

# Dr Ebenezer Timeyin

## 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



Are services effective?

Good



Are services well-led?

Requires improvement



# 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 22 September 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)(a)(b)(d)(f) Safe care and treatment and regulation 19(1)(b)(2)(a)(3) Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 3 June 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 Ebenezer Timeyin 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 and effective services, however they were rated as requires improvement for well-led services. As the practice was now found to be good for safe and effective services, 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 fire, health and safety and responding to emergencies.
- Recruitment arrangements were robust including those for locum staff.
- Staff had received mandatory training and update training to be able to carry out their roles effectively, with the exception of safeguarding children's training for all staff.
- The practice had a number of updated policies and procedures to govern activity.
- The practice had sought feedback from patients and had an active Patient Participation Group (PPG).

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

- Ensure that there are systems in place to monitor and improve the quality and effectiveness of the service, including a clinical audit plan and systems to maintain medical and consultation records in line with guidance.

# Summary of findings

- Ensure that the practice carries out fire drills in line with the practice's fire policy and completes all actions identified in the fire risk assessment.
- Ensure all staff have access to mandatory safeguarding children's training in line with national recommendations and guidance.

**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 fire, health and safety and responding to emergencies. Recruitment arrangements were robust including those for locum staff.

Good



### Are services effective?

The practice is rated as good for providing effective services as improvements had been made.

Staff had received mandatory training and update training to be able to carry out their roles effectively, with the exception of safeguarding children's training. Clinical audits had been conducted, however on-going systems to monitor and improve the quality and effectiveness of the service, including records audits were not in place.

Good



### Are services well-led?

The practice is rated as requires improvement for providing well-led services.

There was evidence that some improvements had been made. The practice had a number of updated policies and procedures to govern activity. The practice had sought feedback from patients and had an active Patient Participation Group (PPG). However, on-going systems to monitor and improve the quality and effectiveness of the service were not fully embedded in the culture of the practice

Requires improvement



# 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 good for providing safe and effective services, 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 good for providing safe and effective services, 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 good for providing safe and effective services, 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 good for providing safe and effective services, 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 good for providing safe and effective services, 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 good for providing safe and effective services, this affected the ratings for the population groups we inspect against.

Good



# Dr Ebenezer Timeyin

## Detailed findings

### Why we carried out this inspection

We undertook a desk-based focussed inspection of Dr Ebenezer Timeyin on 3 June 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)(a)(b)(d)(f) Safe care and treatment and Regulation 19(1)(b)(2)(a)(3) 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 22 September 2015, we found that the practice did not have clear systems for assessing, managing and monitoring risks including those related to fire, health and safety, control of substances hazardous to health (COSHH), asbestos, Legionella and responding to medical emergencies. The practice had not ensured up to date mandatory training for staff for safeguarding children, basic life support, infection control, information governance and fire safety. We found that recruitment arrangements did not include all necessary employment checks.

We also found that not all staff undertaking chaperoning had received training and use and storage of prescription pads were not adequately monitored. Governance systems relating to management of risks and monitoring and improving the quality and effectiveness of the service were not fully robust. We found that a number of policies and procedures were significantly out of date. We found that there was limited improvement in response to patient feedback; the Patient Participation Group (PPG) was less active and the last PPG survey was undertaken in 2013.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 22 September 2015 had been made. We inspected the practice against three of the five questions we ask about services: is the service safe, effective and well-led. 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, effective and well-led would affect the rating for all the population groups we inspected against.

# Are services safe?

## Our findings

### Overview of safety systems and processes

- During the previous inspection we found that three new starters had not received mandatory safeguarding children's training. The staff we spoke with at the time of the comprehensive inspection were able to demonstrate a level of competency that would be suitable for their role and described the action they had taken when they had had safeguarding concerns. All staff had attended training on domestic violence. During this focussed inspection, we were shown evidence that the GP, locum GP and nurse practitioner had completed safeguarding children's training to level 3. However five non-clinical staff were yet to undertake safeguarding children's training. We were told this was because the practice were waiting for the Clinical Commissioning Group (CCG) to run training sessions. Online training resources had not been utilised.
- During the previous inspection, not all staff who were chaperoning had received training for this role. We found that since the previous inspection, the practice had updated its chaperoning policy in January 2016 to ensure this covered the key responsibilities of the role. All staff in the practice had received up to date chaperone training and we were shown evidence of this.
- Medicines management procedures were robust. Since the comprehensive inspection, a system to track and monitor the use of prescription pads in the practice had been implemented and we were shown evidence to confirm this.
- We found that recruitment arrangements did not include all necessary employment checks during the comprehensive inspection. The practice had not employed any new staff since the previous inspection but used a regular locum GP. There was evidence that appropriate checks had been undertaken for the locum GP. The practice had updated their recruitment policy to include all necessary pre-employment checks that would be required and we viewed a copy of this.
- have clear systems for assessing, managing and monitoring risks including those related to fire, health and safety, control of substances hazardous to health (COSHH), asbestos, Legionella.
- An updated fire risk assessment had been undertaken in January 2016 and there was evidence that some actions had been completed, however a number of actions were still outstanding in relation to fire safety documentation, the emergency procedure and some environmental upgrades. Most staff had completed fire safety training since the initial inspection, however the lead GP who was the nominated responsible person for fire safety had not received specific training in order to undertake this role. During the comprehensive inspection we found that the practice had not had a fire drill for some years; we also found that fire drills had not been undertaken since the comprehensive inspection. The practice fire policy and procedure had been recently updated to state that the practice will undertake regular fire drills.
- An updated Legionella risk assessment had been undertaken in June 2016 as the practice had been unable to locate the risk assessment during the comprehensive inspection. The action plan indicated a number of recommendations that required attention and remedial works. It also indicated that the practice were to continue with using their log book to monitor flushes of hot and cold water systems in the practice.
- The practice had improved assurances of risks associated with the control of substances hazardous to health (COSHH). They had a COSHH policy in place and had completed a COSHH risk assessment and obtained copies of COSHH data log sheets for products used in the practice.
- The practice had previously undertaken an asbestos risk assessment in 2012, however they had recently updated this in December 2015. Three areas of 'very low risk' were identified and there was evidence sent that the practice were completing actions required in order to monitor and visually inspect the premises.

