

Earlsfield Practice

Quality Report

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4HH

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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 Earlsfield Practice on 4 July 2016. The overall rating for the practice was good, with the rating for providing safe services requires improvement. The full comprehensive report on the 4 July 2016 inspection can be found by selecting the 'all reports' link for Earlsfield Practice on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 27 March 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 4 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for providing safe services. The overall rating remains unchanged from our previous inspection.

Our key findings were as follows:

- The practice had reviewed and improved the arrangements for assessing the risk of, and preventing detecting and controlling the spread of infections, including those that are healthcare associated.
- The practice had conducted infection prevention and control training sessions for clinical and non-clinical staff, conducted and carried out actions identified through infection prevention and control audits and stopped providing services from their branch surgery.

We also reviewed the areas we identified where the provider should make improvement:

- The practice had reviewed and updated their induction programme to include training for temporary staff which included practice introduction, mandatory training such as infection prevention and control and role specific training and induction requirements.

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 4 July 2016, we rated the practice as requires improvement for providing safe services as most risks to patients were assessed and well managed with the exception of those related to infection prevention and control. Not all staff had received up to date infection prevention and control training and the condition of the branch practice did not meet infection prevention and control guidelines.

When we undertook a follow up inspection on 27 March 2017 we found these arrangements had improved. The practice is now rated as good for providing safe services.

Good



Earlsfield Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead inspector carried out this desk based review.

Background to Earlsfield Practice

Earlsfield Practice provides primary medical services in Wandsworth to approximately 11,000 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).

The practice population is in the third less deprived decile with income deprivation affecting children and adults lower than national averages.

The practice operates from Earlsfield Surgery located at 2-4 Steerforth Street which is a purpose built property over two floors. There is step free access to the ground floor which has two treatment rooms and seven consulting rooms, disabled access facilities, reception and the patient waiting area. The first floor comprises a counsellor's room and administrative offices, a meeting room and staff facilities.

The practice operated a branch surgery at 280 Trinity Road which formally closed on 1 April 2017.

The practice clinical team is made up of three full time GP partners, four salaried GPs, one part time and one full time practice nurse and one part time and one full time healthcare assistant. The GPs together provide 48 clinical

sessions per week. Three of the GPs are male and all other clinical staff are female. The non-clinical team consists of one practice manager and eight administrative and reception staff.

The practice opens between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.00am and 6.30pm Monday to Friday. Appointments are available between 8.00am and 6.30pm. Extended hours are available Monday to Thursday mornings from 7.30am, Wednesday evenings until 7.30pm, and Saturday mornings between 8.30am and 11.30am. All extended hours appointments are pre booked.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.00am 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 to provide the regulated activities of surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury, diagnostic and screening procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of Earlsfield Practice on 4 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement for providing safe services. The full comprehensive report following the inspection on 4 July 2016 can be found by selecting the 'all reports' link for Earlsfield Practice on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up desk-based focused inspection of Earlsfield Practice on 27 March 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 Earlsfield Practice on 27 March 2017. This involved reviewing evidence that:

- The practice had improved arrangements for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
- The practice had reviewed their induction policy to include temporary staff training.

Are services safe?

Our findings

At our previous inspection on 4 July 2016, we rated the practice as requires improvement for providing safe services. Most risks to patients were assessed and well managed with the exception of those related to infection prevention and control. Not all staff had received up to date infection prevention and control training and the condition of the branch practice did not meet infection prevention and control guidelines.

These arrangements had significantly improved when we undertook a follow up inspection on 27 March 2017. The practice is now rated as good for providing safe services.

Overview of safe systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe including:

- The practice had reviewed their infection control training for staff and had provided training sessions for clinical staff and separately for non-clinical staff. Learning objectives were set against current infection prevention and control guidance and staff were

encouraged to identify improvements to be made in practice infection control policy and procedures. Improvements were collated at a further training consolidation session and included staff actions when presented with a patient with an infectious disease, such as alerting relevant staff and isolating the patient.

- Infection control audits had been undertaken both internally by the practice and externally through NHS England and the local Clinical Commissioning Group. The practice had carried out the actions required to effectively manage or mitigate identified risks. For example, the practice had identified handwashing areas that required infection and control posters and had identified fabric chairs and replaced them with chairs covered in material that was impermeable and easily wipeable.
- Following our July 2016 inspection report, the practice temporarily closed their branch surgery where we found infection control issues including bare wooden flooring. Patients were consulted about the renovation or closure of the branch practice and the decision was made with patients and the local CCG to close the branch surgery as of 1 April 2017.