

St Paul's Cottage 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 St Paul's Cottage Surgery on 19 October 2016. The overall rating for the practice was good; however the safe domain was rated as requires improvement as:

- Systems, processes and practices to keep patients safe were not always effective with regards to prescription security and checks for emergency equipment.

We also asked the practice 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.

The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for St Paul's Cottage Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 16 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 19 October 2016. This report covers our findings in relation to those requirements and also any additional improvements made since our last inspection.

Overall the practice maintains a rating of good, with the safe domain now also rated as good.

Our key findings were as follows:

- The practice had reviewed and updated their prescription security protocol to reflect improvements made.
- The practice had installed key code locks on all clinical room doors, ensuring security of blank prescriptions when rooms were not occupied.
- The practice maintained a record of prescription use through a log of serial numbers of prescriptions delivered to the practice and a record of when those prescriptions were issued and used.
- Emergency equipment was checked appropriately and regularly by and these checks were recorded and reviewed.

Summary of findings

The practice had also reviewed how patients with caring responsibilities were identified and recorded on the clinical system to ensure information, advice and support was made available to them. The practice strategy included new and existing patients:

- The practice ran a campaign to identify and offer information, advice and support to carers in the practice population. This campaign included posters in the waiting area and clinical areas, discussions with individual patients and including carer identification on the practice registration form for new patients. The campaign to date has identified 29 new carers.
- All carers are written to and offered advice and information as well as a structured health and social care review with a clinician. In 2016/17, 44% of carers took up the offer of an annual health and social care review.

- The campaign has also resulted in 32 patients who were previously identified as carers being voluntarily removed from the register as they no longer provide caring responsibilities. This meant the practice could target carer support and information directly to those who needed it.
- The practice currently has 61 carers on their register (0.8% of the practice population).

The areas where the provider should make improvement are:

- Continue to monitor and review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.

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?

At our previous inspection on 19 October 2016, we rated the practice as requires improvement for providing safe services as:

- Systems, processes and practices to keep patients safe were not always effective with regards to prescription security and checks for emergency equipment.

When we undertook a follow up inspection on 16 May 2017 we found these arrangements had improved. The practice is now rated as good for providing safe services.

Good



St Paul's Cottage Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector carried out this desk based review.

Background to St Paul's Cottage Surgery

Operated by Brocklebank Group Practice, St Paul's Cottage Surgery provides primary medical services in Wandsworth to approximately 7,780 patients and is one of 44 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

Wandsworth has more 20 to 40 year olds, but fewer older people than other south west London boroughs, reflected in the patient demographics for the practice with 6% of patients aged 65 or over, 76% of patients aged 18-65 years old and 18% aged 18 or younger. The practice population is in the fourth less deprived decile, with income deprivation affecting children and adults comparable to local and national averages.

The practice operates from converted residential premises adapted to allow disabled access to ground floor facilities where all patient consultations take place. The ground floor consists of reception area and waiting room, accessible facilities for patients with baby changing and breast feeding areas available, and five clinical rooms used for consultations and treatment. There are practice management facilities and staff facilities on the first floor.

The practice team at the surgery is made up of one part time lead GP who is a partner at Brocklebank Group Practice, and six part time salaried GPs. One of the GPs is male and six GPs are female. Together the GPs provide 29 clinical sessions per week. The practice has a vacancy for a full time practice nurse position, employing the services of a local nursing agency to provide full time equivalent nursing services. The practice employs one full time female health care assistant. The non-clinical team consists of one business manager, one practice manager and four administrative and clerical staff.

The practice opens between 8.30am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.30am and 6.30pm Monday to Friday. Appointments are available during two sessions daily. Extended hours are available on Monday, Tuesday and Thursday evenings from 6.30pm until 8.00pm. The practice also opens on Saturday mornings between 8.30am and 11.30pm for pre booked appointments.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.30am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of surgical procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and diagnostic and screening procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of St Paul's Cottage Surgery on 19 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our

Detailed findings

regulatory functions. The practice was rated as requires improvement in the safe domain. The full comprehensive report following the inspection on 19 October 2016 can be found by selecting the 'all reports' link for St Paul's Cottage Surgery on our website at www.cqc.org.uk.

We undertook a follow up inspection of St Paul's Cottage Surgery in the form of a desk based review on 16 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 St Paul's Cottage Surgery on 9 May 2017. This involved reviewing evidence that:

- The practice had reviewed and improved systems and processes for checking emergency equipment and maintaining prescription security, and;
- Reviewed how patients with caring responsibilities were identified and recorded on the clinical system to ensure information, advice and support was made available to them.

Are services safe?

Our findings

At our previous inspection on 19 October 2016, we rated the practice as requires improvement for providing safe services as:

- Systems, processes and practices to keep patients safe were not always effective with regards to prescription security and checks for emergency equipment.

These arrangements had improved when we undertook a follow up inspection on 16 May 2017. The practice is now rated as good for providing safe services.

Overview of safe systems and processes

- The practice had reviewed and updated their prescription security policy to reflect improvements made, including;
- The practice had installed key code locks on all clinical room doors, ensuring security of blank prescriptions

when rooms were not occupied. Access was controlled through having different codes to different doors and only those who needed access were aware of the codes. The practice changed the codes at least every six months to maintain security.

- Prescriptions delivered to the practice had their serial numbers recorded by a named person responsible for that role. This record was used to track prescriptions issued to clinicians, including individual blank prescription forms issued to GPs for home visits. The log was also used to monitor stock levels for ordering.
- Following our previous inspection, responsibility for emergency equipment checks was delegated to the practice manager until a full time nurse was employed. We saw evidence that emergency equipment, including expiry dates, was checked appropriately and regularly by the practice manager and subsequently the practice nurse, and that these checks were recorded and reviewed.