

Downham Family Medical 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 undertook an announced focused inspection of Downham Family Medical Practice on 16 September 2016. We found the practice to be good for providing safe care, and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of Downham Family Medical Practice on 1 March 2016. As a result of our findings during that visit, the practice was rated as good for being effective, caring, responsive and well-led, and requires improvement for being safe. We found that the provider had breached Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safe care and treatment.

The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements. We undertook this focused 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 Downham Family Medical Practice on our website at <http://www.cqc.org.uk/provider/1-199742664>.

Our key findings across all the areas we inspected were that the practice had met the legal requirements by having:

- Purchased and installed oxygen to ensure that they were suitably equipped to manage medical emergencies. In addition the practice had added oxygen to the emergency medicines audit log to monitor the oxygen, created an oxygen management protocol, and staff had received training to ensure that they were familiar with the correct and safe use of the oxygen.

The practice had made additional improvements as follows:

- They had improved their processes to ensure that significant events were recorded appropriately and that learning from these events was thorough.
- GPs had received training to keep them updated on their responsibilities in relation to the Mental Capacity Act.
- The practice had conducted audits of waiting times for two GPs. The audits identified reasons for any late running of appointments, wherever this had occurred, and they created an action plan to make appropriate improvements. They planned further audits of the waiting times of all GPs, to be completed by the end of December 2016.

Summary of findings

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.

- There was an effective system in place for reporting, recording, discussing and sharing learning from significant events.
- The practice had oxygen available on the premises to ensure that they were well equipped to deal with medical emergencies.

Good



Downham Family Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission lead inspector.

Background to Downham Family Medical Practice

Downham Family Medical Practice operates from one site in Lewisham. It is one of 41 GP practices in the Lewisham Clinical Commissioning Group (CCG) area. There are approximately 6,800 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, patient participation, risk profiling, rotavirus and shingles immunisation and unplanned admissions.

The practice has a higher than average population of female patients aged from birth to 49 years, and male

patients aged from birth to 19 years and from 30 to 34 years. Deprivation affecting children and adults is above the national average amongst patients registered at the practice.

The clinical team includes two male GP partners, two female salaried GPs and a male salaried GP. The GPs work a total of 31 sessions per week. There is a salaried practice nurse, a locum nurse (who is a specialist in Diabetes and chronic obstructive pulmonary disease), and a health care assistant. The clinical team is supported by a practice manager, and six reception/administrative staff.

The practice is currently open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours from 6.30pm to 8.00pm on Thursdays. Appointments are available from 9.00am to 12.00pm and from 3.00pm to 5.00pm on Mondays, Tuesdays and Thursdays and from 9.00am to 1.00pm and from 4.00pm to 6.30pm on Wednesdays and Fridays. There are two treatment rooms and six consulting rooms on the ground floor.

There is wheelchair access and baby changing facilities. There is car parking available outside the premises, including disabled parking.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing care outside of normal hours to a contracted out-of-hours service.

Why we carried out this inspection

We carried out an announced, focused inspection of this service on 16 September 2016 under Section 60 of the

Detailed findings

Health and Social Care Act 2008 as part of our regulatory functions. This is because the service was not meeting some legal requirements during our previous comprehensive inspection on 1 March 2016.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made. We inspected against the practice being safe.

How we carried out this inspection

During an announced, focused inspection on 16 September 2016, we reviewed a range of information provided by the practice and spoke with the practice manager.

Are services safe?

Our findings

Safe track records and learning

During our previous inspection on 1 March 2016, we found that although there was a system in place to report and record significant events, learning points and action plans from these events were not always thorough enough and significant events had not always been recorded appropriately.

During this inspection on 16 September 2016, we found that the practice had significantly improved their process for recording significant events. They sent us evidence of their revised significant event form that they had tested on a significant event involving communication errors. We found that the event had been recorded with clear and thorough documentation of what had occurred, which staff members were involved, preventable factors, actions to be taken including a review date, and learning points.

Arrangements to deal with emergencies and major incidents

During our previous inspection on 1 March 2016, we found that the practice was not suitably equipped to manage medical emergencies because they did not have oxygen, and they had not formally assessed the risks in relation to this.

During this inspection on 16 September 2016, we found that the practice had purchased and installed oxygen. They added the oxygen to the emergency medicines audit log to ensure that there was a system in place to regularly monitor its condition, and they created an oxygen management protocol for staff to refer to. In addition, staff received training to ensure that they were familiar with the correct and safe use of the oxygen.