

# Elizabeth House Medical Practice

## Quality Report

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Warlingham  
Surrey  
CR6 9LF  
Tel: 01883 625262  
Website: [www.elizabethhousemedicalpractice.co.uk](http://www.elizabethhousemedicalpractice.co.uk)

Date of inspection visit: We have not revisited Elizabeth House Medical Practice as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.

Date of publication: 18/08/2017

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Elizabeth House Medical Practice on 10 November 2016. The overall rating for the practice was good although the practice was rated as requires improvement for providing safe services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Elizabeth House Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 20 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 10 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The practice had reviewed their adult safeguarding policy following the last inspection. The policy contained local contact details and outlined the different types of abuse that staff should be aware of.
- Sharing of learning from significant events and incidents was a regular agenda item at team meetings for non-clinical staff.

- The practice had reviewed their sharps protocol to reflect best practice guidance for the use of sharps bins.
- The arrangements for ensuring security of blank prescription forms had been reviewed and a new protocol implemented.
- The practice had commenced a log of health and safety related risk assessments which were updated regularly to ensure actions were completed.
- The emergency medicines list had been updated to include expiry dates to ensure medicines were fit for use in the event of an emergency occurring. However, the interval between checks of the emergency medicines was after some of the medicines were due to expire.

Areas where the practice should make improvements:

- Ensure the interval for checks of the emergency medicines is reviewed and reflects best practice guidelines.

We have changed the rating to reflect the findings for the provision of safe services. The practice is now rated as good for providing 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?**

During our inspection in November 2016 the practice was rated as requires improvement for providing safe services. Improvements had been made when we undertook this desktop review on 20 July 2017. The practice is rate as good for providing responsive services.

- The practice had reviewed their adult safeguarding policy following the last inspection. The policy contained local contact details and outlined the different types of abuse that staff should be aware of.
- Sharing of learning from significant events and incidents was a regular agenda item at team meetings.
- The practice had reviewed their sharps protocol to reflect best practice guidance for the use of sharps bins.
- The arrangements for ensuring security of blank prescription forms had been reviewed and a new protocol implemented.
- The practice had commenced a log of health and safety related risk assessments which were updated regularly to ensure actions were completed.
- The emergency medicines list had been updated to include expiry dates to ensure medicines were fit for use in the event of an emergency occurring. However, the interval between checks of the emergency medicines was after some of the medicines were due to expire.

Good



# Elizabeth House Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desktop review was carried out by a CQC inspector.

## Background to Elizabeth House Medical Practice

Elizabeth House Medical Practice is based in Warlingham and covers the adjacent villages of Farleigh, Chelsham, Woldingham, Hamsey Green and parts of Whyteleafe, Caterham and Sanderstead. The practice is located in a converted residential property which has been extended. The practice holds a contract to provide personal medical services and has approximately 5,900 patients on the practice list.

The practice has a slightly higher than average number of patients over 50 years old, particularly patients over 85 years old. They also have a slightly lower than average number of patients from 10 to 39 years old. The number of patients on the practice list with long standing health conditions is in line with local and national averages. The practice is located in an area that is considered to be in the second least deprived area nationally, and is in line with local averages for children and older people affected by deprivation. The practice has recently taken on a contract to provide care to the residents of two small homes for patients with learning disabilities.

The practice has two GP partners and two salaried GPs (two male and two female). They are supported by two practice nurses, a practice manager who is also a nurse practitioner,

two phlebotomist/health care assistants and a team of administrative staff. The practice is a training practice (training practices offer placements to GP trainees and foundation year two doctors).

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered 6.30pm to 8pm Monday evenings when there is a partner, a practice nurse and a health care assistant available. When the practice is closed patients are advised to call NHS 111 where they are given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

515 Limpsfield Road, Warlingham, Surrey, CR6 9LF

## Why we carried out this inspection

We undertook a comprehensive inspection of Elizabeth House Medical Practice on 10 November 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 providing safe services. Overall the practice was rated as good. The full comprehensive report following the inspection on November 2016 can be found by selecting the 'all reports' link for Elizabeth House Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based inspection of Elizabeth House Medical Practice on 20 July 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 Elizabeth House Medical Practice on 20 July 2017. This involved reviewing:

- Records and documents sent by the practice (including checking logs, staff meeting minutes and risk assessments).

# Are services safe?

## Our findings

At our previous inspection on 10 November 2016, we rated the practice as requires improvement for providing safe services as the adult safeguarding policy required a review, system alerts for at risk patients needed improving, sharps bins were found to be used beyond the recommended time frame, blank prescription forms were not securely stored, some emergency medicines were out of date and risk assessments were not documented.

These arrangements had significantly improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- The practice had reviewed their processes for sharing learning outcomes from significant events and incidents. The practice had included significant event discussion at non-clinical team meetings and had added this as a regular agenda item. If staff were not present at a meeting, the minutes were sent to them by email and the individual invited to have a discussion with the practice manager.
- The practice had reviewed their adult safeguarding policy to reflect best practice guidance. The updated policy included definitions of abuse, key stakeholder contacts and a date for review. Staff had been made aware of the new policy through team meetings and individual discussion.
- System alerts and flags for patients identified as at risk had been reviewed. The practice provided samples of patient records demonstrating an alert to inform clinicians of a concern.
- Individual clinicians had been given responsibility for ensuring sharps bins in clinical rooms were used in line with best practice guidance. (A sharps bin is a specially

designed rigid box with a lid that is used to dispose of used needles or sharps). A sharps bin audit undertaken in July 2017 demonstrated the guidance was being adhered to.

- The practice had reviewed their blank prescription security arrangements. Clinicians were requested to lock clinical rooms when being left unattended to ensure blank prescriptions in printers remained secure. The practice had undertaken a spot check of the rooms to ensure compliance with this new process.

### Monitoring risks to patients

- The practice had commenced a log of historical and recent risk assessments which was updated regularly to ensure actions were completed and outstanding actions identified. For example, the practice had carried out a risk assessment for the transportation of liquid nitrogen (a hazardous substance requiring special handling and storage). The risk assessment had recommended informing the insurance company for the vehicle being used and purchasing a hazard warning notice to display in the vehicle. Both actions had been acted upon and recorded in the risk assessment log.

### Arrangements to deal with emergencies and major incidents

- The practice had updated their emergency medicines check list to include expiry dates to ensure medicines were fit for use in the event of a clinical emergency occurring. The practice undertook a check of the emergency medicines and equipment once every four months. The practice had recently reviewed, but not risk assessed, the length of time between checks and decided to make this every three months. The practice showed us a list of emergency medicines due to expire within this timeframe so they could be ordered and replaced before the next check was due.

These actions were now ensuring that requirements relating to safe care and treatment were being met.