

Waverley PMS

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 10 December 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 9(1)(b)(iii) and regulation 11(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We undertook this focussed inspection on 21 October 2015 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Waverley PMS on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe services. As the practice was now found to be providing good services for safe, this

affected the ratings for the population groups we inspect against. Therefore, it was also good for providing services for older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings across all the areas we inspected were as follows:

- Systems and processes were in place to keep people safe. Staff had received updated training in safeguarding adults and children and newly recruited staff had training booked. Safeguarding processes were discussed at team meetings.
- The practice had systems in place to be able to respond to a medical emergency. There was access to emergency equipment including oxygen and an Automated External Defibrillator (AED) and staff had received updated training in basic life 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.

Improvements had been made in the practice's systems for dealing with safeguarding concerns. Staff had received updated training in child and adult safeguarding. Risks to patients were assessed and managed in relation to responding to emergencies.

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 practice is rated as good for the care of older people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia) As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Waverley PMS

Detailed findings

Why we carried out this inspection

We undertook a focussed desk-based inspection of Waverley PMS on 21 October 2015. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. Prior to April 2015, the legal requirements the provider needed to meet were the Essential Standards of Quality and Safety. Specifically, breaches of regulation 9(1)(b)(iii) Care and welfare of service users and regulation 11(a)(b) Safeguarding people who use services from abuse, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified.

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that the new legal requirements the provider needed to meet were in relation to breaches of regulation 12(2)(b) Safe Care and Treatment and regulation 13(2) Safeguarding service users from abuse and improper treatment.

During the comprehensive inspection, we found that patients were at risk of harm because safeguarding systems and processes were not in place to keep them safe. Staff did not know how to recognise or identify what constituted a safeguarding concern and had not been trained in adult safeguarding. The practice did not have access to oxygen or an Automated External Defibrillator (AED) in the event of an emergency.

This focussed inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 10 December 2014 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe would affect the rating for all the population groups we inspected against.

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

All clinical and non-clinical staff had either received training in safeguarding children and adults to level 3 or had training booked. The practice had recruited a number of new staff members since the previous inspection and we were shown evidence that safeguarding children and adults training had been booked.

The practice discussed vulnerable adults during their multi-disciplinary meetings and we were shown meeting minutes to confirm this. Safeguarding processes were also discussed during reception staff meetings to ensure that all staff were familiar with the practice's policy.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice had access to oxygen and an Automated External Defibrillator (AED) in the event of an emergency and we were shown evidence of invoices to confirm this. The practice had also put up new emergency equipment signs so staff were clear where the equipment was kept in the practice, which the practice shared with us.

All practice staff had completed refresher training in basic life support since the initial inspection and we saw evidence to confirm this. Update training had also been booked.