

Dr Jayatilaka

Quality Report

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We have not revisited Dr Jayatilaka as part of this review because the practice was able to demonstrate with evidence they were meeting the standards without the need to visit.

Date of inspection visit: 27 July 2015

Date of publication: 17/09/2015

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 a desk based review of Dr Jayatilaka on 27 July 2015. Our key findings regarding the safety of the practice were as follows:

- There were suitable arrangements for infection prevention and control including a suitable policy and auditing.
- Cleaning schedules and suitable cleaning equipment at the practice met the requirements in their infection control policy.
- Increased clinical time had been allocated to review, maintain and improve chronic disease management.

- Clinicians at the practice had undertaken the first cycle of clinical audits.
- Fire safety procedures had been risk assessed and fire extinguishers had been purchased.
- On-line appointments and repeat prescriptions were promoted to raise patient awareness and give flexibility when accessing services at the practice.
- The practice had appointed a replacement for the retired practice manager.
- Staff members were appraised annually and supported with access to training.

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. At the last inspection on 25 November 2014 we had a number of concerns regarding patient safety.

We told the provider they must/should take action to improve a number of areas including infection control and cleaning arrangements, fire safety, and the promotion to patients of the practices' on-line services. We also asked the provider to take action in respect of clinical audits and some aspects of staffing.

We found during our review that the practice had addressed all of our concerns before we followed up the inspection.

Good



Summary of findings

Dr Jayatilaka

Detailed findings

Why we carried out this inspection

As a result of the findings during our last inspection on 25 November 2014 we had concerns regarding patient safety and made a compliance action. This was due to concerns we had regarding cleanliness and infection control. We also had concerns regarding chronic disease management, clinical audit and fire safety. We had further concerns about the lack of promotion of their on-line services, the absence of planning to replace the retiring practice manager, and the need to support staff with regular appraisals and training.

We have followed up our initial inspection to ensure the necessary changes had been made and found the practice has taken action to improve. This report should be read in conjunction with the full inspection report for 25 November 2014.

How we carried out this inspection

We reviewed and analysed evidence and information given to us by the practice. We have not revisited Dr Jayatilaka's practice as part of this review.

Are services safe?

Our findings

We found the infection control policy met the appropriate standards for primary care. The policy addressed the issues that are most likely to impact on health and communicable disease control in primary care.

Cleaning schedules showed the cleaning procedures undertaken by the cleaners were appropriate for the practice. The monitoring implemented to check the cleaning was also of a satisfactory standard. We were provided with evidence that suitable cleaning equipment had been purchased for example, a 'spillage kit' to clean up any spillage of bodily fluids; this met the practice infection control policy requirements. Staff had received training specific for their role and infection control audits had been undertaken to check and monitor infection control procedures. Increased clinical time was devoted to chronic disease management to ensure patients were followed up and reviewed to maintain and improve their health.

The first cycle of clinical audits had been completed and follow-up audits were being undertaken to ensure health improvements had been achieved.

The practice had risk assessed and purchased the necessary fire extinguishers to meet health and safety guidelines, and keep patients safe in the event of a fire at the practice. There were fire exit signs and notices put up on the walls to explain to those people visiting the practice where the exits and collection points were located outside the practice in the event of a fire. We saw the staff had been given training and fire drills were regularly practiced to ensure they were effective.

On-line appointments and repeat prescriptions were promoted within the practice and in the practice leaflet to raise awareness of their availability for patients. This gave improved access to patients and greater flexibility to access services at the practice. A new practice manager had been appointed to replace the previous retired manager, and staff were appraised annually to ensure they were supported with any training needs.