

Boleyn Road Practice

Quality Report

162 Boleyn Road
Forest Gate
London E7 9QJ
Tel: 020 8503 5656
Website:

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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 undertook an announced focussed inspection of Boleyn Road Practice on 17 October 2016. We found the practice to be good for providing safe services and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 15 September 2015. As a result of our findings during that visit, the practice was rated as good for being effective, caring, responsive and well-led, and requires improvement for being safe, which resulted in a rating of good overall. We found that the provider had breached two regulations of the Health and Social Care Act 2008: Regulation 13(2) Safeguarding service users from abuse and improper treatment and Regulation 12(2)(g) Safe care and treatment. You can read the report from our last comprehensive inspection at <http://www.cqc.org.uk/location/1-537763824>. The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements.

We undertook this focussed inspection on 17 October 2016 to check that the practice had followed their plan, and to confirm that they had met the legal requirements. While the inspection was planned to focus on those areas where requirements had not been met previously, the scope of the inspection was not limited to this.

Our key findings on 17 October 2016 were as follows:

- All staff who undertook chaperone duties had received a Disclosure and Barring Service (DBS) check.
- We reviewed a total of 101 prescriptions awaiting collection on the day of our inspection. Medication reviews were not overdue for any patient issued a repeat prescription.
- A gate had been installed at the top of the stairs leading down to the basement from the waiting area to keep children safe.

The areas where the provider should make improvement are:

- Continue to review and monitor systems that identify patients' medication reviews.
- Actions taken to deal with any prescription not collected after one month are recorded clearly.
- All prescriptions for repeat medications include a medication review date.

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.

Shortfalls identified at our last inspection had been remedied:

- All staff who undertook chaperone duties had received a Disclosure and Barring Service (DBS) check.
- Medication reviews were not overdue for any patient issued a repeat prescription whose records we reviewed as part of our inspection.
- A gate had been installed at the top of the stairs leading down to the basement from the waiting area to keep children safe.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Boleyn Road Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector and a GP Specialist Advisor.

Why we carried out this inspection

We carried out an announced, focused inspection of this service on 17 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This is because the service was not meeting some legal requirements during our previous visit on 15 September 2015.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our announced, focused inspection on 17 October 2016 we reviewed staff Disclosure and Barring Service (DBS) records, the 101 prescriptions awaiting collection and related patient records where necessary, reports generated by the provider from the practice's electronic patient record system, and the practice's Repeat Prescribing standard operating procedure (SOP). We spoke with two GPs, including the registered partnership member, and the Practice Manager who was also a registered partnership member. The provider sent us further reports it had generated from the practice's electronic patient record system on 18 October 2016.

Are services safe?

Our findings

Overview of safety systems and processes

At our last inspection on 15 September 2015 we found not all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check, and reviews of repeat prescriptions were overdue for two of the eight patients whose medical records we looked at.

At this inspection we found these shortfalls had been remedied:

- Six members of staff had been identified to undertake chaperone duties. Each of them had received a Disclosure and Barring Service (DBS) check.
- We reviewed the 101 prescriptions awaiting collection on the day of our inspection and related patient records where necessary. Medication reviews were not overdue for any patient issued a repeat prescription. The practice manager demonstrated they had generated reports from the practice's electronic patient record system to identify patients whose medication review was overdue and the practice had supported these to have a medication review.

In addition:

- We saw that two prescriptions had been awaiting collection for more than one month. It was not clear what action the provider had taken. The provider's Repeat Prescribing standard operating procedure (SOP) stated that these prescriptions should have been highlighted to the prescriber who would determine the next course of action or if the prescription should be destroyed.
- We saw one prescription where the patient was taking repeat medication and a medication review had been completed; however there was no review date recorded on the prescription.
- We saw one prescription that gave the instruction "As Directed" which did not specify how much of the medicine should be taken and how often. We raised this with the registered partners to take such action as necessary and proportionate to ensure the person the provider employed had the competence, skills and experience which are necessary for the work to be performed by them.

Lastly, the provider had also installed a gate at the top of the stairs leading down to the basement from the waiting area, to keep children safe.