

# Primecare - Dr S & N Ratneswaren

## Inspection 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 location

Good 

Are services safe?

Good 

# Overall summary

We previously carried out an announced comprehensive inspection at Primecare - Dr S & N Ratneswaren on 14 August 2017. Overall the practice was rated as good.

The full comprehensive report on the 14 August 2017 inspection can be found by selecting the 'all reports' link for Primecare - Dr S & N Ratneswaren on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 25 July 2018 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 14 August 2017.

At our previous inspection on 14 August 2017, we rated the practice as requires improvement for providing safe services as care and treatment was not provided in a safe way to patients.

In addition, there were areas identified at the last inspection where the provider should have made improvements:

- Maintaining up to date and accurate records of staff training and appraisals.
- Reviewing how staff code immunisations in patient records so accurate data is maintained.
- Review the provision of appointments to determine if patient needs are being met.

- Take into consideration the outcomes of the national patient survey.
- Review how verbal complaints are recorded; and how easy the complaints procedure is to navigate for patients.

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found that services were provided to patients in a safe way. The practice is now rated as good for providing safe services.

Our key findings were as follows:

- The provider had addressed all the issues that led to the breaches of regulations at their last inspection.
- The practice maintained up to date and accurate records of staff training and appraisals.
- Staff appropriately coded immunisations in patient records to maintain accurate data.
- The practice conducted a patient survey to review the provision of the service provided.
- Improvements were made in response to the outcomes of the national patient survey.
- The practice reviewed how verbal complaints are recorded.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

## Our inspection team

The inspection was led by a CQC inspector.

## Background to Primecare - Dr S & N Ratneswaren

The practice operates from three sites in south east London; its main site in William Barefoot Drive and its branch sites in Chislehurst and, during term time, at the University of Greenwich, Avery Hill campus. It is one of 41 GP practices in the Greenwich Clinical Commissioning Group (CCG) area.

There are approximately 4978 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

These enhanced services include dementia, influenza and pneumococcal immunisations, minor surgery, rotavirus and shingles immunisation, and unplanned admissions. The practice population of male and female patients is below the national average for all age groups. Life expectancy for both males (79 years) and females (84 years) are the same as the England averages. The practice

has a population deprivation score of five in England (one being the most deprived and 10 being the least). The clinical team includes two partners (male and female) and one male salaried GP.

The female GP works one day per week. They also use several long term locums. The GPs provide a combined total of 12 fixed sessions per week. There are two female practice nurses and one female health care assistant. One of the administrators is also a phlebotomist and carries out one clinic each week. The clinical team is supported by a practice manager, a practice secretary and administrative staff. The practice is open from 8am to 6.30pm on Monday and Tuesday; from 8am to 7.30pm on Wednesday and from 8am to 7pm on Thursday and Friday. Appointments with GPs and nurses are available between these hours. The practice has opted out of providing out-of-hours (OOH) services. Patients needing urgent care out of normal hours are advised to contact the OOH number 111. The practice has two consulting rooms, one office and shared patient toilet, reception and waiting area. A ramp is provided to enable wheelchair access. The practice is currently operating from their branch site in Chislehurst due to refurbishment being carried out at their location in William Barefoot Drive. The practice is due to return to 81 William Barefoot Drive in September 2018.

## Are services safe?

At our previous inspection on 14 August 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect providing safe services for patients were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 25 July 2018. The practice is now rated as good for providing safe services.

### Safety systems and processes

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. At the inspection on 14 August 2017 the training record provided by the practice did not state the dates safeguarding training had been carried out for three staff. In addition, it did not give the level of safeguarding children training undertaken by the health care assistant. At this inspection, the training record was updated to show that all staff had undertaken the appropriate safeguarding training relevant to their role and the date the training had been undertaken.
- Policies were in place covering safeguarding adults and children. They were reviewed annually and accessible to all staff. One of the GPs was the safeguarding lead within the practice.
- Cleaning schedules and monitoring systems were maintained. At the previous inspection we saw that some of the practice's cleaning products were stored in unlocked cupboards. At this inspection we were told that cleaning was carried out by external contractors who removed all cleaning products from the premises at the end of each shift.
- During the last inspection blank prescription forms and pads were not securely stored. At this inspection we saw that the blank prescription forms and pads were stored in a locked cupboard in the reception area. Additionally, we saw evidence that that there was a system in place to monitor the use of prescriptions, and that records of serial numbers were maintained.
- Vaccines were stored appropriately; the cold chain was being maintained and the temperature of the refrigerator checked and recorded daily.
- At the last inspection six personnel files were reviewed, not all of the appropriate recruitment checks had been undertaken prior to employment. At this inspection, all personnel files contained, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS

checks (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- At the last inspection we found that patient information leaflets placed on windowsills were very dusty; and a number of seats on the chairs in the waiting room were torn. At this inspection, the practice demonstrated an appropriate standard of cleanliness. The chairs in the practice we plastic and in good condition.

### Risks to patients

- At this inspection we found that staff were following the fire safety policy and procedure by keeping accurate records. The practice had created a spreadsheet to include the start and end time of fire drill, result and assessment and the names of staff that were present. There was a designated fire marshal within the practice.
- At the last inspection, we found that not all staff were aware of the need for smart card security, and did not know they should remove their card if they left their computer unattended. During this inspection, we spoke to two staff members, both demonstrated a thorough understanding of how to maintain data security for patients, including the removal of smartcards when leaving their computers.
- The last inspection revealed that boxes of needles and syringes were being stored in unlocked cupboards in the waiting area of the practice. At this inspection, we saw that the cupboards had been fitted with locks to keep the content secure.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

### Track record on safety

- At the inspection carried out on 14 August 2017 we were informed that the oxygen cylinder within the practice was checked daily to ensure that it contained the appropriate amount of oxygen. However, the checks were not being recorded. At this inspection, we reviewed the practice's oxygen log book and saw evidence that daily checks had been carried out.
- The staff we spoke to were aware of the location of the first aid kit and accident book.

### Lessons learned and improvements made

## Are services safe?

- A small number of CQC comment cards reviewed at the last inspection commented on the difficulty patients experienced in obtaining an appointment. At this inspection, we were informed that 50% of appointments were bookable on the day, routine appointments could be booked four weeks ahead. Patients could also be booked into one of the local hub practices.
- During December 2017, two meetings were held at the practice to review the results of the GP patient survey with staff and members of the patient participation group. We reviewed the minutes of both meetings and saw evidence that the discussions shaped the content of the practice's patient survey carried out on 21 February 2018.
- At the last inspection we did not see that verbal complaints had been recorded. At this inspection, we

saw that the practice had implemented a system for managing verbal complaints. They were recorded in a complaints log book which outlined the time and date the complaint was made and how the complaint was managed. We saw evidence that complaints and significant events were discussed during team meetings.

At the last inspection the practice informed us that they were unable to appropriately code immunisation patients due to the closure of a local practice causing the influx of new patients whose records were unobtainable from the practice that had closed. The records were eventually obtained from the NHS's document and information sharing service. At this inspection we saw that staff appropriately coded immunisations in patient records.