

Dr Sivasundaram Sivagnanasundaram

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 June 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 12(1)(2)(b)(h) Safe care and treatment and regulation 19(1)(b)(2) Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focussed inspection on 9 February 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 Dr Sivasundaram Sivagnanasundaram 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 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 chaperoning, medicines management, infection control, recruitment arrangements and responding to emergencies.

However there were areas of practice where the provider should make improvements:

- Implement a register detailing control of substances hazardous to health (COSHH) products used and stored within the practice as indicated in the COSHH policy.

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 chaperoning, medicines management, infection control, recruitment arrangements 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



Dr Sivasundaram Sivagnanasundaram

Detailed findings

Why we carried out this inspection

We undertook a focussed inspection of Dr Sivasundaram Sivagnanasundaram on 9 February 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, breaches of regulation 12(1)(2)(b)(h) Safe care and treatment and regulation 19(1)(b)(2) Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

During the comprehensive inspection carried out on 10 June 2015 we found that the practice did not have adequate arrangements in place for management of emergencies including access to emergency equipment. Chaperoning procedures in the practice were not robust; staff had not received chaperone training and criminal

records checks for staff who were chaperoning had not been carried out and this had not been risk assessed. The practice did not have an up to date infection control policy and risks relating to sharps management and the risks relating to the control of substances hazardous to health (COSHH) were not assured.

We also found that recruitment arrangements did not always include the requirement pre-employment checks for staff and the practice did not have a system to track and log use of prescriptions.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 10 June 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

Reliable safety systems and processes including safeguarding

There was a chaperone policy in place which had been updated in December 2015 and this contained comprehensive information about the role. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) Two reception staff members who acted as chaperones had received an updated criminal records check through the Disclosure and Barring Service (DBS), dated October 2015 and we were shown evidence of this. The practice had implemented a system whereby staff who were chaperoning were to be DBS checked every three years, so assurances of working with vulnerable adults and children could be maintained. All non-clinical staff who were chaperoning had received chaperone competency training from the lead GP and we were shown a record of this.

Medicines management

The practice had implemented a system to track and log prescriptions received and used in the practice, including a log of any handwritten prescriptions provided to patients.

Cleanliness and infection control

The practice had updated their infection control policy in December 2015 which contained comprehensive information including infection control training, cleaning procedures, waste management, management of sharps and hand washing. Non-clinical staff were no-longer handing sharps.

The practice had a policy and risk assessment for the control of substances hazardous to health (COSHH) that had been undertaken in December 2015. The practice identified their products in the practice as low risk. However, the practice did not have a COSHH register detailing all COSHH products used and stored in the practice.

Staffing and recruitment

The practice had implemented a new system whereby all practice staff were to receive updated criminal records checks through the Disclosure and Barring Service (DBS) every three years and we saw evidence that all staff who required an updated DBS check had received one.

The practice had updated their recruitment and induction policies in September and October 2015 respectively, to include all necessary pre-employment checks required for staff.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice had oxygen in situ with adults and children's masks, via a contract with an external company and we were shown evidence of this.

The practice had completed a risk assessment to review the requirement to provide access to an automated external defibrillator (used in cardiac emergencies). This was completed in September 2015. Following the risk assessment, the practice decided that due to low to medium risk to patients, a defibrillator would be required. The practice provided evidence that a defibrillator was now available in the practice premises.