

# Buckingham Road Surgery

### **Quality Report**

2-4 Buckingham Road Harlesden London N10 4RR

Tel: 020 8965 6078 Website: www.buckinghamroadsurgery.nhs.uk Date of inspection visit: 16 August 2017 Date of publication: 16/10/2017

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 on 12 May 2016 at Buckingham Road Surgery. The overall rating for the practice was good. However, the practice was rated as requires improvement for some aspects of providing safe services.

The full comprehensive report on the 12 May 2016 inspection can be found by selecting the 'all reports' link for Buckingham Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 16 August 2017 to confirm that the practice had carried out the improvements required that we identified in our previous inspection on 12 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Following this latest inspection the key question in relation to the provision of safe services at this location is now rated as good. The overall rating for the practice remains as good.

Our key findings were as follows:

- The practice had taken a systematic approach to review the findings of the 12 May 2016 inspection and we saw they had developed and implemented actions to rectify all areas that were recognised as requiring improvement.
- The practice had resealed the impermeable flooring in its treatment rooms so that there was no longer a potential infection control risk.
- The practice policy in relation to management of the cold chain had been reviewed and updated. Staff we spoke with who were responsible for recording the daily fridge temperatures were aware of the process to take should the temperature range deviate outside the recommended +2 to 8°C. We found that all vaccines were in date. The practice had put a system in place to ensure that effective stock control was maintained.
- The practice had reviewed its recruitment policy and implemented a recruitment check list to enable all required documents and checks to be in place for newly recruited and existing personnel. We reviewed nine personnel files and found that appropriate recruitment checks had been undertaken.
- The practice had replaced the carpet in the waiting room and on the stairs. We observed that this was well fitted and no longer posed a trip hazard.
- All the medicines for use in a medical emergency were in date and stored securely. We observed there was oxygen warning signage on the door where oxygen was stored.

# Summary of findings

**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.

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 12 May 2016. At the previous inspection the key question in relation to the provision of safe services at this location was rated as requires improvement. This was because aspects of infection control, medicines management, recruitment processes, health and safety and managing medical emergencies required improvement.

At our inspection on 16 August 2017, we found that the practice had taken a systematic approach to review the findings of the 12 May 2016 inspection and we saw they had developed and implemented actions to rectify all areas that were recognised as requiring improvement.

Good





# **Buckingham Road Surgery**

**Detailed findings** 

## Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC Lead Inspector.

# Why we carried out this inspection

We undertook a comprehensive inspection of Buckingham Road Surgery on 12 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good, but requires improvement for some aspects of providing safe services. The full comprehensive report on the 12 May 2016 inspection can be found by selecting the 'all reports' link for Buckingham Road Surgery on our website at www.cqc.org.uk.

We undertook an announced focused follow-up inspection of Buckingham Road Surgery on 16 August 2017. This inspection was planned to check that improvements had been made following our comprehensive inspection on 12 May 2016. We inspected the practice against only one of the five key questions we ask about services: are services at this location safe?

## How we carried out this inspection

We carried out an announced focused inspection of Buckingham Road Surgery on 16 August 2016. On the day of the inspection we discussed the safe operation of the practice with the practice manager and a GP partner, spoke with the practice nurse and reception staff and reviewed evidence in relation to improvements made as a result of the original inspection on 12 May 2016.



## Are services safe?

## **Our findings**

At our previous inspection on 12 May 2016, we rated the practice as requires improvement for providing safe services. The rating was awarded because aspects of infection control, medicines management, recruitment processes, health and safety and managing medical emergencies required improvement. In particular we found the following findings:

- The impermeable flooring in the treatment rooms required repair and posed a potential infection control risk. This had not been identified in the infection prevention and control audit.
- The cold chain policy was out-of-date, there was no process in place to manage an incident where the vaccine fridge temperature range had deviated outside the recommended +2 to 8°C range, there was no process in place to monitor incoming vaccine stocks and we found expired medicines and blood samples in the vaccine fridge.
- Recruitment checks were not monitored effectively. We reviewed nine personnel files and found that not all contained the required information.
- The carpet in the reception area posed a risk to patient safety as it was raised off the floor and was a potential trip hazard. This had not been identified in the health and safety risk assessment.
- Some of the medicines required to respond to medical emergencies had expired and there was no warning signage on the door of the treatment room where oxygen was stored.

This inspection was a focused follow-up inspection carried out on 16 August 2017 to check 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 12 May 2016. We found that the practice had taken a systematic approach to review the findings of the 12 May 2016 inspection and implemented actions to rectify all areas that were recognised as requiring improvement.

As a result the practice is now rated as good for providing safe services.

### Overview of safety systems and processes

- We observed that the practice had resealed the impermeable flooring in its treatment rooms so that there was no longer a potential infection control risk.
- The practice policy in relation to management of the cold chain had been reviewed and updated and this was available to staff. The practice had one vaccine fridge which was checked daily by the reception staff. There was a secondary thermometer available. We reviewed the fridge temperature log book for the previous six months and noted that the temperatures were within range. We spoke with some of the reception staff responsible for the daily fridge temperature reading and they were aware of the process to take should the temperature range deviate outside the recommended +2 to 8°C. We found that all vaccines were in date. The practice had put a system in place to ensure that effective stock control was maintained which was managed by the practice nurse.
- The practice had reviewed its recruitment policy and implemented a recruitment check list to ensure all required documents and checks to be in place for newly recruited and existing personnel. We reviewed nine personnel files, of which five were administration staff and four were clinical staff and found that appropriate recruitment checks had been undertaken. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body, appropriate checks through the DBS and evidence of training which the practice had identified as mandatory training.

#### Monitoring risks to patients

• The practice had replaced the carpet in the waiting room and on the stairs. We observed that this was well fitted and no longer posed a trip hazard.

### Arrangements to deal with emergencies and major incidents

• The practice had raised the findings of the previous CQC inspection regarding expired medicines for the use in medical emergencies and implemented a system to check all medicines within the practice on a monthly



# Are services safe?

basis by the practice nurse. All the medicines we checked were in date and stored securely. We observed there was an oxygen warning signage on the door where oxygen was stored.