### Monitoring risks to patients

- During the comprehensive inspection carried out on 22 September 2015, we found that the practice did not

### Arrangements to deal with emergencies and major incidents

- During the comprehensive inspection we found that not all staff had received annual basic life support training in

## Are services safe?

order to safely deal with medical emergencies. During the focussed inspection, the practice provided evidence that all staff had received updated basic life support training in the previous six months.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

During the previous inspection, the practice were not always found to be following evidence based guidance from medical records that we viewed and records contained limited contemporaneous information regarding the discussions with patients and the advice provided; the practice had not yet implemented a system to improve the quality and effectiveness of the service provided or undertaken any records audits.

### Management, monitoring and improving outcomes for people

During the comprehensive inspection we found that the practice had undertaken two clinical audits in the last two years; one of these was a completed audit cycle where the improvements made were implemented and monitored. There was no evidence of clinical audit plan in place.

The practice had undertaken a new one-cycle clinical audit since the comprehensive inspection, reviewing medicines management in children with asthma. The practice found

that all patients were on the most appropriate medicines in line with best practice guidance. There was no evidence that an on-going clinical audit plan had been implemented, however.

### Effective staffing

We found during the comprehensive inspection that the practice had not ensured up to date mandatory training for staff for safeguarding children, basic life support, infection control, information governance and fire safety.

Since the initial inspection, the practice had implemented a mandatory training log in order to monitor staff mandatory training. The practice had ensured that most staff members had received updated infection control training, fire safety training, information governance training and basic life support training within the last six months. We were also shown evidence of basic life support training for the locum GP.

However, we found during the focussed inspection that five non-clinical staff had not yet undertaken safeguarding children's training which included three new members of staff that had been recruited at the time of the original inspection. The practice told us this was because they were awaiting Clinical Commissioning Group (CCG) training sessions. Online training resources had not been utilised.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Governance arrangements

Governance systems relating to management of risks and monitoring and improving the quality and effectiveness of the service were not fully robust during the comprehensive inspection. We found that a number of policies and procedures were significantly out of date. The practice demonstrated that they had an overarching governance framework to support the delivery of the service and good quality care and there were improvements in some governance arrangements since the comprehensive inspection.

- The practice had updated a number of policies and procedures. Policies had been updated during the last six months, with relevant and detailed information. We were shown policies that included Health and Safety, Fire, Information Governance, Chaperoning, Recruitment and the Duty of Candour.
- The practice had implemented a log system in order to effectively monitor staff mandatory training; however there was evidence that some non-clinical staff had not yet received mandatory safeguarding children's training.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had updated risk assessments for fire, Legionella, asbestos, control of

substances hazardous to health and health and safety, although some actions from the fire risk assessment including carrying out fire drills had not been undertaken.

- The practice did not have a planned programme of continuous clinical and internal audit to monitor quality and to make improvements, but there was evidence that some clinical audits were carried out.

### Seeking and acting on feedback from patients, the public and staff

During the comprehensive inspection we found that there was limited improvement in response to patient feedback; the Patient Participation Group (PPG) was less active and the last PPG survey was undertaken in 2013. However, there was evidence that the practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys during the focussed inspection. There was an active PPG of six members which had met on two occasions since the previous inspection and we saw minutes to confirm this.

A PPG patient satisfaction survey had been carried out in March 2016 and the practice had identified that 95% of patients were satisfied with appointments, however only 60% of patients were satisfied with waiting times. The practice had put in place an action plan and had extended opening hours so that they abolished the closure of the practice for half a day each week and had therefore increased the number of appointments available.