

Edridge Road Community Health Centre

Quality Report

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Date of inspection visit: 22 June 2016
Date of publication: 16/08/2016

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?

Requires improvement



Are services responsive to people's needs?

Not sufficient evidence to rate



Are services well-led?

Not sufficient evidence to rate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We undertook this focused, unannounced inspection on 22 June 2016 in response to concerns expressed to the Care Quality Commission. This report covers our findings in relation to those concerns.

Following the inspection we found the practice to require improvement in the “Safe” domain. We reviewed one area in the “Responsive” domain and one in the “Well Led” domain; however, we did not look into these areas in sufficient detail to generate a rating. As we did not review all domains, we have not given an overall rating. You can read the report from our last comprehensive inspection by selecting the ‘all reports’ link for Edridge Road Community Health Centre on our website at www.cqc.org.uk.

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

- The practice had a designated infection prevention and control lead, although not all clinical staff were aware who this was.
- There was an infection prevention and control policy in place. We found the practice was not following this with regards to staff training.

- There was no clearly defined system for cleaning equipment.
- We found improvements were needed in the management of medicines.
- The practice had an effective system in place for handling complaints and concerns. The allegation we received that a complaint had been discarded was not substantiated.
- There were a number of complaints regarding the way patients were spoken to and questioned by reception staff. We observed some staff to be impatient and ask unnecessary questions.
- Staff commented it was a good place to work. They felt supported by local management but not at corporate level.
- A number of staff commented on the lack of support for ongoing professional development.

The areas where the provider must make improvements are:

- Carry out adequate monitoring and recording of the vaccine fridge temperature in line with current guidance, and additionally record the reason and any action taken for temperatures readings which are out of range.

Summary of findings

- Take appropriate steps to ensure the security of blank prescription pads.
- Put in place and monitor a system to ensure equipment has been cleaned appropriately.
- Provide infection prevention and control training to staff in line with the provider's own policy.

In addition the provider should:

- Review staff training records to assure themselves that clinical staff have access to, and are undertaking, relevant continuous professional development training.

- Take appropriate steps to ensure staff are courteous and helpful to patients and treat them with dignity and respect.
- Record complaints in the appropriate log, and not in patients' medical records.

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 requires improvement for providing safe services. We inspected a number of areas in response to concerns expressed. These related to infection prevention and control; medicine management and staff recruitment and training.

- The practice had a designated infection prevention and control lead, although not all clinical staff were aware who this was.
- There was an infection prevention and control policy in place. This set out which staff were required to undergo infection prevention and control training. From the information supplied, only a small number of staff had completed this training.
- We were told clinical staff were responsible for cleaning equipment in between patients; however, no records were maintained to evidence that this was taking place.
- We found improvements were needed in the management of medicines. Staff were not carrying out daily checks of the temperature of the vaccine fridge, and the security of blank prescriptions was not robust.

Requires improvement



Are services responsive to people's needs?

For this inspection we reviewed only the complaints process under this heading. There is therefore insufficient information to reach a rating.

- We reviewed complaints and found the practice had an effective system in place for handling complaints and concerns. The allegation we received that a complaint had been discarded was not substantiated. We did find however, that details of one complaint had been recorded inappropriately in the patient's medical records.

We noted a number of complaints were regarding the way patients were spoken to and questioned by reception staff. We observed some staff to be impatient and ask unnecessary questions.

Not sufficient evidence to rate



Are services well-led?

For this inspection we reviewed only leadership and culture under this heading. There is therefore insufficient information to reach a rating.

- Staff commented that it was a good place to work, although the lack of a designated lead nurse had had a negative effect on staff.

Not sufficient evidence to rate



Summary of findings

- Staff felt supported by local management but not at corporate level. There was a perception that the challenges of running both a GP practice and a walk in centre were not fully understood or appreciated.
- A number of staff commented on the lack of support for on-going professional development.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Carry out adequate monitoring and recording of the vaccine fridge temperature in line with current guidance, and additionally record the reason and any action taken for temperatures readings which are out of range.
- Take appropriate steps to ensure the security of blank prescription pads.
- Put in place and monitor a system to ensure equipment has been cleaned appropriately.

- Provide infection prevention and control training to staff in line with the provider's own policy.

Action the service **SHOULD** take to improve

- Review staff training records to assure themselves that clinical staff have access to, and are undertaking, relevant continuous professional development training.
- Take appropriate steps to ensure staff are courteous and helpful to patients and treat them with dignity and respect.

Edridge Road Community Health Centre

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.

- Re-use of equipment including needles, without any correct sterilisation process
- Use of out of date vaccines
- Lack of checking/recording vaccine fridge temperatures
- Staff undertaking roles outside of their remit, training and qualifications
- Overprescribing of medication
- Failure to act on complaints

Why we carried out this inspection

We undertook a focused inspection of Edridge Road Community Health Centre on 22 June 2016 in response to concerns relating to –

Are services safe?

