

South Norwood Hill Medical Centre

Quality Report

103 South Norwood Hill
London
SE25 6BY

Tel: 020 8771 0742

Website: www.southnorwoodhillgp.org.uk

Date of inspection visit: 14 September 2017

Date of publication: 06/11/2017

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

Inadequate



Are services safe?

Not sufficient evidence to rate



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to South Norwood Hill Medical Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7
Action we have told the provider to take	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Norwood Hill Medical Centre on 5 May 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months.

We carried out an announced comprehensive inspection on 1 February 2017. Although there had been some improvement, this was insufficient and the provider remained rated inadequate and was subject to a second period of special measures, to enable them to make the required improvements.

The report of all the previous inspections can be found by selecting the 'all reports' link for South Norwood Hill Medical Centre on our website at www.cqc.org.uk.

This inspection was an unannounced focused inspection carried out on 14 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations related to safety in particular infection control related to

minor surgical procedures that we identified in our previous inspections. This report covers our findings in relation to those requirements and also some additional improvements made since our last inspection.

This was a focused inspection to check on the safety of the practice. As the provider is in special measures this inspection does not alter the provider's rating, which will be assessed at the next comprehensive inspection.

Our key findings were as follows:

- There was a lack of effective oversight of infection and prevention control as a whole, both in policy and in practice.
- The practice systems were not always effective at identifying issues that required action before they were identified by other organisations. Once identified, the practice reacted, but not always sufficiently to completely address the issue.
- Infection prevention and control systems had improved, with improved cleanliness and systems, but there were still some issues with ensuring the practice was appropriately and consistently clean.
- Checks of medicines and related equipment stored in the practice were not carried out consistently to ensure that they remained safe and effective.

Summary of findings

- A consistent system of recruitment checks was now in place to ensure that all staff employed by the practice were suitable for their roles.

Therefore the provider must continue to make improvements in order to meet the legal requirements.

The provider must:

- Ensure care and treatment is provided in a safe way to patients. Please see the requirement notice section for more information.

The provider should also:

- Review the template for recording significant events, so it records the name of the people involved and completing the record, and the date that the template was completed.

At the last inspection we said that the provider should repeat the audit of post-operative infection rates. The practice did not show us this, although we saw evidence that it was reviewed by NHS England.

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?

- There was a lack of effective oversight of infection and prevention control as a whole, both in policy and in practice.
- Although the practice reacted to issues when raised by other organisations, practice systems were always not effective at identifying issues that required action before this was identified by other organisations.
- There was evidence that some improvements had been made in relation to visible cleanliness and the Infection prevention and control systems, but there were still some issues with ensuring the practice was appropriately and consistently clean.
- Checks of medicines and related equipment stored in the practice were not carried out consistently to ensure that they remained safe and ready to use if required.
- A consistent system of recruitment checks was now in place to ensure that all staff employed by the practice were suitable for their roles.

Not sufficient evidence to rate



South Norwood Hill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. There was also a second CQC inspector.

Background to South Norwood Hill Medical Centre

South Norwood Hill Medical Centre is based in South Norwood, Croydon, a suburban area of south London, and is in Croydon Commissioning Group (CCG).

The practice offers GP services (diagnostic and screening procedures, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury, and family planning) under a Personal Medical Services contract. The practice has signed up to provide some additional services that are not required by the standard GP contract: extended hours access, facilitating timely diagnosis and support for people with dementia, minor surgery, remote care monitoring, rotavirus and shingles immunisation and avoiding unplanned admissions.

There are two doctors who are partners (one male and one female) and one (male) GP is employed as a long-standing locum. There is also an agency GP locum in the practice at present, who does two clinical sessions per week. In total the practice offers 21 – 24 GP sessions per week.

The (all female) nursing team has two practice nurses. They both work part-time, with all of the nursing hours adding up to seven sessions per week. There are two (female) reception staff who also work as phlebotomists who (together) provide 0.8 clinical sessions.

