

The Project Surgery

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Background to The Project Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The project Surgery on 15 August 2016. The overall rating for the practice was good. The full comprehensive report on the 15 August 2016 inspection can be found by selecting the 'all reports' link for The Project Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 14 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 August 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:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

At our previous inspection on 15 August 2016, we rated the practice as requires improvement for providing safe services.

Summary of findings

The registered person failed to have systems and processes established and operated effectively to enable them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity, specifically in relation to the safe storage and management of vaccines.

At this inspection we found that the practice had implemented systems to ensure patients safety and had provided evidence to prove this.

Consequently, the practice is now rated as good for providing safe services.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The practice had implemented systems to monitor fridge temperatures and ensure that any out of range temperatures were logged and reported this was the responsibility of the nursing team.
- Blank prescription pad serial numbers were logged and stored securely.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had implemented a system to ensure reception staff advise any patient who wanted an appointment between 12pm - 3pm to go to the urgent care centre if immediate care is required
- The practice had good arrangements to respond to emergencies and major incidents. The practice kept a “resuscitation bag” in the clinical equipment cupboard. The contents of this bag included the defibrillator, oxygen cylinder, masks, scissors and razors.

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 provider had resolved the concerns for safety at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety at our inspection on 15 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Project Surgery

Detailed findings

Background to The Project Surgery

The Project Surgery is a GP practice located in Plaistow in the east end of London. Plaistow is a town in the London Borough of Newham and the practice is a member of the Newham Clinical Commissioning Group (CCG). The practice is housed within a purpose built building situated within a large housing estate. It is easily accessible by public transport and by car, although parking on surrounding streets is limited.

The Project Surgery is registered with the Care Quality Commission to provide the following regulated activities from 10 Lettsom Walk, London, Newham E13 0LN: Treatment of disease, disorder or injury; Family planning; Maternity and midwifery services; Diagnostic and screening procedures. Services are provided under a Personal Medical Services contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract) to approximately 4500 people living in Newham.

Newham's population is one of the most ethnically diverse in London. In 2009, 65% of residents were recorded as being non-white. Of these 21% were Pakistani or Bangladeshi, 18% were Black, 11% were Indian and 14% were either of mixed ethnic origin or from another non-white ethnic group. The population distribution of the practice area shows a higher than average proportion of patients aged 20 to 44.

Newham residents have lower life expectancy and higher rates of premature mortality than other Boroughs in London and the average for England as a whole. The main causes of death in Newham are cardiovascular disease,

cancer and respiratory disease and the levels of diabetes are among the highest in the country. Newham is the third most deprived local authority area in England. The area has a higher percentage than national average of people whose working status is unemployed (13% compared to 5% nationally) and a lower percentage of people over 65 years of age (7% compared to 17% nationally). The practice's locality is in the second most deprived decile out of ten on the deprivation score.

The practice was set up in 2003 as a community surgery with funding from the urban regeneration fund at the request of residents. The practice is staffed by a principal GP (female, providing five sessions per week), three salaried GPs (all female, working a total of 15 sessions per week), an advanced nurse practitioner, a practice nurse and a healthcare assistant (all female). Non-clinical roles included a practice manager, a reception manager and three reception/administrative staff, all of whom worked part time.

The practice is a training practice, although there were no trainee GPs at the time of our inspection.

The practice is open from 8am to 6pm Monday to Friday. Surgery times are from 9am to 12pm and then 3pm to 6pm every day except Monday when the surgery time starts at 8.30am and Friday when it ends at 6.30pm. The practice operates extended hours from 6.30pm to 9pm every weekday except Thursday when extended hours are from 2.30pm to 9pm and from 9am to 1pm on Saturday and Sunday in conjunction with other local practices. Outside of these hours patients were directed to the local urgent care centre or the NHS 111 service.

Detailed findings

Why we carried out this inspection

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

We undertook a follow up desk-based focused inspection of The Project Surgery on 14 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 focused inspection of The project Surgery on the 14 July 2017. This involved reviewing evidence that:

- The practice had reviewed and improved the systems and processes in relation to the safe storage and management of vaccines.
- That the practice had established a suitable system to ensure the monitoring and usage of blank prescription forms and pads.
- The practice had considered and mitigated the risks to patient care that may have arisen due to the lack of clinical cover between the hours of 12pm and 3pm, in particular to ensure patients were informed about alternative available services.
- Ensured staff files contain copies of all records necessary to be kept in relation to persons employed in the carrying on of the regulated activity, specifically in relation to employment history and interview records.
- Reviewed the provision and location of the crash bag to ensure the items within it were safely stored and did not pose a risk to those using the premises.

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 August 2016, we rated the practice as requires improvement for providing safe services as there were no arrangements for the monitoring of prescription pads, fridge temperatures were outside of the safe range there was no recording of actions taken to ensure that medicines were still safe to use, we also found incomplete personnel files.

These arrangements had significantly improved when we undertook a follow up inspection on 14 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The nurse was trained to child protection or child safeguarding level 2 and GPs to level 3. We saw evidence that patients known to have safeguarding issues were discussed at clinical team meeting.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). Quarterly audits of fridge temperature recording were undertaken by practice nurse to ensure that the process is being followed correctly and that actions were taken for out of range temperatures.

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and their serial numbers were logged on a chart and the initial of the admin staff who received the delivery and date are also logged. When each box is opened the date is logged as well as the serial number of the box and the initials of the staff member opening the box. All blank prescriptions are stored in only one printer which was lockable.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (A PSD is the traditional written instruction, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a resuscitation bag which included the defibrillator, oxygen cylinder with masks, scissors and razors, in the clinical equipment cupboard. This is a non-lockable cupboard so that the bag can be retrieved in an emergency situation.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.