

Sefton Ave Surgery

Quality Report

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Website: http://www.mulberrymedical.nhs.uk/

Date of inspection visit: 26 October 2016

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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

Contents

Summary of this inspection	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4
Detailed findings from this inspection	
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed, desk based inspection at Sefton Avenue Surgery on 26 October 2016. We found the practice to be good for providing safe services and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 17 September 2015. As a result of our findings, the practice was rated as good for being effective, caring, responsive and well led, and requires improvement for being safe, which resulted in a rating of good overall. We found that the provider had breached Regulation 12 (2) (a) (f) (g) (safe care and treatment) and Regulation 19 (Fit and proper persons employed) (1) (a), (3) (a) of the Health and Social Care Act 2008.

The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements. We undertook this focussed inspection to check that the practice had followed their plan, and to confirm that they had met the legal requirements.

This report only covers our findings in relation to those areas where requirements had not been met. You can

read the report from our last comprehensive inspection by selecting the 'all reports' link for Sefton Avenue Surgery on our website at http://www.cqc.org.uk/ location/1-540525527.

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

- Emergency equipment and medicines were monitored properly and safely; and were appropriate for their intended purpose.
- An automated external defibrillator (AED) had been purchased and was readily accessible.
- Recruitment files for locum staff were complete and provided assurance that staff were suitable for employment.
- The practice had reviewed and implemented recommendations outlined in its 2014 Legionella risk assessment and report.
- Appropriately signed patient group directions (PGD's) were in place and reviewed regularly in line with national guidelines.

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.

When we inspected in September 2015, we noted that although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, recruitment checks were not always complete for locum staff and the recommendation of a recent legionella risk assessment had not been implemented. The practice did not keep an AED on the premises and we noted that this decision had not been risk assessed. In addition, emergency medicines were not always monitored sufficiently and safely and appropriately signed patient group directions (PGD's) were not in place to allow practice nurses to legally administer medicines. We asked the provider to take action and at this inspection we noted:

- Emergency equipment and medicines were being monitored effectively and were appropriate for their intended purpose.
- An automated external defibrillator (AED) had been purchased and was readily accessible.
- Recruitment files for locum staff were complete and provided assurance that staff were suitable for employment.
- The practice had implemented the recommendations detailed in its 2013 Legionella risk assessment and report.
 - Appropriately signed patient group directions (PGD's) were now in place and had been reviewed regularly in line with national guidelines.

Good



Summary of findings

The six p	opulation	groups and	W	hat we found
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We always inspect the quality of care for these six population gro	ups.
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Older people The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating for the population groups we inspect against.	Good



Sefton Ave Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out an announced inspection of this service on 26 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was because the service was not meeting some legal requirements during our previous visit on 17 September 2015.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our announced, focused inspection on 26 October 2016, we reviewed a range of information provided by the practice and spoke with the practice manager and senior practice nurse.



Are services safe?

Our findings

Overview of safety systems and processes

When we inspected in September 2015, we noted that although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found that one medication used for treating reactions to medication was not prescribed with the appropriate dosage despite being checked and that the practice had not risk assessed its decision not to keep an AED on the premises. We asked the provider to take action.

At this inspection we noted that the appropriate dosage was available and that emergency medicines and equipment were monitored and were appropriate for their intended purpose. An automated external defibrillator (AED) had also been purchased which was readily accessible and regularly checked.

When we inspected in 2015, the practice's locum GP recruitment checks did not include DBS checks to 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 this inspection, we looked at five records and saw that all the necessary DBS checks were on file. This meant that appropriate employment checks had been undertaken.

When we inspected in 2015, we noted that although a Legionella risk assessment and report had been conducted in 2013; none of the recommendations had been implemented. At this inspection, we noted that actions had been taken such as legionella training. We also noted that the practice was undertaking periodic water temperature monitoring and had taken action to remove legionella risks such as redundant pipework located under sinks.

At our 2015 inspection we noted that appropriately signed patient group directions (PGDs) were not in place to enable practice nurses to legally administer medicines. At this inspection, we noted that appropriately signed patient group directions (PGD's) were in place and reviewed regularly in line with national guidelines.