

Downland Surgery

Quality Report

59 Tollers Lane
Coulsdon
Croydon CR5 1BF
Tel: 01737 556880
Website: <http://downlandsurgery.co.uk>

Date of inspection visit: 10 July 2017
Date of publication: 08/08/2017

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

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Downland Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Downland Surgery on 15 November 2016. The practice was rated overall as good and requires improvement in safe. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Downland Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 10 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation 12 (1) and (2) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 that we identified in our previous inspection on 15 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had been taken over by a new provider since the last inspection and they were in the process of changing their registration with the CQC.
- Risks to patients were assessed and well managed.
- The practice updated its recruitment and selection policy to ensure references are obtained before recruiting new members of staff.
- The practice introduced a confidentiality and security policy to ensure confidentiality agreements are in place for all members of staff.
- The practice had made improvements to the patient toilet to make it accessible for disabled patients.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure that a comprehensive legionella risk assessment is undertaken and that recommendations following the risk assessment are actioned.

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 as improvements had been made.

- Risks to patients were assessed and well managed.
- The practice updated its recruitment and selection policy to ensure references are obtained before recruiting new members of staff.
- The practice introduced a confidentiality and security policy to ensure confidentiality agreements are in place for all members of staff.

Good



Downland Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a lead Care Quality Commission inspector.

Background to Downland Surgery

Downland Surgery provides primary medical services in Coulsdon to approximately 1700 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the third least deprived decile in England.

The practice had been taken over by a new provider since the last inspection and they were in the process of changing their registration with the CQC.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children is lower than the CCG and in line with the national average and the practice population of working age people is lower than the CCG and national averages; the practice population of older people is higher than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded 34% are British or Mixed British, 4% are Other White and 3% are African.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to two doctors' consultation rooms and one nurse consultation room on the ground floor.

The clinical team at the surgery is made up of two part-time male GPs who are partners; one part-time female GP (currently on 12 months sabbatical), one female salaried GP and one part-time female practice nurse. The non-clinical practice team consists of a practice manager and three administrative and reception staff members. The practice provides a total of nine GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 9:30am to 11:30am every day and from 4:30pm to 6:30pm on a Monday and from 4:00pm to 6:30pm on Tuesdays and Thursdays and from 3:00pm to 5:00pm on Friday. Booked appointments are not available on Wednesday afternoons but a GP is available for emergencies. Extended hours surgeries are offered on Tuesdays and Thursdays from 6:30pm to 7:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Croydon CCG.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Downland Surgery on 15 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated overall as good and requires improvement in safe. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Downland Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk based inspection of Downland Surgery on 10 July 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 inspection of Downland Surgery on 10 July 2017.

During the inspection we reviewed the evidence sent by the provider on the following:

- Records related to purchase of defibrillator and medical oxygen.
- Staff training records to ascertain if staff had completed child protection training relevant to their role.
- Fire risk assessment and actions undertaken following the risk assessment.
- Clinical equipment calibration checks.
- Records related to accessibility improvements made to the patient toilet.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 15 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in place to deal with a range of medical emergencies as they did not have a defibrillator or medical oxygen available on the premises to respond to medical emergencies. One clinical staff had not undertaken child protection training relevant to their role. The practice had not undertaken comprehensive fire and legionella risk assessments and written references were not obtained for one member of clinical staff before they were employed. The practice had no confidentiality agreements for three members of staff and their clinical equipment calibration checks were overdue.

These arrangements had significantly improved when we undertook a follow up inspection on 10 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

All staff had undertaken child protection training relevant to their role.

The practice had not recruited any new staff since the last inspection. The practice updated its recruitment and

selection policy to include references being obtained before recruiting new members of staff. They also introduced a reference request form since the last inspection.

The practice introduced a confidentiality and security policy to ensure confidentiality agreements were in place for all members of staff.

Monitoring risks to patients

The practice had an up to date fire risk assessment and carried out regular fire drills.

The practice had completed the clinical equipment calibration checks in December 2016 and sent us evidence to support this.

The practice had not undertaken a detailed Legionella risk assessment since the last inspection. However the practice had recently sent water sample for analysis and the results indicated that there was no Legionella bacteria in the sample analysed.

Arrangements to deal with emergencies and major incidents

The practice had a defibrillator available on the premises and oxygen with adult and children's masks.