Anerley Surgery

Inspection 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 summary

CQC carried out an announced comprehensive inspection of Anerley Surgery on 31 October 2018 as part of our inspection programme under Section 60 of the Health and Social Care Act 2008. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice was rated as inadequate overall with ratings of inadequate for providing safe and well-led services, requires improvement for effective and caring services and good for providing responsive services. As a result of the findings on the day of the inspection, on 7 November 2018 we issued the practice with warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

This was an announced focused inspection on 29 January 2019 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 as detailed in the warning notices. The inspection report from our inspection on 31 October 2018 is available on our website.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At this inspection we found:

- The system in place in relation to high risk medicines had improved. We looked at records of patients taking high risk medicines and found they had all been monitored appropriately. The practice had introduced a protocol to monitor high risk drugs and staff followed the protocol for prescribing of high risk medicines. There was a written policy on warfarin prescribing.
- Arrangements for managing safety alerts had improved. The practice had implemented a new process for managing safety alerts and we saw information was communicated and actions were followed up. We saw evidence that staff were able to perform searches. However, some staff were not fully competent at doing searches on the patient record and searches had been overwritten on the system.
- There was evidence that care and treatment was delivered according to evidence-based guidelines; for example, we saw asthma management plans were documented in the patient record system and action plans were printed off and given to patients.
- The system for managing tasks had improved. The practice acted effectively on tasks raised on the clinical recording system. Staff actioned and completed tasks in a timely way.
- There were improvements in the use of the computer system to support the delivery of safe care and treatment. The provider had arranged staff training on the electronic patient record system to ensure it was used effectively.
- There were gaps in systems to assess, monitor and manage risks to patient safety. There was a lack of comprehensive risk assessments carried out for patients and risk management plans were not developed effectively, in line with national guidance.
- There was minimal evidence that complaints were recorded. At this inspection, we were able to review the complaints folder. We saw a complaints protocol in place however staff were not following it. Information about services and how to complain was available.

Overall summary

- The system for reporting and learning from serious incidents was not clear, and analysis and recording of follow up not sufficiently thorough.
- The practice had implemented monthly clinical and non-clinical meetings, which were minuted and distributed amongst all staff. The meetings allowed the discussion and review of patients on high risk drugs, prescribing and reviewing safety alerts to allow staff to provide feedback.
- The practice had obtained a paediatric pulse oximeter. We saw the practice had paediatric defibrillator pads which were stored with the defibrillator.
- There was evidence that support for carers had improved slightly. The practice had identified 31 patients as carers, more than 1% of the practice list.
- Leaders could not demonstrate there was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, there was minimal evidence that actions from fire risk assessment were identified and followed up.
- There was a lack of formal governance structure in place to ensure priority areas of improvement were highlighted, risks identified, and actions planned. Leaders lacked oversight of significant events, patient feedback and complaints.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This should include ensuring that practice leaders establish proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Continue to support staff with ongoing training on the patient record system.
- Monitor the improvements made to ensure that they are consistently embedded.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector and included a Practice Manager specialist advisor.

Background to Anerley Surgery

Anerley Surgery is in the Penge area of south east London and is run by one GP (female) who works full time at the practice. The practice sits within the Bromley clinical commissioning group (CCG) London under a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services).

The practice has a list size of 2,600. In addition to the GP who runs the practice, there is a practice manager, a female practice nurse, an administrator and a receptionist. The practice provides 10 GP sessions per week.

The practice is open between 8am and 6.30pm Monday to Friday; with late opening on Wednesdays until 8pm. Appointments are from 9am to 12pm every morning and 4pm to 6.30pm every afternoon except for Thursday afternoons when the practice is open but does not see patients unless it is an emergency.

Outside of these hours, patients are advised to contact the NHS 111 service. The practice provides an online appointment booking system and an electronic repeat prescription service. The premises are not purpose built but all services are provided from the ground floor of the building, providing ease of access for patients with mobility difficulties. The practice does not have a hearing loop.

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

The practice has a higher percentage than the national average of people with a long-standing health condition (58% compared to a national average of 54%). The average male life expectancy for the practice is 78 years, and for females 83 years. These compare to the CCG averages of 81 years and 84 years; and the national averages of 79 and 83 years.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:** • The provider had not completed documented health and safety premises and security risk assessments. The practice could not assure themselves that all fire safety hazards had been identified and actioned. This concern was identified at our previous inspection. **This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:** • The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of health and safety in the practice environment. This concern was identified at our previous inspection. **This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**