

# Brigstock Medical Centre

## 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?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brigstock Medical Centre on 26 October 2016. The overall rating for the practice was good, with a rating of requires improvement for the Safe key question. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Brigstock Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review 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 that we identified in our previous inspection on 26 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good, but rated as requires improvement for keeping people safe.

Our key findings were as follows:

- At the last inspection we found that some staff had not completed the recommended training in keeping

patients safe from abuse. At this inspection, we found that a number of staff members had still not completed the recommended training in keeping patients safe from abuse.

- There was now a defibrillator.
- The chaperone service was advertised to patients and details of the arrangements were included in the non-clinical staff induction.
- The practice had maintained the infection prevention and control arrangements in place at the last inspection, but had not made any improvements to the overall leadership or governance. There was no system to update staff training in infection control, after induction.

In response to our recommendations, the practice had:

- Improved the information available for carers, with notices to advertise support available and added a leaflet to registration packs.
- Acted on patient satisfaction with the telephone and appointment systems by introducing patient online access, and increasing the reception staff. In a practice survey in December 2016, and 88% of the patients were happy with the ability to get through over the phone and 85% of the patients were happy with the appointment system.

# Summary of findings

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

Importantly, the provider must:

- Ensure patients are protected from abuse and improper treatment.

In addition the provider should:

Review infection prevention and control leadership and audit arrangements, to ensure that all risks are being identified and acted upon.

**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?

- At the last inspection we found that some staff had not completed the recommended training in keeping patients safe from abuse. At this inspection, we found that a number of staff members had still not completed the recommended training in keeping patients safe from abuse.
- There was now a defibrillator.
- The chaperone service was advertised to patients and details of the arrangements were included in the non-clinical staff induction.
- The practice had maintained the infection prevention and control arrangements in place at the last inspection, but had not made any improvements to the overall leadership or governance. There was no system of update training for staff in infection control.

**Requires improvement**



# Brigstock Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector.

## Background to Brigstock Medical Centre

Brigstock and South Norwood Partnership has nearly 17,000 patients and is in Croydon, south London. The surgery is purpose built premises, over two floors. The building has disabled access, toilet facilities and a recently installed lift. There is no dedicated parking for the practice, but cars can park on nearby side streets. The area is well served by public transport.

Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England. The surgery is based in an area with a deprivation score of four out of 10 (a score of one being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed.

Six doctors work at the practice: four male and two female. Four of the doctors are partners, with a pharmacist partner, and there are two salaried GPs (one male and one female). Some of the GPs work part-time. The combined GP working hours are the equivalent of five full-time GPs.

The (all female) nursing team is made up of a nurse prescriber, three practice nurses and three health care assistants. In addition to the pharmacist partner, there is also a salaried pharmacist.

Brigstock and South Norwood Partnership is a merger of two older practices, Brigstock Medical Practice and South Norwood Medical Centre. The merger took effect on the 10 August 2015 and the staff of the South Norwood Medical Centre moved into the former Brigstock Medical Practice building. There is also a cosmetic laser treatment clinic based within the practice, run by the partners, but with separate treatment and reception rooms.

The practice trains junior doctors as GPs, and takes medical students, student nurses and physician associates for placements.

The practice is open 8am to 6.30pm Monday to Friday. Extended hours appointments are available with doctors and nurses from 6.30pm to 8.30pm, on Tuesday, Wednesday and Thursday.

When the practice is closed cover is provided by a local service that provides out-of-hours care.

The practice offers GP services under a Personal Medical Services contract in the Croydon Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

## Why we carried out this inspection

We undertook a comprehensive inspection of Brigstock Medical Centre on 26 October 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 October 2016 can be found by selecting the 'all reports' link for Brigstock Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up desk-based focused inspection of Brigstock Medical Centre on 14 September 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 Brigstock Medical Centre on 14 September 2017. This involved reviewing evidence that:

- Staff had completed required training.
- A defibrillator had been obtained.
- Details of chaperone arrangements were clear to non-clinical staff and advertised to patients.

