

Dr Layth Delaimy

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



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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Layth Delaimy on 25 January 2017. The overall rating for the practice was good and the practice was rated requires improvement for providing safe services. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Layth Delaimy on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 January 2018 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 25 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good and is now rated good for providing safe services.

Our key findings were as follows:

- Infection control was being monitored within the practice and where risks were identified action was taken.

- The temperature of the fridge used for storage of vaccines was monitored and appropriate action taken when concerns arose.
- A risk assessment for lone working had been completed.
- Recruitment checks had been completed for staff employed since our last inspection.

In addition we saw evidence of:

- Information advising patients that chaperones were available was clearly displayed in the waiting area.
- The practice was monitoring management of long term conditions including improvement to the system used for contacting patients about their annual reviews. A healthcare assistant had been trained to help with long term condition management.
- Improvements were made to the quality of care as a result of additionally reviewing informal and verbal complaints and concerns.
- However, there is also one area of practice where the provider needs to make improvements.

The provider should:

- Review policies and protocols to ensure that they are practice specific and reflect current practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Dr Layth Delaimy

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second CQC inspector.

Background to Dr Layth Delaimy

Dr Layth Delaimy (also known as Ashley Medical Practice) is located in Walton-on-Thames in a converted residential property, with all patient areas on the ground floor, and is a training practice. (A training practice has GP trainees who are qualified doctors completing a specialisation in general practice).

At the time of our inspection there were approximately 3,100 patients on the practice list. Statistics show very little income deprivation among the registered population. The registered population is lower than average for 15-29 and 50-84 year olds, and higher than average for those aged from birth to nine years old and 30-49 year olds.

The practice is owned by a single principal GP who works with one salaried GP (both male). The GPs are supported by locum nurses, a healthcare assistant, a manager and four administrative staff. There are often GP trainees attached to the practice; at the time of our inspection one GP trainee (female) was attached to the practice.

The practice is open between 8.30am and 6pm Monday to Friday. A phlebotomy clinic is offered on Saturday mornings. When the practice is closed patients are advised,

through the practice website, patient leaflet and recorded telephone message, to contact NHS 111 where they can be redirected to the most appropriate external out of hours service.

The practice has a General Medical Services (GMS) contract with NHS England (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice offers enhanced services for example; childhood immunisations.

Services are provided from the following location:-

1a Crutchfield Lane

Walton-on-Thames

Surrey

KT12 2QY

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Layth Delaimy on 25 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services and good for providing caring, effective, responsive and well led services.

The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Layth Delaimy on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Layth Delaimy on 11 January 2018. 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.

Are services safe?

Our findings

At our previous inspection on 25 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control, recruitment checks, medicines management and the recording of risk assessment and mitigation were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 11 January 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments, for example, we saw a completed lone worker risk assessment. It had a suite of safety policies which were easily accessible to all staff. Policies were regularly reviewed; however we did note some minor discrepancies in some policies. For example; in the fridge temperature monitoring document there was a gap for location to be inserted.
- We saw a clear notice in the waiting area advising patients that chaperones were available, and this was also in the practice leaflet.
- The practice had employed one member of staff since our last inspection and we found that they had completed appropriate recruitment checks including a references and Disclosure and Barring Service (DBS) checks. (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).
- There was an effective system to manage infection prevention and control. We saw evidence of annual infection control audits and records of weekly cleanliness checks. We also noted that all the concerns regarding infection control raised at our last inspection had been rectified. For example, sharps safes were labelled appropriately and there was formal monitoring of daily cleaning.

Safe and appropriate use of medicines

The systems for managing medicines, including vaccines, minimised risks.

- We saw records demonstrating the maximum and minimum temperatures of the vaccine fridge were being monitored. We noted that there was no overview of the temperatures easily available as records from different members of staff were recorded in different places. Since the inspection the practice has told us that they have reviewed their system and in future all records will be recorded in a single system.
- We also spoke with a member of staff and the principal GP regarding an incident where the vaccine fridge failed during a clinical session. They were able to describe the protocol followed. The vaccines were transferred to a local pharmacy with whom the practice had agreed a reciprocal arrangement for emergency refrigerated storage.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues. For example, we saw a completed lone worker risk assessment.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, we saw evidence that where damage had occurred to an outside access path, which increased the risk of trips or falls, the practice proactively managed this and rectified it in a timely manner.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events, near misses and complaints.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example; a patient was initially denied an appointment due to a misunderstanding about whether they were registered with the practice or not. This was brought to the

Are services safe?

attention of the principal GP and the patient was seen the same day. The administrative staff were given refresher training regarding registration on the clinical system.