

# Plas Meddyg 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

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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 11 August 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 breach of regulation 12(1)(2)(b)(d)(g)(h) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 6 April 2016 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 Plas Meddyg Surgery on our website at [www.cqc.org.uk](http://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 safety, 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:

- Risks to patients were assessed and well-managed, including those related to medicines management, infection control and responding to emergencies.

### However there was an area of practice where the provider should make improvements:

- Ensure that there are systems in place to monitor actions taken as a result of learning and improvements from incidents and ensure that learning from significant events and incidents is clearly disseminated amongst staff.

**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 as improvements had been made.

Risks to patients were assessed and well-managed, including those related to medicines management, infection control and 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



# Plas Meddyg Surgery

## Detailed findings

### Why we carried out this inspection

We undertook a desk-based focussed inspection of Plas Meddyg Surgery on 6 April 2016. 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. 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. Specifically a breach of regulation 12(1)(2)(b)(d)(g)(h) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

During the comprehensive inspection carried out on 11 August 2015 we found that the practice did not have adequate arrangements in place for management of emergencies including access to emergency equipment. The practice had not ensured up to date infection control training for staff and an up to date legionella risk

assessment. We found that the practice did not have adequate systems in place to monitor emergency medicines, oxygen, nitrous oxide and vaccine refrigerator temperatures.

We also found that the practice did not always ensure that staff had received safeguarding children's training to the required level and thorough recruitment checks were not always undertaken prior to employment. We found that although significant events were recorded, learning points were not always clearly disseminated amongst staff.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 11 August 2015 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

### Safe track record and learning

During the previous inspection, we found that although significant events were adequately recorded, learning points were not always clearly disseminated amongst staff. There was no evidence to demonstrate that improvements had been made to the process for cascading learning points to staff since the initial inspection.

### Reliable safety systems and processes including safeguarding

The practice provided evidence that one of the GPs who had been working at the practice during the initial inspection had now received up to date training for safeguarding children to level 3. The practice had also ensured that a newly employed GP had undertaken safeguarding children's training to level 3 shortly after commencement in post.

### Medicines management

There was evidence that more effective systems for the monitoring of refrigerator temperatures had been implemented since the initial inspection. Temperatures had been recorded on a daily basis when the practice was open, from January to March 2016 and we were shown logs of these. There had been one instance where the temperature had fallen below the required range, and it was not clear what action was taken following this, however on the inspection day the practice immediately changed the temperature log form to ensure it included a prompt for staff to act when the temperature was out of range. The practice had implemented adequate systems in place to monitor medicines in the practice including emergency medicines, oxygen and nitrous oxide and we were shown evidence of this.

### Cleanliness and infection control

The practice had ensured that staff had received updated infection control training within the last six months and we saw a sample of infection control training certificates for three staff members.

The practice had improved assurances of risks associated with Legionella. We were shown a Legionella risk assessment completed by the practice in the last six months since the initial inspection. The risk assessment highlighted one area requiring action. As a result of this, the practice had implemented a weekly log of flushing out an un-used sink in order to mitigate any risk.

### Staffing and recruitment

Since the initial inspection, the practice had ensured that robust pre-employment checks were carried out for new staff. We were shown that the practice had obtained evidence including two written references, evidence of photo identification, professional registration, qualifications and a criminal records check through the Disclosure and Barring Service (DBS) for a new salaried GP.

The practice had also ensured they had obtained an up to date DBS check for a GP working at the practice since the initial inspection.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice provided evidence that a defibrillator was now available in the practice premises. The practice had ensured that adequate checks for oxygen, nitrous oxide and emergency medicines were now in place.