Chalfont Road Surgery

Quality Report

2 Chalfont Road
London
N9 9LW
Tel: 0208 807 4505
Website: www.chalfontroadsurgery.co.uk

Date of inspection visit: 6 October 2016
Date of publication: 04/11/2016

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 well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at Chalfont Road Surgery on 6 October 2016. We found the practice to be good for providing safe and well led services and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 14 January 2016. As a result of our findings during the visit, the practice was rated as good for being effective, caring and responsive and requires improvement for being safe and well led, which resulted in a rating of requires improvement overall. We found that the provider had breached two regulations of the Health and Social Care Act 2008; Regulation 12(1)(2)(a)(b)(c)(g)(h) safe care and treatment and Regulation 17 (1)(2) (a) (b) good governance.

The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements. We undertook this focussed inspection to check that the practice had followed their plan, and to confirm that they had met the legal requirements.

This report only covers our findings in relation to those areas where requirements had not been met. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Chalfont Road Surgery on our website at http://www.cqc.org.uk/location/1-2208206845

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

- Significant events reporting was now sufficiently thorough, such that when something went wrong, there was an appropriate, thorough review or investigation that involved all relevant staff and which maintained or improved patient safety.
- A medical equipment cleaning schedule had been introduced for equipment such as nebuliser and ear irrigator machines.
- Records showed that clinical and non clinical staff had received basic life support training within the last 12 months.
- Staff had received annual appraisals.
- There was a system in place to regularly check the practice's emergency oxygen.
- Appropriate arrangements were now in place to monitor the cleaning undertaken by the provider's external cleaning contractor.

Summary of findings

- Staff had undertaken mandatory training such as infection prevention and control training.
- Appropriate arrangements for performance management were in place and enabled the practice to manage current and future performance.

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?

Good

The practice is rated as good for providing safe services.

- A medical equipment cleaning protocol and schedule had been introduced for equipment such as the practice's nebuliser and ear irrigator machines.
- Records showed that clinical and non clinical staff had received basic life support training within the last 12 months.
- Staff had received annual appraisals.
- There was a system in place to regularly check the practice's emergency oxygen.
- Appropriate arrangements were now in place to monitor the cleaning undertaken by the provider's external cleaning contractor.
- Staff had undertaken mandatory training such as infection prevention and control training.
- Significant events reporting was now sufficiently thorough, such that when something went wrong, there was an appropriate, thorough review or investigation that involved all relevant staff and which maintained or improved patient safety.

Are services well-led?

Good

The practice is rated as good for providing well led services.

Appropriate arrangements for performance management were in place and enabled the practice to manage current and future performance.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people
The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

People with long term conditions
The practice is rated as good for the care of people with long term conditions. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

Families, children and young people
The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

Working age people (including those recently retired and students)
The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

People whose circumstances may make them vulnerable
The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

People experiencing poor mental health (including people with dementia)
The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

Chalfont Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Why we carried out this inspection

We carried out an announced focussed inspection of this service on 6 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was because the service was not meeting some legal requirements during our previous visit on 14 January 2016.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our announced, focused inspection on 6 October 2016, we reviewed a range of information provided by the practice and spoke with the practice manager, a receptionist, medical directors and the practice's lead GP.

Good

Are services safe?

Our findings

Safe track record and learning

When we inspected in January 2016, we looked at the practice's significant events recording systems and noted that when things went wrong, reviews and investigations were not sufficiently thorough.

We asked the provider to take action and at this inspection we noted that staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; and were supported when they did so. Monitoring and reviewing activity enabled staff to understand risks and gives a clear, accurate and current picture of safety.

One significant event had been logged since our January 2016 inspection concerning patient correspondence which had been sent to an unmonitored email address. Records showed that the practice had undertaken a thorough investigation which had involved all clinical and non clinical staff and entailed contacting the affected patients. We also saw evidence of steps taken to maintain patient safety such as the practice advising health care providers not to use the email address but also continuing to monitor it for incoming correspondence.

Overview of safety systems and processes

When we inspected in January 2016, the practice had commissioned an external cleaning contractor but we could not be assured that regular monitoring was taking place. We also noted that ? cleaning schedules were not in place for the practice's nebuliser and ear irrigation equipment. The Infection control lead (and other staff) had not received infection prevention and control training.

At this inspection, we noted that medical equipment cleaning schedule had been introduced and a protocol was displayed in consultation rooms. This included making clinicians responsible for wiping down contact points of in-room equipment (such as blood pressure monitors and stethoscopes) with alcohol wipes after each use.

We also noted that appropriate arrangements were now in place to monitor the cleaning undertaken by the provider's external cleaning contractor and that all staff had undertaken infection prevention and control training. We observed the premises to be clean and tidy.

Arrangements to deal with emergencies and major incidents

At our January 2016 inspection, we noted that the practice did not have a system in place for regular checks of its emergency oxygen cylinder. We also noted that some staff had not undertaken basic life support training within the last 12 months.

At this inspection, we saw that the practice had introduced daily checks of its oxygen and that all staff had received basic life support training within the last 12 months. We noted that emergency equipment checks were a standing agenda at weekly team meetings.

Are services well-led?

Good

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

Our findings

Governance arrangements

When we inspected in January 2016, we noted that governance arrangements did not always support the delivery of high-quality person-centred care in that there were no systems in place for the results of clinical audits to be shared with clinical staff or to regularly review the practice's QOF performance. Systems for sharing learning from significant events were not sufficiently thorough.

At this inspection, records showed that the practice had introduced minuted, six weekly practice meetings (including both clinical and administrative staff) which included discussion of significant events and lessons learned. Records also showed that clinicians attended weekly clinical meetings at the provider's other location where cases could be discussed amongst a wider clinical team. We also noted that Chalfont Road Surgery clinical staff held weekly management meetings which included the provider's Medical Director for both sites and which reviewed significant events, QOF performance and other governance matters as necessary.