

Dr Hamilton-Smith And Partners

Quality Report

Chadwell Heath Health Centre
Ashton Gardens
Chadwell Heath
Romford

Essex
RM6 6RT

Tel: 02036675153

Website: www.upstairs-surgery.co.uk

Date of inspection visit: 17 October 2017

Date of publication: 22/11/2017

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

Are services safe?

Are services well-led?

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Dr Hamilton-Smith And Partners	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hamilton-Smith and Partners on 5 June 2017. Breaches of legal requirements were found in relation to patient safety and governance arrangements in the practice. We issued the practice with warning notices for Regulation 12, Safe care and treatment and 17, Good governance requiring them to achieve compliance with the regulation by 17 July 2017. We found that the provider was failing to provide care and treatment in a safe way for service users and did not have effective governance processes and systems in place to keep people safe.

We undertook a focused inspection on 17 October 2017 to check that the practice had addressed the issues in the Warning Notices and now met the legal requirements. This report only covers our findings in relation to those requirements. At the inspection, we found that the requirements of the Warning Notices had been met. Our key findings across the areas we inspected for this focused inspection were as follows:

- The practice had updated several policies including safeguarding and complaints. Staff were now able to access policies on the computer shared drive and hard copies held in the practice manager's office.
- We found infection control audits were now undertaken and actions identified had been remedied.
- There was a system in place for monitoring blank prescriptions.
- Staff undertaking chaperoning duties now had records of Disclosure and Barring Service (DBS) checks in their staff records. The healthcare assistant (HCA) had received an enhanced DBS check.
- We saw that the practice had replaced fabric curtains with disposable curtains.
- Electrical safety checks had been carried out on portable equipment to ensure they were safe to use.
- The arrangements for identifying, recording and managing risks had improved.

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 had a significant event policy which was fit for purpose and staff we spoke with on the day could access on the practice computers shared drive.
- Patient safety alerts received were shared and discussed with staff.
- Non-clinical staff had received training in safeguarding children.
- Risks to patients and staff were now managed and mitigated.

Are services well-led?

- The practice's governance framework had improved and now supported their vision of delivering high quality care.
- The arrangements for monitoring, recording and mitigating risks were now adequate.
- The practice had a number of policies and procedures to govern activities.
- Team meetings were held and we saw evidence important functions such as significant event and complaints were discussed.

Dr Hamilton-Smith And Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Hamilton-Smith And Partners

Dr Hamilton-Smith and Partners Practice, Chadwell Heath Health Centre, is located in Chadwell Heath and provides primary medical services to approximately 6,821 patients. The building is owned and maintained by an external organisation and is located on the first (1st) floor in a purpose built building providing GP services. Access is available via the communal lift and stairs. The building accommodates two other GP practices as well as other local services including phlebotomy. Services are provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the Havering Clinical Commissioning Group (CCG). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). Dr Hamilton-Smith and partners is registered with the Care Quality Commission (CQC) as a partnership to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning, diagnostic and screening procedures from Chadwell Heath Health Centre, Ashton Gardens, Chadwell Heath, Romford, Essex, RM6 6RT.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice population age/sex distribution is similar to that of other practices in England. The life expectancy for males and females is 79 years and 84 years respectively.

The clinical team is made up of three male GP partners collectively working 30 weekly sessions, a full-time female practice nurse, two part-time female practice nurses and a female health care assistant (HCA). They were supported by a newly appointed practice manager, administrative manager, secretary and six reception/administrative staff.

The practice is open between 8.30am and 8pm Monday to Friday with the exception of Thursday and Friday when the practice closes at 1.30pm and 7.30pm respectively. Extended hours appointments are available on Monday, Tuesday, Wednesday and Thursday between 5.30pm and 8.00pm. Pre-bookable appointments can be booked up to two weeks in advance, urgent appointments as well as telephone consultations were also available. Patients can access the local GP Hub directly if they are unable to get an appointment. Out of hours services are delivered by another provider which is detailed in the practice leaflet, posters at reception, website and can be directly accessed by calling the practice telephone number.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Hamilton-Smith and Partners on 5 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of

Detailed findings

our regulatory functions. The practice was rated as inadequate and was placed in special measures. Breaches of legal requirements were found and warning notices were issued in relation to safe care and treatment and good governance. The full comprehensive report following the inspection on June 2017 can be found by selecting the 'all reports' link for Dr Hamilton-Smith and Partners on our website at www.cqc.org.uk. As a result, we undertook a follow up focused inspection of Dr Hamilton-Smith and Partners on 17 October 2017 to follow up on whether action had been taken to address the breaches outlined in the notices.

