

Silverlock Medical Centre

Quality Report

Silverlock Clinic
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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 

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 Silverlock Medical Centre on 21 July 2016. The practice was rated good overall and requires improvement for safe. The full comprehensive report from this inspection can be found by selecting the 'all reports' link for Silverlock Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 10 May 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 21 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At our previous inspection undertaken on 21 July 2016, we rated the practice as requires improvement for providing safe services and issued a requirement notice for breaches of regulation 12 of the Health and Social Care Act Regulations 2014 as:

- The practice did not have systems in place to monitor the professional registrations of clinical staff.
- Not all staff had completed essential training in accordance with recommendations and guidelines.

• Risks associated with the spread of common communicable diseases, fire, legionella, equipment and emergencies had not been adequately assessed and mitigated.

In addition to the breaches in regulation we suggested the practice should take the following actions:

- Put processes in place to regularly review and update practice policies.
- Include local safeguarding contacts and practice leads within the practice's safeguarding policy.
- Improve uptake of breast screening and review procedures used to identify patients with Coronary Heart Disease.
- Introduce a programme of quality improvement which focuses on improving clinical care.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Undertake appraisals for all salaried staff.

The practice is now rated as good for the key question: Are services safe?

Our key findings were as follows:

Summary of findings

- The practice had put in place a system to ensure that regular checks of professional registrations were undertaken.
- Staff had completed essential training in accordance with recommendations and guidelines including fire safety and infection control.
- The practice had complied with the recommendations in their legionella risk assessment.
- All electrical equipment had been tested to ensure that it was safe to use.
- The practice provided evidence that staff had either been vaccinated against common communicable diseases or supplied risk assessments to justify the absence of immunisations for certain members of staff.
- The practice had a full complement of emergency medicines which reflected current guidelines and their business continuity plan contained contact information for all members of staff.

In addition:

- The practice sent us a sample of policies demonstrating that reviews were being completed on a regular basis. The practice's safeguarding policies for adults and children identified the practice leads and contained information for external contacts within the community.
- The practice told us that they were using a new breast screening alert on their clinical system to alert clinicians to patients who were eligible for breast screening. The practice also informed us that they provided leaflets both in the surgery and on their website. The practice informed us that they would actively contact patients who failed to attend for their breast screening appointment. There had been an increase in the percentage of females aged 50-70 screened for breast cancer in last 36 months from 48% at our last inspection to 55%. However this was still below the local average of 63% and the national average of 73%.
- The practice told us that they were using computer software to increase the identification of patients

with coronary heart disease (CHD) and provided a search of patients prescribed clopidogrel (medication given to patients who have had a heart attack) where there was no diagnosis of CHD noted on their records.

- The practice provided evidence of improved clinical performance assessed against key performance indicators set by the Clinical Commissioning Group (CCG) in respect of administration of flu vaccinations and management of long term conditions. All areas assessed showed improvement between 2015/16 and 2016/17 For example patients with hypertension who had blood pressure readings within target range had increased by 7% and the numbers of pregnant women who received a seasonal flu vaccination had increased by 25%. The practice had improved performance in these areas by employing a pharmacist to assist with management of patients with long term conditions and upskilling a receptionist to become a healthcare assistant who delivered 349 flu vaccinations in the last flu season.
- The practice informed us that they had increased the number of patients on their carers register by 15 patients to 52 (0.8%). The practice had used their seasonal flu campaign to identify patients who act as carers and held an open day in October 2016 which was attended by a local carers support organisation.
- The practice provided evidence that internal appraisals were being undertaken for salaried clinical staff working at the practice.

However, there were still areas of practice where the provider should make improvements.

The provider should:

- Continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Continue work to improve uptake of breast screening.

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 now rated as good for providing safe services

- The practice had introduced systems to regularly monitor the professional registrations of clinical staff.
- Staff had completed essential training in accordance with recommendations and guidelines including fire safety and infection control.
- The practice had acted upon the recommendations within their legionella risk assessment
- All electrical equipment had been tested to ensure that it was safe to use.
- The practice provided evidence that staff had either been vaccinated against common communicable diseases or supplied risk assessments to justify the absence of immunisations for certain members of staff
- The practice had a full complement of emergency medicines which reflected current guidelines and their business continuity plan contained emergency contact information for all members of staff.