The practice is open between 8am and 6.30pm Monday, Wednesday and Friday, and between 8am and 8pm on Tuesday and Thursday. Appointments with GPs are available on Monday 9am to 12.30pm and 2pm to 6pm, Tuesday 9am to 12.30pm and 5.20pm to 7.40pm, Wednesday 9am to 12.30pm and 3pm to 5.30pm, Thursday 9am to 2.30pm and 3pm to 7.40pm, and Friday 9am to 1pm and 4.30pm to 6.30pm.

There are approximately 6,380 patients at the practice. Compared to the England average, the practice has more patients aged five to nine, and more aged 30 to 59. The practice has fewer young adults (age 15 to 29) and many fewer patients aged 60+ than an average GP practice in England.

The practice has a significant proportion of Black African or Black Caribbean patients. The largest group of patients that do not have English as their first language speak Eastern European languages, such as Polish.

Life expectancy of the patients at the practice is in line with CCG and national averages. The surgery is based in an area with a deprivation score of 4 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the average English GP practice, more patients are unemployed.

Detailed findings

Why we carried out this inspection

We carried out an announced comprehensive inspection at South Norwood Hill Medical Centre on 5 May 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months.

We carried out an announced comprehensive inspection on 1 February 2017. Although there had been some improvement, this was insufficient and the provider remained rated inadequate, with ratings of inadequate for safety and being well-led, and requires improvement for being caring and responsive.

The report of all the previous inspections can be found by selecting the 'all reports' link for South Norwood Hill Medical Centre on our website at www.cqc.org.uk.

This inspection was an unannounced focused inspection carried out on 14 September 2017 to confirm that the practice had carried out their plan to meet the legal

requirements in relation to the breaches in regulations related to safety that we identified in our previous inspections. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

How we carried out this inspection

During our visit to South Norwood Hill Medical Centre on 14 September 2017 we:

- Carried out physical checks of cleanliness, cleaning equipment and emergency medicines.
- Reviewed evidence of checks carried out by the practice, policy and other documents related to infection prevention and control.
- Reviewed documents used by the practice as part of recruitment of staff members.
- Looked at evidence of the management of significant events and patient safety alerts.

Are services safe?

Our findings

At our previous inspection on 5 May 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of cleanliness, infection control, medicines management, checks on staff and for overall risk management were not adequate. Most staff had not received recent training at the appropriate level in child safeguarding and appropriate checks had not been undertaken through the Disclosure and Barring Service (DBS). Patient records were not stored securely.

At our second inspection on 1 February 2017, the practice remained rated as inadequate for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate, staffing checks and training were inconsistent, and there were risks in the practice that had not been addressed. Correct authorisation was not in place to allow a locum nurse to administer medicines, and there were not medicines in place to deal with common medical emergencies. There was no consistent system in place for reporting and recording significant events and no system in place to record action taken in response to patient safety alerts.

Some of these arrangements had improved when we undertook a follow up inspection on 14 September 2017, but there were still some issues.

A full assessment of safety will be carried out at the next inspection.

Safe track record and learning

When we inspected on 1 February 2017, there was not a consistent system in place for reporting and recording significant events, with multiple templates for recording significant events and indications that not all staff would formally record significant events. Not all significant events had been documented to ensure learning took place.

There was no system in place to record action taken in response to patient safety alerts.

After the inspection, the practice sent us details of new processes, to manage and track significant events and to record action taken in response to patient safety alerts.

At this inspection, we looked at the significant events that had been recorded by the practice. The tracking system was in use and all of the events noted had been recorded using the same template. The records we saw had a note of the events and the date of the event, but did not have the name of the people involved or the person completing the record or the date that the template was completed (although this date was recorded on the tracking system). Some of the records had details of actions taken, and others just referred to meetings where the event was discussed.

We asked for evidence of the new process for managing patient safety alerts and were given some examples of alerts that had been printed out, with evidence that they had been reviewed by a GP and on appropriate examples a note of actions taken.

Overview of safety systems and process

When we inspected on 1 February 2017 we found that the systems to keep people safe from abuse were not consistently implemented, as the practice was not applying the same standard of recruitment checks and training criteria to locum staff.

On this inspection, we looked at the files of two recently recruited staff, one clinical locum staff member and one non-clinical permanent staff member. Both had had the appropriate recruitment checks, for example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service, although the practice had accepted a personal reference for the non-clinical staff member (rather than a second employment reference) without a documented risk assessment for this decision.