- Spoke with a range of staff including the lead GP, practice manager and administrative staff.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed various documentation including policies, procedures and action plans.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 17 October 2017. During our visit we:

Are services safe?

Our findings

At our previous inspection on 5 June 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of risk management, significant events, complaints management and infection control were not adequate.

We found the requirements of the warning notice had met when we undertook a follow up inspection on 17 October 2017.

Safe track record and learning

- At our inspection of 5 June 2017 we found the practice did not have a significant event/incident policy available on the day of inspection and staff we spoke with told us they would access the policy via the shared drive. Staff including the practice manager were not able to access this policy. There was limited evidence to show that significant events were always recorded, investigated and thoroughly reviewed to prevent further occurrences and to make sure improvements were made as a result. At the inspection on 17 October 2017 we found these had improved. There was now a significant events policy which was fit for purpose and staff we spoke with on the day could access on the practice computers shared drive. A hard copy was also stored in a folder which was kept in the practice manager's office. Significant events were now discussed at the practice's newly introduced monthly practice meetings and we saw learning from incidents was shared with the whole team. At our previous inspection there was evidence to show that significant events were not always reported by staff and acted on accordingly. At this inspection we found that staff were more proactive in reporting significant events. All non-clinical staff had received in-house training on how to identify and report significant events.
- At our inspection on 5 June 2017 the practice could not demonstrate they acted on patient safety alerts. At this inspection we reviewed patient safety alerts and found the practice now had an effective system in place which ensured all patient and safety alerts received were cascaded and discussed in clinical meetings. The practice now had an alerts policy and copies of these

alerts were printed and stored in a folder as hard copies. We saw that each alert had an attached staff list with signatures which denoted staff understood the alert content.

Overview of safety systems and process

At our previous inspection on 5 June 2017 we found that although the practice had some safety systems and processes in place, but they did not always ensure patient safety. This included arrangements related to safeguarding, chaperoning and infection control. At this inspection on 17 October 2017 we found these arrangements had improved and supported patient safety.

- At the inspection on 5 June 2017 the practice could not demonstrate non-clinical staff had received training in safeguarding children. This was completed when we undertook our follow up visit on 17 October 2017.
- At the inspection on 5 June 2017 we found the practice had not requested Disclosure and Barring Service (DBS) checks for those staff who acted as chaperones. (DBS checks 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 the inspection on 17 October 2017 all relevant staff had received a DBS check.
- At our previous inspection the health care assistant (HCA) who saw patients independently had only received a basic disclosure check, however we saw evidence the practice now had an enhanced check in place.

At our inspection on 5 June 2017 we found that the practice maintained appropriate standards of cleanliness and hygiene; however, there was evidence to show that the practice did not always assess the risk of, preventing, detecting and controlling the spread of infections. Infection control arrangements had improved when we undertook the follow up inspection on 17 October 2017.

- An internal Infection control audit had been undertaken by the IPC lead on 30 June 2017. The actions identified had been remedied satisfactorily. At our previous inspection on 5 June 2017 we noted that the practice did not have a system in place which ensured fabric

Are services safe?

curtains used in treatment rooms were cleaned or changed at least once every six months. At this inspection we noted the practice had replaced fabric curtains with disposable curtains.

- At our inspection on 5 June 2017 we were not assured staff knew what to do in the event of a bodily spillage such as vomit, urine and blood. At this inspection we spoke with two members of staff who told us how they would use the spillage kit to clean spillages.
- At the inspection of 5 June 2017 we found the Hepatitis B immunity register was not current and did not reflect the current employees as it listed details for staff who no longer worked for the organisation. At this inspection we reviewed the register and found it to be current.
- At our inspection on 5 June 2017 we found the practice did not have systems in place to monitor blank prescriptions. At this inspection we found the practice had a process in place and that was to record the unique reference number for each used script.

- At the inspection on 5 June 2017 references could not be found for one of the newest recruits; however this was resolved following the inspection. At this inspection on 17 October 2017 we reviewed staff files and found they were more organised and better stored.