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 26 October 2016, we rated the practice as requires improvement for providing safe services as not all staff (clinical or non-clinical) had completed basic life support training, a clinical samples bin was stored at floor level in reception and there was no defibrillator on the premises, which had not been formally risk assessed. Improvements were also required to staff training in safeguarding people from abuse.**

**Most aspects had improved when we undertook a follow up inspection on 14 September 2017, but others still had not been completed. The practice remains rated as requires improvement for providing safe services.**

### Overview of safety systems and process

When we inspected in October 2016, some clinical staff had not received training in safeguarding adults, or recent training in child safeguarding. The non-clinical staff had not undertaken safeguarding training and some of them we spoke to were not very confident in their understanding of behaviour that might indicate a safeguarding issue, although they were aware of their responsibilities if they were concerned about a patient.

We selected three staff member (one GP, a nurse and a member of non-clinical staff) and checked their training records. We saw that the GP had last undertaken level 3 training in safeguarding children in 2014, and the non-clinical staff member had not done training in how to safeguard adults until after we asked for their records.

We then asked the practice for dates that all staff had completed safeguarding training. The information sent showed that there were eight other clinical and non-clinical staff members who had not completed the recommended training in child safeguarding and thirteen adult safeguarding (or who had only completed it after we asked for completion dates).

In response to the draft report, the practice told us that safeguarding training had now been arranged for all staff. The practice also told us of measures taken to ensure that training was maintained and learning from training was implemented.

From the three initial staff we checked we saw that staff received training during their induction period on fire risks, infection control, and information governance. Information governance training was updated annually. Training on how to prevent and control infections was not updated, but the practice told us that materials sent by the clinical commissioning group were disseminated to all clinical staff.

When we inspected in October 2016, we identified one potential infection control risk: a small domestic swing-top bin for patients to put samples (for example, of urine) was on the floor in a corner of reception area, where it was accessible to children, but out-of-sight of reception staff. We raised this with the practice and the samples bin was moved to behind the reception desk. The practice did have systems to identify and act on infection prevention and control risks, but, because this risk had not been identified, we recommended that the practice review leadership and audit arrangements for infection prevention and control.

For this inspection, we asked about any changes they had made to infection and control arrangements. The practice told us that they had maintained the existing arrangements, including ensuring that visitors to the practice could not access clinical samples.

In response to the draft report, the practice sent us information about measures that had been taken to strengthen infection prevention and control.

When we last inspected, the practice provided chaperones, but there were no notices advising patients that chaperones were available. Only clinical staff acted as chaperones, and were checked for the role. Non-clinical staff (who were not checked or trained for the role) were clear that clinical staff were chaperones but some thought that they might be asked to perform the role if clinical staff were busy. There was no information in the practice advertising the chaperone service to patients.

For this desk-based review, the practice sent us evidence of a poster advising patients that they could ask for a chaperone, and that arrangements for the chaperone service had been added to the induction training for non-clinical staff.

### Monitoring risks to patients

Most risks to patients were assessed and generally well managed, but not all electrical equipment had been

## Are services safe?

recently safety checked as practice staff said that they had been advised (verbally) that testing was required only every three years, and so testing had not been repeated since 2014. This guidance had not been confirmed elsewhere and the decision not to carry out testing had not been risk assessed.

For this inspection, the practice sent us evidence that all portable electrical items had been tested in August 2017.

### **Arrangements to deal with emergencies and major incidents**

At the time of the last inspection, not all staff had completed recent basic life support training, and the practice had not carried out a risk assessment to support the decision not to acquire one.

For this inspection, we saw that the three staff members we selected (two clinical and one non-clinical) had all completed basic life support training within last 12 months. We were sent photographic evidence of a defibrillator in the practice.



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 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 Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:</p> <ul style="list-style-type: none"><li>• A number of staff had not received the recommended training in safeguarding children and adults.</li></ul> <p>This was in breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>