

Sydenham Green Group Practice

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 at Sydenham Green Group Practice on 29 June 2016. The overall rating for the practice was good, but requires improvement for providing safe services. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Sydenham Green Group Practice on our website at www.cqc.org.uk.

This inspection was carried out on 11 April 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 29 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Action had been taken to address all of the areas we identified for improvement.
- There was a written policy to make clear the purpose and process of significant event analysis, and this had been shared with staff. We saw minutes of meetings and significant event records, which showed discussion and learning.

- There was a documented system of review and action on safety alerts, for example, on medicines.
- There was a 'failsafe' system for urgent referrals to ensure patients received a swift appointment.
- Arrangements for prevention and control of infections had been strengthened. The practice lead had received specialist training and had dedicated time for the role. An audit was underway.
- The practice had medicines and equipment to treat medical emergencies, and these were checked regularly.
- Complete recruitment checks had been undertaken for the two new staff members we checked. Not all of the checks had been documented for one member of staff.
- New staff members had received an induction, appraisals were underway for all staff members. A training policy was being developed.

The practice were still working on some of the actions we recommended, therefore the practice should:

- Complete the planned appraisal programme.
- Ensure that all recruitment checks are documented.
- Continue to monitor the new infection control arrangements to ensure these are working effectively.
- Complete the training policy to provide a structure for oversight of training.

Summary of findings

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?

Action had been taken to address the issues identified at the previous inspection. The practice is now rated as good for providing safe services.

- There was a written policy to make clear the purpose and process of significant event analysis, and this had been shared with staff. We saw minutes of meetings and significant event records, which showed discussion and learning.
- There was a documented system of review and action on safety alerts, for example, on medicines.
- The practice ensured that the hospital had made appointments for patients referred for urgent tests.
- Arrangements for prevention and control of infections had been strengthened. The practice lead had received specialist training and had dedicated time for the role. An audit was underway.
- Complete recruitment checks had been undertaken for the two new staff members we checked. Not all of the checks had been documented for one member of staff.
- The practice had medicines and equipment to treat medical emergencies, and these were checked regularly.

Good



Sydenham Green Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector.

Background to Sydenham Green Group Practice

Sydenham Green Group Practice is in the Sydenham Green area of Lewisham. The area was formerly industrial, but is now largely residential. The practice is based in a purpose-built health centre. There is street parking and good local public transport access. The GP premises are all on the ground floor with good access for disabled patients, there are no steps.

There are approximately 14173 patients at the practice. 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 4 out of 10 (1 being the most deprived), and has higher levels of income deprivation affecting older people and children.

Ten doctors work at the practice: five male and five female. Five of the doctors are partners and there are five salaried GPs. Some of the GPs work part-time. The working hours added together equate to just over seven full time roles (whole time equivalents). There are six (all female) nurses: a nurse practitioner, a qualified minor illness nurse who

leads on respiratory care, two nurses providing diabetic care, a nurse for the elderly and two general nurses. They all work part-time, with all of the nursing hours adding up to just over four whole time equivalents. The practice trains junior doctors as GPs.

The practice is open 8am to 6.30pm Monday to Friday. Appointments with GPs are available Monday to Friday from 8.30am to 6.30pm and with nurses from 8am to 5.30pm (4pm on Wednesday). Extended hours appointments are offered one evening per week (rotating between different days of the week) and on alternate Saturdays between 8am and 10.30am. When the practice is closed cover is provided by a local out-of-hours service.

The practice offers GP services under a Personal Medical Services contract in the Lewisham Clinical Commissioning Group area. The practice is registered with the CQC to provide 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 Sydenham Green Group Practice on 29 June 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 in June 2016 can be found by selecting the 'all reports' link for Sydenham Green Group Practice on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Sydenham Green Group Practice on 11 April 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 focused inspection of Sydenham Green Group Practice on 11 April 2017. This involved reviewing evidence that:

- Medicines for managing medical emergencies were in place and that emergency medical equipment was checked.

- Safety alerts, significant events and urgent hospital referrals were effectively managed.
- Recruitment checks had taken place.
- Arrangements to prevent and control infections were strengthened.
- Staff had received induction, appraisal and there was oversight of training.

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 29 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements for medical emergencies, for safety alerts, significant events and urgent hospital referrals and for recruitment were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 11 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

When we inspected in June 2016, there was no written policy on significant events and staff were not all clear as to the process. We heard of an event that would have been appropriate to learn from as a significant event that had not been.

Patient safety alerts (such as those sent out about risks from medicines) were just being sent to a nurse who was on sick leave. No one else in the practice had access to the emails and there was no way to check what action had been taken in response to the alerts.

There was no consistent system for ensuring that patients referred for urgent tests received an appointment.

By the time of this inspection (April 2017) the practice had introduced a policy to make clear the purpose and process of significant event analysis, and this had been shared with staff. The policy included a new form to record details of the event and of the analysis. We saw minutes of meetings and significant event records, which showed discussion and learning.

Safety alerts, for example on combinations of medicines, were now sent to the practice manager, for assessment and distribution to clinical staff. A record was kept of action taken in response to safety alerts. The practice had identified the risk of sole reliance on the practice manager to manage safety alerts, and were working on this, as part of business continuity plans.

A new system had been introduced to monitor urgent referrals. The practice now checked that the hospital had

made appointments for patients referred for urgent tests, and had improved communication with patients - to ensure that patients knew to contact the practice if they did not receive an appointment within a week.

Overview of safety systems and process

In 2016, we observed the premises to be generally clean and tidy, although there was some surface dust on areas such as book shelves. The practice nurse was the infection control clinical lead. She had not received any specialist training and did not have any dedicated time for the role. The practice had not carried out a recent audit of overall infection control arrangements, but was carrying out documented infection control checks for minor surgery.

Recruitment checks had been undertaken prior to employment, although not consistently. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The file of one salaried GP had no references and no proof of identification and the file of a member of reception staff had no employment history and only one reference, rather than two references as specified in the practice policy.

When we inspected on 11 April 2017, the practice nurse had specialist training in the oversight of infection prevention and control, and now had dedicated time for the role. A detailed infection control audit was underway. We observed the premises to be clean and tidy, with no high or low level dust in the areas we checked. The infection control lead had run a training workshop for staff.

We checked the files of two recently recruited staff members (one clinical and one non clinical). Complete checks had been carried out and documented for the non clinical staff member. Complete checks had been carried out for the clinical staff member, but had not all been documented.

Arrangements to deal with emergencies and major incidents

In 2016, there was no atropine in the practice supply of emergency medicines, a medicine used to treat abnormally slow heart rate, which can be a complication of minor surgery. The defibrillator and oxygen were in working order, and we were told that they were checked regularly, but there was no record of this.

Are services safe?

When we inspected in April 2017, the practice had atropine and the system of checks on emergency medicines and equipment had been expanded to include the defibrillator and oxygen.