Monitoring risks to patients

At our previous inspection of 5 June 2017 we found some risks to patients were not assessed and managed.

- At the inspection of 5 June 2017 we found the practice did not have a suitable fire risk assessment and fire drills were last carried out in January 2014. At the inspection of 17 October 2017 we found the practice had an up to date fire risk assessment and fire drills were now undertaken by the building manager. Actions identified during the fire risk assessment were confirmed to have been completed by the responsible person.
- At our previous inspection on 5 June 2017 we found portable appliance testing (PAT) had expired in February 2014. At this inspection we found this had been resolved.

Are services well-led?

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

Our findings

At our previous inspection on 5 June 2017, we rated the practice as inadequate for providing well-led services as the provider did not have an effective governance framework to support their vision of good quality care. In addition, the management team did not consistently demonstrate they had the capacity and capability to run the practice and ensure high quality care.

We issued a Warning Notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 17 October 2017.

Governance arrangements

At the inspection on 5 June 2017 we found governance arrangements were not adequately managed. Some risks to patients and staff were not appropriately assessed and the practice did not take steps to mitigate these.

- We found key policies which governed important functions such as significant event were generic, duplicated and contained irrelevant information. Staff we spoke with were unable to access key policies when asked by the inspection team. At our inspection on 17 October 2017 we found practice specific policies were now implemented and staff could access these on the computer shared drive as well as printed hard copies which were stored in a folder in the practice manager's room.
- The arrangements for identifying, recording and managing risks were inadequate. There was no health and safety risk assessments and fire risk assessments were not adequate. The practice could not demonstrate infection control audits were routinely carried out and PAT testing was last undertaken in February 2013. These arrangements had improved when we undertook our inspection on 17 November 2017. For example, an infection control audit was carried out on 30 June 2017 and the practice took steps to address identified actions. All other issues identified during our 5 June 2017 inspection had been fulfilled satisfactorily; fire risk assessments and PAT testing were completed by competent persons.
- The practice had limited understanding of the performance of the practice. Regular practice meetings were not undertaken. We were told meetings were held to discuss important functions such as significant events, safety alerts and complaints; however the practice was unable to demonstrate this with meeting minutes or other documentation. At our inspection on 17 October 2017 the practice provided us with minutes of meeting where significant events and complaints were standing items on the agenda.
- There was inadequate staff governance. Staff files were not adequately maintained and updated. The practice did not have a training schedule in place to ensure timely completion of mandatory training. At this inspection on 17 October 2017 the practice provided us with a copy of the training programme which monitored staff training.
- The practice failed to maintain necessary records relating to staff employed; we found recruitment records to be incomplete and we did not see any evidence of references for one of the two most recent recruits. At this inspection, we saw that the practice had reviewed its recruitment arrangements. The practice had not recruited any new member of staff since they were last inspected, however existing staff recruitment records were updated to include all the necessary records as stipulated in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities): Regulations 19.
- Some records were obsolete, for example, the Hepatitis B register contained details for staff who was no longer employed by the practice. This had been resolved when we undertook the follow up inspection on 17 October 2017.
- There was not a safe system in place for monitoring letters and test results. We found 179 incoming letters and 143 test results dated back to 23 May in one GP's inbox had not been actioned. We also found two boxes of paper notes which were yet to be summarised and added to the patients' electronic records. At our inspection on 17 October 2017 we reviewed GPs inboxes and found all items had been suitably actioned. We saw that the practice had a system in place to ensure test results and other incoming letters were actioned by the GPs on a daily basis. A member of staff was responsible

Are services well-led?

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

for monitoring these and who reminded GPs to check their inbox where inactivity was noted. The GPs were responsible for monitoring other GPs inboxes during sickness and annual leave.

- The complaints policy was inconsistent and complaints we reviewed were not handled in line with practice policy. These issues had been addressed when we undertook our follow up inspection. The practice's complaints policy was consistent in all available formats and complaints we reviewed were investigated and responded to in line with policy.
- We saw no minutes to confirm regular multi-disciplinary team meetings (MDT) were held to discuss and monitor vulnerable patients. At this inspection we saw minutes of one MDT meeting that took place with other professionals. The provider told us they were actively trying to establish contact with other health professionals, but this wasn't always reciprocated.