

Burnt Ash Surgery

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



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 10 February 2016. Breaches of the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. The practice was rated as Requires Improvement for Safety.

After the comprehensive inspection, the practice wrote to us to say what they would do to address the breaches of regulation.

We undertook a desk-based focussed inspection on 16 November 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 other 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 Burnt Ash Surgery on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to now be good for providing safe services.

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

- Risks to patients were assessed and well-managed, including those related to recruitment, staff training and support.

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.

Risks to patients were assessed and well-managed, including those related to recruitment, staff training and support.

Good



Burnt Ash Surgery

Detailed findings

Why we carried out this inspection

We undertook a desk-based focussed inspection of Burnt Ash Surgery on 16 November 2016. This was 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.

During the comprehensive inspection carried out on 10 February 2016 we found a breach of regulation 18(2) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not had the expected training in infection control or safeguarding. We also found weaknesses in the arrangements for recruitment checks, induction appraisal and training of chaperones. We said that the practice should make improvements to these and the advertising of online and translation services, and continue to consider ways to improve patient satisfaction.

How we carried out this inspection

This was a desk-based inspection of evidence requested from the practice.

The inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 10 February 2016 had been made.

We inspected the practice against one of the five questions we ask about services: is the service safe.

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 would affect the rating for all the population groups we inspected against.

Are services safe?

Our findings

During the comprehensive inspection carried out on 10 February 2016 we found a breach of regulation 18(2) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff had not had the expected training in infection control or safeguarding. We also found weaknesses in the arrangements for recruitment checks, and training and advertising of chaperones.

Overview of safety systems and processes

When we inspected in February 2016 we found that not all staff who acted as chaperones appeared to properly understand the function of the chaperone and so might not have been able to fully perform the role.

During this inspection we saw that staff have had additional training which had made the process and role of the chaperone clear.

When we inspected in February 2016, there were posters in the clinical rooms to let patients know about the chaperone service. During this inspection we saw evidence of an additional poster in the waiting room.

During this inspection we checked for evidence of training, in the areas we found gaps when we inspected in February 2016. All of the staff members we checked (clinical and non-clinical) had evidence of:

- up-to-date child safeguarding at the required level (level three for GPs and at least level two for nurses, and level one for non-clinical staff) and of adult safeguarding (level one)
- infection prevention and control.

In February 2016 we noted the premises to be clean and tidy, and there was a cleaning schedule, but there was no system of checks of cleanliness or supplies (such as soap). During this inspection we saw that a system of checks had been introduced shortly after the February 2016 inspection.

At the last inspection, we found that appropriate recruitment checks had not been undertaken prior to employment, but that the missing documents were obtained within a few days. We asked the practice for details of staff recruited recently, and checked the records of one of these members of staff as part of this inspection. We found that appropriate recruitment checks were completed. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and well managed when we inspected in February 2016, but we suggested that the mechanisms for identifying and managing risks could be strengthened. During this inspection we saw evidence that the practice had updated its risk management processes, by obtaining and completing an NHS risk assessment tool.