

Binfield Road 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



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 Binfield Road Surgery on 7 March 2017. The practice was rated good overall and requires improvement for providing services that were safe. The full comprehensive report from the March 2017 inspection can be found by selecting the 'all reports' link for Binfield Road Surgery Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 23 October 2017 to confirm that the practice had carried out their plan to meet the recommendations we made in our previous inspection on 7 March 2017. This report covers our findings in relation to those recommendations made at our last inspection.

At our previous inspection undertaken on 7 March 2017, we rated the practice as requires improvement for providing safe services as:

- Two members of staff were acting as chaperones without having had a DBS check undertaken prior to employment.

- The fire risk assessment did not provide a comprehensive assessment of fire risks in the practice.

In addition to the breaches of regulation we identified we also suggested areas where the provider should make improvements including:

- Take steps to make the practice complaints procedure easily accessible to patients and provide formal written response to written complaints.
- Review systems for the storage and monitoring of Patient Group Directions (PGD).
- Continue to work on embedding learning from significant events.
- Continue to work on improving patient satisfaction regarding waiting times.
- Consider recording multidisciplinary team and clinical meetings in a separate document in addition to within individual patient records.

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

Our key findings were as follows:

Summary of findings

- All staff had received a DBS check and a practice policy had been drafted which required all staff who undertook the chaperoning role to have a DBS check. In addition their recruitment policy had been updated to refer to the new DBS policy.
- The practice had updated their internal fire risk assessment using Health and Safety Executive guidelines.

In addition:

- The practice provided us with a complaint log of recent complaints although this did not indicate that formal written responses were sent to patients when they complained in writing. The practice provided a copy of the complaint poster used to advertise the complaints policy.
- The practice provided copy of their PGD policy which placed the responsibility for ensuring PGDs were valid on the individual practitioner with signed copies of these being kept by the practice.

- The practice provided an example of a recent significant event which demonstrated learning and action taken.
- The practice continued to minute multidisciplinary discussions in patient records and kept a log of the patients discussed in each meeting in an effort to reduce the administrative burden on clinical staff.

No further action had been taken to assess whether there had been any improve patient satisfaction with appointment waiting times. The period where data had been collected for the most recent national GP patient survey results pre dated the action the practice had taken to improve satisfaction with waiting times.

Areas where the practice should make improvement:

- Continue with action to assess the impact of this on patient satisfaction.
- Consider employing someone with suitable expertise in fire safety to undertake a fire risk assessment.

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 good for providing safe services as:

- We saw evidence of action and learning in respect of a recent significant event.
- The practice provided a policy regarding the management of patient group directions (PGDs).
- The practice had undertaken a further fire risk assessment using Health and Safety Executive guidelines.
- The practice had completed DBS checks for all employees and had updated their policy regarding the requirements for DBS checks for staff depending on their role.

Good



Binfield Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Background to Binfield Road Surgery

Binfield Road Surgery is part of Lambeth CCG and serves approximately 7200 patients. The practice is registered with CQC for the following regulated activities: treatment of disease, disorder or injury; surgical procedures; family planning; diagnostic and screening procedures and maternity and midwifery services.

The practice population has a significantly higher proportion of working age people and lower proportion of patients over 65 compared to the national average. The number of infants on the patient list is comparable to the national average. It is located within the third most deprived decile on the index of multiple deprivation. The practice informed us that 60% of patients do not speak English as a first language and that the turnover of patients is between 25 – 30% per year.

The practice is run by three partners and the practice also employs a salaried GP. Three of the GPs are male and one is female. There is one nurse practitioner and two practice nurses. The practice is a teaching practice but does not have any students at present. The GPs provide 4.25 whole time equivalent and nurse practitioner 0.75 whole time equivalent. There is 1.55 whole time equivalent provided by the practice nurses with booked and emergency appointments available Monday to Friday.

The practice is open between 8 am and 6.30 pm Monday to Friday with the exception of Tuesday and Thursday when the surgery is open until 7.15 pm. Appointments were available during these times.

Binfield Road Surgery operates from 1 Binfield Road, London, Lambeth SW4 6TB. The premises are owned by the partnership. The service is accessible to those who have mobility problems. Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) 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, Minor Surgery, Remote Care Monitoring, Rotavirus and Shingles Immunisation and unplanned admissions.

The practice is a member of a GP federation which is comprised of several practices who aim to work together to collectively provide services to patients in the locality.

Why we carried out this inspection

We undertook a comprehensive inspection of Binfield Road Surgery on 7 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement for providing services that were safe. The full comprehensive report following the inspection on 7 March 2017 can be found by selecting the 'all reports' link for Binfield Road Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a desk-based focused inspection of Binfield Road Surgery on 23 October 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 Binfield Road Surgery on 23 October 2017. This involved reviewing evidence including:

- A recent significant event.
- A fire risk assessment.
- DBS checks for staff who acted as chaperones and the practice policy which ensured that in the future checks would be completed prior to staff undertaking chaperoning duties.
- The practice policy in relation to Patient Group Directions.
- How multidisciplinary working was recorded.
- The practice's complaint log.

Are services safe?

Our findings

At our previous inspection on 7 March 2017, we rated the practice as requires improvement for providing safe services as the practice had not undertaken a comprehensive assessment of fire safety risks and some staff who acted as chaperones had not received a DBS check prior to undertaking this role. In addition to the specific breaches of regulation identified we recommend that the practice should improve systems to store and monitor PGDs and work on embedding learning from significant events.

These arrangements had been addressed when we undertook a desk based review on 23. October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice provided us with evidence of a recent significant event. This resulted in learning related to staff awareness of emergency procedures. The practice's induction pack was updated after the event to ensure that all new staff knew how to alert other members of the team to an emergency.

Overview of safety systems and process

We were shown evidence that all staff, including those who acted as chaperones, in the practice had a DBS check since

our last inspection. The practice provided an updated policy which included a risk assessment to determine whether or not non-clinical members of staff required a risk assessment depending on their role. The policy stated that all staff acting as chaperones would be required to have DBS check completed before undertaking chaperoning duties.

The practice provided a policy related to the management of Patient Group Directions (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients

who may not be individually identified before presentation for treatment. The policy stated that each clinician would be individually responsible for ensuring that they were operating using the most up to date PGDs and that these were signed by the clinical lead within the practice. Copies of the signed PGD sheet would be retained and stored centrally by the practice. The policy also states that it is recommended good practice all that PGDs are reviewed every two years.

Monitoring risks to patients

The practice had undertaken a further fire risk assessment since our last inspection. As at the last inspection this had been completed internally by the practice. The assessment gave consideration of specific risks including sources of ignition and staff training. There were no action points from the assessment for the practice to follow up.