Our findings

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The practice provided a weekly clinic specifically for asylum seeking children. It had been reported to us that staff were carrying out clinical tasks in this clinic for which they had not been trained. We found no evidence to support this. We talked with local commissioners and the LAC (Looked After Children) designated nurse. Both were satisfied with the way the clinic was being run.
- We observed the premises to be clean and tidy. One of the nurse practitioners had recently taken on the role of infection control clinical lead, although not all clinicians were aware of this. There was an infection control policy in place which stated that all staff who had face to face contact with patients and/or were involved in clinical patient care must undergo infection prevention and control training. The most recent training audit available at the practice showed that just three out of a total staff team of 30 had undergone training.
- Concerns had been expressed to us that some single use equipment, such as needles, were being re-used; and that other equipment was not being appropriately cleaned. We found ample stocks of single use equipment and no evidence to suggest that these items were being re-used. We were told that clinicians were responsible for cleaning non-disposable equipment; however, it was not possible to determine if this was taking place as records were not maintained – contrary to the practice's own infection control policy.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice needed improving in some areas. The practice did not have systems in place to control and record prescription form movement, including recording serial numbers. Blank prescriptions were kept in printers in consulting rooms which were locked at the end of each day, but were accessible at all other times. Clinicians did have emergency drugs in their bags for off site visits but had not risk assessed which drugs to carry; did not check them (this was left to one of the practice nurses) and had not carried out any audits.
- We had received a complaint with regard to inappropriate prescribing. We reviewed eight patients' records and found that medicines were being prescribed in appropriate quantities. We were told that an audit had recently been carried to review all patients prescribed benzodiazepines (which are minor tranquillisers used to treat both anxiety and sleeping problems) and controlled drugs and each patient was being invited in for a medicines review.
- We checked the vaccine fridge temperature records and found over 30 occasions during the last three months when daily checks had not been carried out. This included gaps of up to four days at a time. The majority of the gaps were at weekends; however, the GP practice incorporated a walk-in centre, which was open seven days a week. Both services used the same refrigerated storage facilities.
- All of the vaccines we checked were in date, with the ones due to expire the soonest placed at the front. The fridge was very full. We drew this to the attention of the practice manager who stated that the refrigeration facilities were being reviewed. They also acknowledged that the temperature recordings were not being carried out in accordance with practice policy and that this was also being addressed.
- It had been reported to us that the vaccine fridge had recently been inadvertently switched off as staff had noted the plug was pulled out, potentially compromising the cold chain (this term is used to describe the cold temperature conditions in which certain products need to be kept during storage and distribution). No action had been taken other than to plug the fridge back in again, with no checks of vaccine viability being carried out. We noted that the socket for the vaccine fridge was very hard to access and therefore it was difficult to see how it could have been accidentally disconnected from power.
- The vaccine fridge thermometer had been recently calibrated. The fridge had just one thermometer, which was calibrated annually, contrary to guidance which stated that if there was only one thermometer it should be calibrated monthly. The practice manager, when made aware of this, stated a second thermometer would be purchased.

Are services safe?

- Staff told us that there were sometimes issues with equipment, as items such as oximeters, regularly ‘disappeared’. They added that there has been problems with stocks of items such as dressings; however, this had improved and they felt the provider was quick to replace equipment that went missing.
- We reviewed three electronic personnel files and found a number of gaps. For example, in each file, whilst two references had been requested, it appeared that only one had been obtained, contrary to the provider’s recruitment policy which stated a minimum of two references must be obtained. The electronic records did not indicate if a full employment history and proof of identification had been obtained, or if a health check had been carried out, although the provider’s head office later told us that references, employment histories and proof of ID had been obtained and health checks had been carried out where appropriate. We did see that registration with the appropriate professional body had been confirmed and the appropriate checks through the Disclosure and Barring Service had been carried out.
- The electronic records also listed training that staff had undertaken. We saw that some clinical staff had not undergone any continuous professional development training for over two years. We queried this with the assistant practice manager who told us staff were responsible for updating their own electronic record. We later received confirmation that training, including cervical screening, diabetes and medicines management had been undertaken in 2015/16.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints in the practice.
- Complaints were logged electronically. We saw there had been 20 complaints since December 2015. These had all been actioned promptly.
- Staff we spoke with showed a good understanding of the complaints process, and stated that all verbal and written complaints would be accepted, logged and appropriately dealt with. We had received an allegation

that one patient complaint had been discarded without investigation. We were able to verify that this was not the case, as we found details of the complaint in the patient's medical records; however, it was contrary to good practice to record complaints in a patient's medical record rather than in the complaints log.

- We noted that some complaints related to dissatisfaction with the way reception staff talked to patients and handles their queries. We observed patient/staff interactions at the reception desk and noted that on occasion staff were brusque with patients and asked unnecessary intrusive personal questions. We drew this to the attention of the practice manager who informed us that this had already been recognised and the practice was considering ways to improve.

Are services well-led?

Not sufficient evidence to rate 

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

Our findings

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. There had been some recent changes amongst the partners and we were told that new partners were in the process of auditing the quality of clinical care to ensure it was of a satisfactory standard.

There was a leadership structure in place and staff felt supported by local management, although some staff did comment that the lack of a designated lead nurse had an affect on matters such as stock ordering. Some staff also

felt there was little involvement or support from the organisation at corporate level, and that the challenges of running both a GP practice and a walk in centre were not fully understood or appreciated.

- Staff told us that the practice was a good place to work, and they felt that they could approach the practice manager and/or the GPs if they had any concerns; however, a number of staff also commented on the lack of support for ongoing professional development.
- It was felt the lack of support for ongoing professional development had led to difficulties with staff retention and a number of staff had left so that they could pursue training opportunities elsewhere. It was notable, however, that such staff were happy to return to work at the practice as agency staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure fridge temperatures were recorded daily or to appropriately manage prescription pads. They had also failed to ensure their infection prevention and control policy was adhered to with regard to staff training and the cleaning of equipment.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>