

Lambeth Walk Group Practice

Quality Report

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Date of inspection visit: 6 June 2016
Date of publication: 21/09/2016

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

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 of Lambeth Walk Group Practice on 19 November 2014. 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 breaches of regulation 12(1)(2)(a) Cleanliness and infection control and regulation 21(a)(b) Requirements relating to workers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We undertook this desk-based focussed inspection on 6 June 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Lambeth Walk Group Practice on our website at www.cqc.org.uk.

Overall the practice is rated as Good. The practice was previously rated as outstanding for caring and responsive services, good for effective and well-led services and requires improvement for safe services. Specifically, following the focussed inspection we now found the practice to be good for providing safe services.

Following the comprehensive inspection, the practice was rated as outstanding for services provided to people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

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

- Risks to patients were assessed and well-managed, specifically those related to pre-employment checks, chaperoning and infection control.

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, specifically those related to pre-employment checks, chaperoning and infection control.

Good



Lambeth Walk Group Practice

Detailed findings

Why we carried out this inspection

We undertook a desk-based focussed inspection of Lambeth Walk Group Practice on 6 June 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. Prior to April 2015, the legal requirements the provider needed to meet were the Essential Standards of Quality and Safety. Specifically, a breaches of regulation 12(1)(2)(a) Cleanliness and infection control and regulation 21(a)(b) Requirements relating to workers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified.

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. This meant that the new legal requirements the provider needed to meet were in relation to a breach of regulation 12(2)(h) Safe care and treatment and regulation 19(1)(a)(b)(2)(a)(3)(a)(b) Fit and proper persons employed.

During the comprehensive inspection carried out on 19 November 2014 we found that administrative staff who

were acting as chaperones had not had Disclosure and Barring Service Checks (DBS) or been risk assessed for carrying out this role. We looked at six staff files and found the practice had not followed its own policy and had failed to carry out the necessary recruitment checks on all staff prior to their employment or carry out checks that were appropriate for their roles. Clinical members of staff were required to sign a declaration each year stating that there had been no change to their criminal record. Whilst these had been signed by staff, they were not fully completed and did not include the date of their original DBS check.

During the previous comprehensive inspection we found that systems and process to protect people from infection were not fully effective. Infection control audits were not in place in line with the practice's policy of six monthly checks and we also found several sterile single use items such as swabs and needles had passed their expiry dates by significant periods of time. This had not been picked up via the infection control audits that had been conducted.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 19 November 2014 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe.

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

During the comprehensive inspection carried out on 19 November 2014 we found that administrative staff who were acting as chaperones had not had Disclosure and Barring Service Checks (DBS) or been risk assessed for carrying out this role.

During this desk based focussed inspection, we found that the chaperone policy had been updated so that only clinical staff would act as chaperones, who had undergone checks through the Disclosure and Barring Service (DBS). We were shown evidence of three annual declarations from clinical staff including the DBS certificate number and date of the certificate, that their DBS certificates remained up to date.

Cleanliness and infection control

During the previous comprehensive inspection we found that systems and process to protect people from infection were not fully effective. Infection control audits were not in place in line with the practice's policy of six monthly checks and we also found several sterile single use items such as swabs and needles had passed their expiry dates by significant periods of time. This had not been picked up via the infection control audits that had been conducted.

The practice had made improvements to infection control systems. We found during the focussed inspection that the practice had conducted a number of infection control audits in line with their policy. Audits had been undertaken in March 2015, September 2015 and March 2016 and there was evidence that actions required from the audits had been completed. One action was to ensure staff received infection control training. We were shown staff meeting minutes from June 2015 and a presentation where a number of staff had received infection control training from the lead nurse. Infection control training was planned again for June 2016. We also saw that infection control was included in the induction checklist for new staff. A new nurse practitioner had commenced in the practice since the comprehensive inspection who was also the infection control lead and we were shown evidence they had received the appropriate link practitioner training to carry out this role.

The practice had also commenced a monthly check of each clinical room to ensure stocks of equipment were monitored and in date. The practice sent us evidence of these checks for the past nine months and we were shown staff meeting minutes where this new system was discussed with staff.

Staffing and Recruitment

During the comprehensive inspection we had looked at six staff files and found the practice had not followed its own policy and had failed to carry out the necessary recruitment checks on all staff prior to their employment or carry out checks that were appropriate for their roles. Clinical members of staff were required to sign a declaration each year stating that there had been no change to their criminal record. Whilst these had been signed by staff, they were not fully completed and did not include the date of their original DBS check.

There had been improvements to recruitment processes and pre-employment checks. The practice had updated their recruitment policy in February 2016 which included some of the pre-employment checks required and they also had a recruitment qualification check policy for clinical staff which contained comprehensive information about the checks for qualifications and professional registration for staff. The practice had implemented a recruitment checklist front sheet for personnel files so all the checks that had been undertaken were listed and we were shown examples of these. During this desk based focussed inspection the practice sent us evidence of the recruitment checks that had been completed for two new starters since the previous inspection; one clinical staff member and one non-clinical. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, employment history, qualifications, registration with the appropriate professional body, evidence of indemnity and the appropriate checks through the Disclosure and Barring Service (DBS) where required. A review of performance after three months was carried out for one of the new starters which included a peer review of performance from other team members.

The practice had implemented a criminal records checking policy for the practice which detailed the circumstances in which DBS checks would be required. It was practice policy that all clinical staff had DBS checks and they also completed an annual signed declaration that there had

Are services safe?

been no changes to criminal records status. We were shown evidence of three annual declarations from clinical staff including the DBS certificate number and date of the certificate, that their DBS certificates remained up to date.