

Pickhurst Surgery

Quality Report

56 Pickhurst Lane

Hayes

Bromley BR2 7JF

Tel: 020 3667 5550

Website: <http://www.pickhurstsurgery.co.uk/>

Date of inspection visit: 2 November 2016

Date of publication: 12/12/2016

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

Overall summary	Page 2
The five questions we ask and what we found	3

Detailed findings from this inspection

Why we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 24 February 2016. 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 17(1) and 17(2) (b) and (c) (Good Governance) and Regulation 18(2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 2 November 2016 to check that the practice 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 Pickhurst Surgery on our website at 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.

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

- Risks to patients were assessed and well-managed, including those related to safeguarding, chaperoning, fire safety and storage of patient records.

There were areas of the practice the provider should make improvements:

- Review the arrangements for the all the actions from legionella risk assessment are undertaken in a timely manner.
- Review the arrangements for the monitoring of diabetes for patients.

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 safeguarding, chaperoning, fire safety and storage of patient records.

Good



Pickhurst Surgery

Detailed findings

Why we carried out this inspection

We undertook a desk-based focussed inspection of Pickhurst Surgery on 2 November 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 17(1) and 17(2) (b) and (c) (Good Governance) and Regulation 18(2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 24 February 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. We inspected the practice against the population group: people with long-term conditions as this population group was rated as requires improvement in the comprehensive inspection carried out on 24 February 2016.

During the comprehensive inspection carried out on 24 February 2016 we found that the practice did not have adequate arrangements in place for safeguarding, chaperoning, fire safety and security and storage of medical records. They had not carried out actions following legionella and fire risk assessments which involved regular fire drills including evacuations, regular fire alarm and fire extinguishers testing. Patient records were not securely stored. Some of the staff who acted as chaperones were not trained for their role and had not received a Disclosure and Barring Service check (DBS check) and some of the practice staff had not undertaken child protection training appropriate to their role. (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.)

We also found that the use of prescriptions pads was not monitored. Their arrangements for monitoring patients with diabetes were not effective and they had not undertaken any completed cycle audits where changes made were implemented and monitored. We found that the GPs were not always involved in the appraisal of practice nurses. Ombudsman information was not always included in the response letter to complaints.

Are services safe?

Our findings

During the comprehensive inspection carried out on 24 February 2016 we found that the practice did not have adequate arrangements in place for safeguarding, chaperoning, fire safety and security and storage of medical records. They had not carried out actions following legionella and fire risk assessments which involved regular fire drills including evacuations, regular fire alarm and fire extinguishers testing. Patient records were not securely stored. Some of the staff who acted as chaperones were not trained for their role and had not received a Disclosure and Barring Service check (DBS check) and some of the practice staff had not undertaken child protection training appropriate to their role. (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.)

Overview of safety systems and processes

All practice staff had appropriate child protection training. GPs were trained to level 3, nurses were trained to level 2 and non-clinical staff were trained to level 1.

The practice had a system in place where only clinical staff acted as chaperones. The practice informed us that they would apply for DBS checks and train non-clinical staff to act as chaperones if they were to act as chaperones.

We found that patient records were securely stored with no access by the public and that cleaning staff had signed confidentiality agreements.

Monitoring risks to patients

The practice had carried out actions in response to the recommendations following the fire risk assessment and carried out a fire drill (complete evacuation) on 20 July 2016 and had a system in place to undertake quarterly fire drills and weekly fire alarm checks. The practice had tested the fire extinguishers on 26 October 2016 and had a plan in place to undertake this on an annual basis.

The practice had undertaken a legionella risk assessment on 25 February 2016 and had an action plan in place to address the recommendations from the risk assessment. The practice had undertaken some of the actions following the legionella risk assessment including flushing little used outlets and plumbing works had been carried out on 29/10/2016.