The file of the locum clinical staff member had evidence of relevant training. There was no training evidence for the non-clinical staff member, but the practice manager told us that (as a recent recruit) they were only working with direct support and would complete mandatory training during the induction period.

Monitoring risks to patients

During the first inspection (May 2016), there were numerous issues with cleanliness and there was an absence of overall systems for preventing and controlling infections, including staff training, and management of

Are services safe?

sterile equipment. The practice offered a minor surgery service. An audit of post-operative infection rates had shown a relatively high rate of infection for the procedures performed.

When we last inspected (in February 2017) there was still no trained infection control lead, and no practice audit, sharps bins were not being managed in line with guidance, and there were some areas of dust at high and low levels in the minor surgery room, although there was some improvement in cleanliness since the last inspection. We were sent evidence shortly after the inspection that the infection control lead had completed specialist training for the role. The audit of post-operative infection rates had not been repeated to check for improvement.

At this inspection, we noted that there was no effective oversight of infection prevention and control. Although the trained lead was listed in the practice policy as the 'clinical lead', the policy listed three other leads, with no one listed as having overall responsibility or oversight. The policy stated that an audit checklist will be completed bi-monthly by all of the infection control 'leads'. One audit checklist had been completed (in April 2017), by the practice manager alone, who was one of the four infection control leads, but who had only completed introductory level training in preventing and controlling infections.

The audit checklist that the practice manager completed in April 2017 had identified several actions, which had not been completed, such as creating a facility for the disposal of babies' nappies and/or a notice regarding the procedure for their disposal.

The practice systems of oversight were not sufficient to identify issues with infection prevention and control. The practice had received a visit from the NHS England infection control team in July 2017, which found issues that the practice had not identified, including a dirty mop bucket, some low and high level dust and a cobweb, no disposable nitrile gloves, and a damaged floor, wall and chair in nurse's room. There was evidence on this inspection that the practice did take action to address the issues found by the NHS England team, although it was not entirely effective as we also found dirt in a mop bucket and some surface dust.

To address the ongoing issues with cleanliness, the practice replaced the cleaning agency in August 2017. The practice manager told us that he believed the standard of cleaning,

supervision and oversight was better and that fewer issues had been identified (since the change of agency) than previously. As an example, he explained that the cleaner was now completing a daily checklist to log the areas cleaned.

Despite this, we did find some dust on the legs of a couch in one clinical room, and behind a computer monitor in another (although this was relatively minor). We also noted one dirty mop bucket, and that cleaning cloths (used to clean different areas of the practice) had been left slightly damp and in contact with each other, meaning germs could multiply and be transferred.

The physical environment (sinks, splashbacks and floor edging) remained non-compliant with the current guidance (for example, that splashbacks should be entirely smooth, with no grout that can harbour germs) as the practice had so far been unable to source funding for the replacement work.

We asked the practice for evidence that the cleaner had completed infection control training, and for a recent audit of post-operative infection rates. The practice was unable to provide these but we saw evidence that they had been seen by the NHS England team who raised no concern.

At the last inspection, we found that patient group directions (PGDs) were not in place for a locum nurse and there was an issue with the validity of some specific PGDs for the permanent nurses. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) There was no locum nurse working in the practice at the time of this inspection and the issue with the PGDs for the permanent nurses had been resolved.

Arrangements to deal with emergencies and major incidents

When we inspected in 2016 we found that there were not medicines to deal with common medical emergencies. In February 2017, we found that there were most, but not all of the medicines in place, and although permanent staff had done basic life support training, there was no record of this for locum staff.

At this inspection we found that all of emergency medicines were present, but that the monthly check to ensure that they remained in date (and therefore effective)

Are services safe?

had not been completed since 24 July 2017. Three of the medicines were due to expire at the end of September 2017, and three devices (BD vacutainer safety locs) in the anaphylaxis kits had expired in August 2017.

One member of staff we asked was unclear as to the location of the emergency medicines.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Checks of medicines and equipment for use in an emergency were not sufficient to ensure they were available if required. <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• There was not effective oversight; therefore issues were not identified by the practice.• Cleaning was not carried out to a consistent and appropriate standard. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>