

Coldharbour Surgery

Inspection report

79 William Barefoot Drive
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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 location

Good 

Are services well-led?

Good 

Overall summary

We carried out an inspection of Coldharbour Surgery on 19 February 2020 to follow up concerns identified at our last inspection undertaken on 8 January 2019 where the service was rated requires improvement for providing a service that was well led.

At that inspection we identified concerns around the oversight of clinical performance and nursing referrals, the process for recording the authorisation of repeat prescriptions, employment checks for staff and issues around the provision and monitoring of emergency equipment. The practice was rated as good overall but requires improvement for providing a service that was well led. We issued a requirement notice for breaches related to regulation 17 of the Health and Social Care Act 2008 regulations 2014. In addition, we recommended that the provider consider increasing the amount of quality improvement work, improve recording of significant event actions, create better oversight of two week wait referrals and implement a system to ensure policies were periodically reviewed.

At this inspection we found that the provider had taken action to address most areas of concern. Although the provider did not have all the recommended emergency medicines, they had ordered these prior to the inspection, and we saw evidence that regular checks were being undertaken of the medicine stocks and that the practice had defibrillators available at both sites. We reviewed the practice's repeat prescribing process by looking at several records and found that the decision to authorise medicine was documented in each of the patient's records. The practice had systems in place to check professional registrations and pre employment checks had been done for the member of staff employed since our last inspection. A system had been established to review nursing referrals. There were some areas where clinical performance was still below target and exception reporting higher than local and national averages however this had improved in most areas and the practice had good oversight of the patients where intervention was still required. In respect of the recommendations made at the last inspection; we saw that the practice had undertaken some quality improvement work and significant event action points were recorded in some but not all instances. There was a clear process for policy reviews and all but one we reviewed were up to date. The practice's two week wait procedure was adequate and was subject to periodic review.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We rated the practice as **good** for providing well-led services because:

- There were effective governance arrangements in most areas.
- The practice had undertaken analysis and made improvements in respect of targets for childhood immunisations. However further work was needed to meet targets and reduce exception reporting.
- The provider had adequate systems in place to assess, monitor and address risk in most areas. However, the provider was missing three emergency medicines on the day of the inspection; evidence was provided that these had been ordered prior to our inspection.
- The provider had a virtual patient participation group who were updated regularly about activities and developments within the practice. Mechanisms were in place to enable patients to feedback concerns and contribute ideas regarding the operation of the service.
- There was some evidence of continuous improvement or innovation.
- Staff provided positive feedback about working at the practice which indicated that there was a good working culture.

The areas where the provider **should** make improvements are:

- Continue to monitor performance and work to improve against national targets and reduce exception reporting; with particular focus on those with dementia.
- Periodically review guidance around emergency medicines and ensure that these are stocked or their absence risk assessed.
- Clearly document action taken in response to significant events and hold more frequent discussions with non-clinical staff about significant events and record these discussions.
- Update the practice's safeguarding policy to reflect intercollegiate guidance and current internal processes.

Overall summary

- Increase the amount of clinical quality improvement activity.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a second CQC inspector and a GP specialist advisor.

Background to Coldharbour Surgery

The Coldharbour Surgery is situated in the South-East area of London and within the Greenwich clinical commissioning group (CCG) area. The practice is comprised of two sites. The address of the main practice is 79 William Barefoot Drive, London, SE9 3JD and the branch is situated at 145 White Horse Hill, Chislehurst, Kent BR7 6DH.

We visited both sites during our inspection. The practice provides a service to approximately 5,200 patients of a diverse age group and offers the following regulated activities: Treatment of disease, disorder or injury, Diagnostic and screening procedures, Maternity and midwifery services and Surgical procedures

The practice is located in a deprived area of Greenwich CCG (clinical commissioning group); the deprivation decile rating for this area is five (with one being the most deprived and 10 being the least deprived). Data from Public Health England showed that 18% of the patient population were of mixed ethnicity, Asian, black and 82% as white. The mix of male and female patients were

equal. The average life expectancy for females was 84 years and 79 years for males (equal to national averages). There are four GPs working at the practice (one male and three female). The team are comprised of a lead GP and three long term locum GPs. The practice employs an

advanced nurse practitioner, a practice nurse and one health care assistant. The clinical team are supported by a business manager (partner) a practice manager and additional administration staff.

Patients using the practice also have access to health visitors, district nurses and midwives. Other health care professionals visited the practice regularly. The main practice is open between 8am and 8pm on Mondays and Tuesdays, between 8am and 6.30pm on Wednesdays, between 8am and 2pm on Thursdays and between 8am and 6.30 on Fridays. The branch surgery is open Monday, Wednesday and Friday between 8am and 2pm and between 8am and 6.30pm on Tuesday and Thursday. Patients can access extended hours appointments at a community hub between 4pm and 8pm during the week and between 8am and 8pm during the weekends and on bank holidays. Appointments at the community hub can be made by the out of hours provider or by the GP practice. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number. This is in line with local contract arrangements.

The practice offers a range of appointment types including face to face same day appointments, telephone consultations and advance appointments (four weeks in advance) as well as online services such as access to records, online appointments and repeat prescription requests. The practice offers NHS minor surgery to practice patients and to patients within the locality.