrangements in place for management of emergencies including access to emergency equipment and basic life support training for all staff. The practice had not ensured up to date infection control training for staff, adequate cleaning processes and the risks relating to the control of substances hazardous to health (COSHH) were not assured. We found that the practice did not have a

clear incident reporting procedure for staff, induction processes were not fully robust so that mandatory training was carried out, health and safety risk assessments were not always recorded thoroughly and clinical staffing levels were not always appropriately monitored.

We also found that the practice premises and facilities were not easily accessible to all patient groups, there were difficulties with accessing pre-bookable appointments and appointments with a named GP and complaints were not always responded to appropriately.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 8 September 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service responsive. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe or responsive would affect the rating for all the population groups we inspected against.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had an incident reporting form available for staff, and we saw they had implemented a clear procedure for staff in the event of an incident, since the initial inspection.

### Cleanliness and infection control

The practice had ensured that all staff had received updated infection control training within the last six months and we saw a sample of infection control training certificates for five staff members. We were shown evidence that an infection control audit had been booked for June 2016; the last infection control audit was February 2016. There was evidence that action had been taken following the audit to improve infection control management in the practice since the initial inspection. We were shown updated, thorough cleaning audits to include cleaning of treatment couches in consultation rooms. The practice had also replaced fabric-covered chairs with plastic seating in the waiting area.

The practice had improved assurances of risks associated with the control of substances hazardous to health (COSHH). They had a COSHH policy in place and had completed an inventory and obtained copies of COSHH data log sheets for products used in the practice by the cleaning company.

### Staffing and recruitment

The practice had implemented an induction pack for staff to include mandatory training requirements, to ensure that induction and training processes were more robust. They had also implemented an updated training log for all staff to ensure that staff training could be monitored effectively.

The practice had put a process in place to ensure that criminal records checks for long-term staff members were updated periodically.

During the initial inspection it was not clear that there was sufficient GP staffing to meet demand for appointments as we saw that doctors were scheduled for a higher than expected number of appointments per day and the practice reported that there had been difficulty recruiting doctors to cope with demand. Since the initial inspection, there was no evidence that the practice had put systems in place to ensure that clinical staffing levels were now being monitored effectively.

### Health and safety and responding to risk

The practice had implemented more robust fire and health and safety checklists since the initial inspection. We were shown evidence that a health and safety risk assessment had been carried out in January 2016 and action was taken to minimise the identified risk.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice provided evidence that a defibrillator was now available in the practice premises. The practice had implemented a number of emergency policies and procedures for staff to follow in the event of a clinical emergency or urgent non-clinical incident, for example, guidance for the use of the panic alarms.

The practice had ensured that staff had received updated basic life support training so that staff were trained in the event of an emergency.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

During the initial inspection, it was identified that the practice premises was not easily accessible for all patient groups. No additional improvements had been made at the time of the focussed inspection, however the practice had obtained a quote for improvement works to improve accessibility for patients.

### Access to the service

During the initial inspection, a number of patients reported difficulty accessing pre-bookable appointments and some

patients reported difficulty seeing their preferred GP. We saw that the practice had noted all these issues from their Patient Participation Group (PPG) survey and had identified an action plan to improve the service further, however no further improvements had been made at the time of this focussed inspection.

### Listening and learning from concerns and complaints

During the initial inspection from complaints we viewed, we saw that one complaint letter had not been handled sensitively. At the time of the focussed inspection, there was no evidence to suggest that action had been taken to ensure that future complaints had been responded to in an appropriate manner.