

# Brocklebank Health Centre

## Inspection report

249 Garratt Lane  
London  
SW18 4UE

[www.seldoc.co.uk](http://www.seldoc.co.uk)

Date of inspection visit: 21/05/2018 and 23/05/2018  
Date of publication: 09/07/2018

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 safe?

Good 

# Overall summary

**This service is rated as Good overall.** The service was previously inspected by the CQC on 5 September 2017. At that inspection the rating for the service was good overall. This rating applied to effective, caring, responsive and well led and all six population groups. Safe was rated as requires improvement.

The report stated where the service must make improvements:

- Develop effective systems and processes to ensure safe care and treatment including ensuring the proper and safe management of medicines, and assessing the risk of not providing Oxygen and Automatic External Defibrillator on service vehicles used for home visits and, where appropriate, mitigate their absence.

The area where the provider should make improvement is:

- Ensure that risk assessments undertaken by the building owner are available to the provider.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out a focused inspection of the SELDOC Out of Hours Service at Brocklebank Health Centre on 21 May (a visit of the hub centre) and 23 May 2018 (a visit of the main site). The focussed inspection was to check if areas within the safe domain which were in breach of CQC regulations were now resolved

At this inspection we found:

- Cars used by the service had Oxygen and an Automatic External Defibrillator available for use.
- The service utilised prescriptions where GPs provided medicines to patients directly in line with guidance.
- The service had implemented new systems for how medicines were supplied to the site. Stocks were monitored and relevant medicines were available.
- Medicines audits had been completed and the service showed improved antibiotic prescribing following audits.

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

## Our inspection team

The inspection team consisted solely of a CQC lead inspector.

## Background to Brocklebank Health Centre

South East London Doctors On Call (SELDOC, the provider) is commissioned to provide a range of GP out of hours services in south London. In South West London, Brocklebank Health Centre is one of seven hubs at which patients may attend. There is a single hub that has administrative oversight for the area. Governance arrangements are co-ordinated locally by service managers and senior clinicians for each of the ten service locations, including the service provided from Brocklebank Health Centre.

The service has a double size consulting room that may be split into two, a reception area and storage at 249 Garratt Lane, London, SW18 4UE. During the day the premises are used by a GP service which is managed by a separate provider. The service is on one level and is accessible to those with restricted mobility.

The service is open between 6:30pm and 10pm Monday to Friday, on Saturdays and Bank Holidays from 8am until 10pm and on Sundays from 9am until 1pm. Patients can

only attend the service with referral through the NHS 111 service. The service sees approximately three patients per hour on average during the week and four patients per hour at weekends.

The service is led by a service manager (who is based at SELDOC's headquarters), and there is a GP on site who has oversight of the out of hours service. Team Leaders are also available via telephone at the service headquarters to address any problems staff may face.

GPs working at the service are either bank staff (those who are retained on a list of employed staff by the provider and who work across all of their sites) or agency. The site has permanently employed part time reception staff.

The service is registered with the Care Quality Commission (CQC) for the regulated activities of treatment of disease, disorder or injury, and transport services, triage and medical advice provided remotely.

## Are services safe?

At our previous inspection on 5 September 2017, we rated the provider as requires improvement for providing safe services and stated that the practice must:

- Develop effective systems and processes to ensure safe care and treatment including ensuring the proper and safe management of medicines, and assessing the risk of not providing Oxygen and Automatic External Defibrillator on service vehicles used for home visits and, where appropriate, mitigate their absence.

The area where the provider should make improvement is:

- Ensure that risk assessments undertaken by the building owner are available to the provider.

**At this inspection we found that these areas had been addressed, and we rated the practice, and all of the population groups, as good for providing safe services.**

### Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks.

- The service kept prescription stationery securely and monitored its use. This included the implementation of lilac prescriptions for medicines which were either administered or dispensed by the GP. These were kept securely in the relevant sealed medicines trays.
- Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately. Oxygen and an Automatic External Defibrillator were available in all cars.
- The service had developed a system with an external provider that medicines were stored in secure boxes that were checked once a week. When medicines were used there was a “yellow flag/red flag” system in place to determine whether the box may still be used or would need to be replaced.
- The service had carried out regular audits of the use of broad spectrum antibiotics and prescriptions of painkillers. The analysis of the first audit of antibiotics showed that the service was only prescribing first choice antibiotics for urinary tract infections 50% of the time. Following training of all clinical staff at the second audit this had improved to a compliance rate of 79%.

### Track record on safety

The service had a good safety record.

- The service had documented efforts to source copies of risk assessments undertaken by the building owner, and they were continuing to follow up those assessments that had not been provided.