Good



Silverlock Medical Centre

Detailed findings

Background to Silverlock Medical Centre

Silverlock Medical Centre is part of Southwark Clinical Commissioning Group (CCG) and serves approximately 7200 patients. The practice is registered with the CQC for the following regulated activities treatment of disease, disorder or injury; maternity and midwifery services; diagnostic and screening procedures.

The practice has a significantly higher proportion of people aged 20 – 39 with almost double the national unemployment rate. The practice is situated within one of the second most deprived areas of the country on the index of multiple deprivation. The practice has a lower proportion of patients aged over 40 compared to the national average.

The practice is run by three GPs of mixed gender and a female nurse. The Silverlock Medical Centre has been a teaching practice since 2014.

The practice is open between 8.00am to 6.30pm Monday to Friday except Tuesday and Wednesday when the practice closes at 8.00pm. The practice offers 23 GP sessions per week (four of these sessions are currently covered by locum staff) with booked and emergency appointments.

Silverlock Medical Centre operates from the bottom floor of a tower block. The practice is spread over two areas which are separate and independently accessible from the outside. The property is rented from Southwark Council and AT Medics are responsible for maintenance. The building is wheelchair accessible.

The practice was taken over by AT Medics in 2012. We were told that the practice inherited a range of challenges from the previous provider including poor governance,

management of notes and problems with patient access. The new provider told us that they took successful action and addressed all of these concerns; for example the practice increased appointment availability by 95% between 2012 and 2016 and have doubled the number of patients seen within the same period.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under an Alternative Provider Medical Services (APMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Minor Surgery, Patient Participation, Risk Profiling and Case Management, Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice is part of GP federation Quay Health Solutions.

Why we carried out this inspection

We undertook a comprehensive inspection of Silverlock Medical Centre on 21 July 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. The full comprehensive report following the inspection on 21 July 2016 can be found by selecting the 'all reports' link for Silverlock Medical Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up desk-based focused inspection of Silverlock Medical Centre on 10 May 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

How we carried out this inspection

We carried out a desk-based focused inspection of Silverlock Medical Centre on 10 May 2017. This involved reviewing evidence that:

- Systems were in place to monitor the professional registrations of clinical staff.
- Relevant staff had now completed their required training.
- That risks related to spread of common communicable diseases, fire, legionella, equipment and emergencies had been adequately assessed and/or mitigated

Are services safe?

Our findings

At our previous inspection on 21 July 2016, we rated the practice as requires improvement for providing safe services as:

- The practice did not have systems in place to monitor the professional registrations of clinical staff.
- Not all staff had completed essential training in accordance with recommendations and guidelines.
- Risks associated with the spread of common communicable diseases, fire, legionella, equipment and emergencies had not been adequately assessed and/or mitigated

These arrangements had significantly improved when we undertook a follow up inspection on 10 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had introduced a spreadsheet following our last inspection which listed all clinical staff. The spreadsheet showed that checks had been undertaken on six occasions since our last inspections and that all registrations were current and in date.

Monitoring risks to patients

The practice provided training certificates to show that two members of non-clinical staff who had not received fire safety training at the time of our last inspection had now completed this and that the one member of clinical staff who had completed infection control training when we last inspected, now had. The practice provided a training matrix to show that all staff were up to date with training with the exception of basic life support training for three newly appointed staff who had begun working at the practice within the last two months. The practice confirmed that this training had been booked for the day following our inspection.

Since our last inspection the practice had checked all portable appliances to ensure they were safe to use and informed us that they had stopped using one of their printers which failed the test.

Three members of staff had completed legionella awareness training since our last inspection in accordance with the recommendations in the practice's legionella risk assessment. The practice also provided evidence that annual water sampling had been completed in January 2017.

At the last inspection we found that some staff had not been vaccinated against Hepatitis B and there was no risk assessment in place which had evaluated the need for these staff members to be immunised. The practice since provided evidence that either these members of staff had been immunised or had undertaken an assessment of risk which included assessing how likely these members of staff were to come into contact with bodily fluids and what protocols were in place within the practice which would help to mitigate risk.

Arrangements to deal with emergencies and major incidents

At our last inspection the practice did not have a supply of Chlorphenamine (used in the treatment of anaphylaxis), any antiemetic (used to treat vomiting) or diclofenac (used to treat pain) and there was no documented risk assessment regarding the need for these medicines. The practice provided photographic evidence that these medicines were now in place and within their expiry dates.

Though the practice had a comprehensive business continuity plan in place at the time of our last inspection this did not include staff emergency contact details. At this inspection the practice provided an updated version of this policy which contained this information.