

The Broadway Surgery

Quality Report

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Date of inspection visit: 4 September 2017
Date of publication: 20/10/2017

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

Good



Are services safe?

Good



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 The Broadway Surgery on 8 June 2016. The overall rating for the practice was good, however the practice was rated requires improvement for the safe key question. The full comprehensive report on the 8 June 2016 can be found by selecting the 'all reports' link for The Broadway Surgery on our website at www.cqc.org.uk.

At the inspection on 8 June 2016 we found there were concerns about safety systems and processes in respect of background checks for staff, infection control, medicines management, fire safety and arrangements to deal with emergencies and major incidents.

These arrangements had significantly improved when we undertook a follow up inspection on 4 September 2017.

This inspection was an announced focused inspection carried out on 4 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 8 June 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.

Our key findings were as follows:

- Risks to patients were assessed and well managed. This included those relating to fire safety and staffing.
- All staff undertaking chaperoning had undergone 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).
- All staff had undergone infection control training. Funding and plans were in place to replace the carpets and chairs with those of a more suitable type for a clinical environment.
- An increased number of urgent appointments were made available. The provider had taken action to respond to patient's experiences concerning difficulty getting appointments.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.

Summary of findings

- There were suitable arrangements to deal with emergencies and major incidents.

At the inspection on 8 June 2016 we said the practice should:

- Review the telephone and booking system to ensure that patients are able to book appointments when needed and review the practice's opening hours in light of patient feedback in the GP patient survey.
- Implement processes to improve their immunisation rates for five year olds.
- Ensure patients with caring responsibilities are proactively identified.

At the inspection on 4 September 2017 we found:

- The practice had reviewed and adjusted its opening time on Mondays and Fridays so that on those days it opened at 8am, rather than 9.30am. It also now closed at 7.30pm on Fridays, rather than 6.30. The two partners were also doing an additional session on those days in order to increase appointment availability. In addition pre-bookable appointments (48 hours in advance) were now available in the mornings whereas previously they were only available in the afternoons.

- Immunisation rates for five year olds had improved from 54% to 64% to 72% to 88%. Policies and procedures we in place to ensure control and oversight over performance in childhood immunisations.

- Patients who were also carers were being identified, however it was unclear how effective the processes and procedures in place were. We saw notices on display in the waiting area. The new patient registration form was amended to include a question about whether or not the patient was a carer. At the inspection on 8 June 2016 the practice had identified 12 patients as carers (0.2% of the practice list). At this inspection we found 34 patients had been identified (0.3%).

The areas where the provider should make improvement are:

- Take further steps to ensure the practice is able to respond appropriately in the event of an emergency by ensuring fire alarm checks are recorded and child pads for the defibrillator are obtained.
- Continue to review and improve processes and procedures for the identification of patients who are carers to ensure they receive the necessary level of care and support.

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.

- All staff undertaking chaperoning had undergone 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 arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.
- There were suitable arrangements to deal with emergencies and major incidents.

Good



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 identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and this population group remains rated as good.

Good



People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and this population group remains rated as good.

Good



Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and this population group remains rated as good.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and this population group remains rated as good.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and this population group remains rated as good.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and this population group remains rated as good.

Good



The Broadway Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC lead inspector.

Background to The Broadway Surgery

The Broadway Surgery provides GP primary care services to approximately 6045 people living in Redbridge. 13% of are patients are over 65, which is higher than the Redbridge average of 12%.

The local area is a mixed community and there is a wide variation in the practice population, from relatively deprived to affluent.

The practice is staffed by two GP partners. In addition there are two salaried GPs. There is one male and three female GPs who work a combination of full and part time hours totalling 21 sessions per week. Other staff include a practice manager, a nurse, a health care assistant and ten administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice was open between 8.30am to 6.30pm except on Mondays and Fridays when it opened at 8am and Fridays when it closed at 7.30pm. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details

of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse.

Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

The practice provided a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening.

Why we carried out this inspection

We undertook a comprehensive inspection of The Broadway Surgery on 8 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, although the safe key question was rated as requires improvement. The full comprehensive report following the inspection on 8 June 2016 can be found by selecting the 'all reports' link for The Broadway Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Broadway Surgery on 4 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.

Detailed findings

How we carried out this inspection

During our visit we:

- Spoke with the practice manager and reception staff.

- Looked at documents and information the practice used to operate the practice.

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 8 June 2016, we rated the practice as requires improvement for providing safe services as there were concerns about safety systems and processes in respect of background checks for staff, infection control, medicines management, fire safety and arrangements to deal with emergencies and major incidents.

These arrangements had significantly improved when we undertook a follow up inspection on 4 September 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the inspection on 8 June 2016 we found Disclosure and Barring Service (DBS) check had not been carried out for non-clinical staff who acted as chaperones. (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). At the inspection on 4 September 2017 we found all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

At the inspection on 8 June 2016 we noted that the GPs treatment rooms were carpeted. An infection control audit had been carried out by NHS England in March 2017 where this was also raised as a concern. Flooring in clinical and consulting rooms should not contain carpet due to risks of contamination and spillage. The practice had agreed a planned achievement date for this action to be completed of between 12 to 18 months from the date of the audit. During the inspection on 4 September 2017 we saw documentary evidence that funding had been approved by NHS England in July 2017 for the practice to undergo some redevelopment. We saw plans that included removing the carpets and replacing them with appropriate, impervious covering. They also planned, as part of the renovation, to replace the chairs in the reception area which were covered with fabric. It was anticipated the work would be completed within the time allowed in the action plan.

At the inspection on 8 June 2016 we found not all staff had undergone infection control training. At the inspection on 4 September 2017 we found all staff had undergone appropriate training in infection control, most recently in March 2017.

At the inspection on 8 June 2016 we found we found one box of medication that was incorrectly labelled and a syringe attached to a drug in the fridge. At the inspection on 4 September 2017 we did not find similar concerns and found medicines were stored and managed in a way that kept patients safe.

At the inspection on 8 June 2016 we found there were no written references on file for the most recently recruited member of staff. At the inspection on 4 September 2017 we found no new members of staff had been recruited since the previous inspection. However we did find a suitable policy was in place which required references to be made available prior to a new member of staff starting employment at the practice.

Monitoring risks to patients

At the inspection on 8 June 2016 we found the practice did not have a fire alarm installed, nor had they carried out a risk assessment to show how staff would be able to provide a warning to patients in the event of a fire. At the inspection on 4 September 2017 we found a fire alarm had been installed following the previous inspection. We were told fire alarm checks were carried out weekly, although this was not recorded. The practice manager was able to demonstrate how the alarm was checked. Fire drills were carried out monthly and we saw records of these. Fire risk assessments were carried out monthly using a template provided by London Fire Brigade.

At the inspection on 8 June 2016 we saw there was a plan in place to increase the number of weekly GP sessions as there had been a recent increase in patient numbers and the GP sessions had not increased in line with this. At the inspection on 4 September 2017 we found both partners had started doing an additional session every week.

Arrangements to deal with emergencies and major incidents

At the inspection on 8 June 2016 we found the practice did not have a defibrillator available on the premises and had not carried out a risk assessment to show how they would respond to an emergency. At the inspection on 4

Are services safe?

September 2017 we found the practice now had a defibrillator with adults pads, however no child pads. The practice nurse undertook to ensure child pads were obtained. The defibrillator was checked regularly to ensure it was on good working order.