

South Lewisham Group Practice

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 of the practice on 5 June 2015. 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 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focussed inspection on 9 March 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This inspection did not include a visit to the practice. 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 South Lewisham Group Practice on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe services.

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

- Systems and processes were in place to keep people safe. The practice had taken steps to ensure risks to patients were assessed and well managed, specifically in relation to staff recruitment.

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.

Improvements had been made in the way the practice ensured risks to patients were assessed and well managed, specifically in relation to staff recruitment.

Good



South Lewisham Group Practice

Detailed findings

Why we carried out this inspection

We undertook a focussed desk-based inspection of South Lewisham Group Practice on 9 March 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. Specifically, breaches of regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

At the June 2015 inspection we had found that patients were at risk of harm because there were gaps in recruitment checks undertaken prior to employing staff.

Records we looked at identified some of the required checks had not been routinely completed before new staff were employed. We looked at three staff files. Two files did not contain a photograph of the individual, in two clinical staff files the professional registration had not been checked, this was done during the inspection, in one staff file one reference was dated after the member of staff started work at the practice and in one staff file there was no evidence to show gaps in employment had been checked.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 5 June 2015 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

Overview of safety systems and processes

The practice had taken steps to mitigate the risks to patients in relation to recruitment.

The practice's recruitment policy and procedure had been reviewed and updated to include a pre-employment checklist. This stated that before a newly employed staff member started work all appropriate sections had to be completed and seen/signed off by the practice manager and the partner responsible for staffing.

The practice told us they had shared the revised policy and procedure with the practice management and partners responsible for staff. The revised documents had also been added to the shared files so all staff could see them. We saw minutes of meetings where this had been discussed.

One new member of staff had been employed since our June inspection. We reviewed the checklist for this and saw all necessary checks had been recorded as having been undertaken prior to employment.