

Rahman Practice

Quality Report

Canvey Village Surgery
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Date of inspection visit: 24 February 2016

Date of publication: 21/03/2016

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



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Rahman Practice on 15 September 2015. At this inspection the practice was rated as good overall and in particular rated as good for providing effective, caring, responsive and well-led services and requires improvement for providing safe services.

During the inspection on 15 September 2015 we found that;

- Recruitment checks prior to staff members starting their employment had not been obtained consistently. For example; proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the 'Disclosure and Barring Service' (DBS) when needed.
- The practice did not have access to emergency oxygen for patients.
- The practice had not reviewed and brought up to date the practice policies and procedures for example; safeguarding and infection control to ensure they were aligned with current best practice guidelines and legislation.
- The practice had not undertaken an infection control audit nor provided relevant training for their staff.

The practice was issued with a requirement notice for improvement.

Following this inspection the practice sent us information that outlined the actions they intended to take to improve, and the date they would be implemented. We were then provided with evidence that the practice had implemented the required improvements.

To follow-up on our previous inspection and ensure the practice had made the required improvements, we carried out a desk-based inspection of the Rahman Practice on 24 February 2016, based on the information they sent us after the inspection.

Our key findings during this desk-based follow-up inspection were as follows:

- The practice provided evidence of their recruitment checks, their revised recruitment policy and induction procedure.
- Evidence that patients had access to emergency oxygen and a newly purchased defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm).

Summary of findings

- Reviewed and updated practice policies were sent to us showing they now met current best practice guidance and legislation. They also identified the practice lead for example; the infection control lead and the safeguarding lead.
- The practice provided evidence of regular infection control risk assessment audits and that relevant staff had received training in infection control procedures.

- Chaperones had received training and DBS checks.

We were therefore satisfied the provider had made all of the improvements identified as a result of the inspection on 15 September 2015.

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.

- The practice had provided evidence of recruitment checks, their recruitment policy, and induction procedure had been revised and met current guidance. For example DBS checks for chaperones.
- Patients had been provided access to emergency oxygen and a newly purchased defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm).
- Practice policies had been reviewed and updated to show they met current best practice guidance and legislation.
- The practice had undertaken regular infection control risk assessment audits and relevant staff had been trained in infection control procedures.

Good



Are services effective?

As the practice was rated as good for providing effective services during the inspection on 15 September 2015, we did not need to inspect this domain during the focused inspection on 24 February 2016.

Good



Are services caring?

As the practice was rated as good for providing caring services during the inspection on 15 September 2015, we did not need to inspect this domain during the focused inspection on 24 February 2016.

Good



Are services responsive to people's needs?

As the practice was rated as good for providing responsive services during the inspection on 15 September 2015, we did not need to inspect this domain during the focused inspection on 24 February 2016.

Good



Are services well-led?

As the practice was rated as good for providing well-led services during the inspection on 15 September 2015, we did not need to inspect this domain during the focused inspection on 24 February 2016.

Good



Rahman Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desk-based inspection was carried out by a CQC Lead Inspector.

Background to Rahman Practice

The Rahman Practice provides GP services to approximately 4150 patients living on Canvey Island, Essex. The practice holds a general medical services contract (GMS) with the addition of enhanced services for example; extended hours, learning disabilities and minor surgery.

Treatment and consultation rooms are accessible to all. The practice has two GP partners, who are both male and practice nurse who is female. There is a team of seven non-clinical, administrative, secretarial, reception staff and a practice manager who share a range of roles. Patients have access to midwives, health visitors and district nurses services to support the delivery of care.

The practice is open between 8.30am to 6.30pm Monday to Friday; surgery times are between 9am to 12noon and 3.30pm to 5.30pm Monday to Friday. Outside of these hours, GP services may be accessed by phoning the NHS 111 service. The 'Out of Hour's' (OOH) service delivery for this practice population is a GP led OOH service provided by the GP member practices in Castle Point and Rochford when the practice is closed. For the patients who work, the

Clinical Commissioning Group has provided two centres, one in Benfleet and one in Rochford where patients can make an appointment and see a doctor on Saturday and Sunday from 8am to 8pm.

Why we carried out this inspection

We carried out a desk-based inspection of this service to follow-up on a previous inspection undertaken in September 2015 where we identified that some improvements were required at the practice.

We carried out a desk-based inspection of Rahman Practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had made the necessary improvements identified in the inspection on September 2015.

How we carried out this inspection

Before carrying out this desk-based inspection, we reviewed a range of information the practice had sent to us and spoke with the Dr Rahman and the practice manager.

During the inspection we:

- Reviewed policies, procedures, processes, and staff responsibilities.

Evidence we had been sent was checked to ensure the practice now met the required improvements that had been outlined in their action plan.

Are services safe?

Our findings

Overview of safety systems and processes

The practice demonstrated they had, processes and policies in place to keep people safe which had been reviewed and updated:

- Recruitment checks, the recruitment policy, and recording process met current guidance.
- Staff who acted as chaperones had been trained for the role and received a disclosure and barring check (DBS). 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.

- Practice policies showed they met current best practice guidance and legislation, key responsibilities and nominated leads had been identified within the practice

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. This was verified by:

- The practice infection control lead had carried out regular risk assessment audits, and staff members were trained in infection control at the practice.

Arrangements to deal with emergencies and major incidents

Since the date of the inspection in September 2015 the practice now had oxygen in place for use in the event of a medical emergency.

Are services effective?

(for example, treatment is effective)

Our findings

As the practice was rated as good for providing effective services during the inspection on 15 September 2015 we did not need to inspect this domain during the focused Inspection on 24 February 2016.

Are services caring?

Our findings

As the practice was rated as good for providing responsive services during the inspection on 15 September 2015 we did not need to inspect this domain during the focused inspection on 24 February 2016.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

As the practice was rated as good for providing responsive services during the inspection on September 2015 we did not need to inspect this domain during the focused inspection on 24 February 2016.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

As the practice was rated as good for providing well-led services during the inspection on 15 September 2015 we did not need to inspect this domain during the focused inspection on 24 February 2016.