

# Dr Patrick Morant

## Quality Report

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Date of inspection visit: 19 April 2017

Date of publication: 31/05/2017

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



Are services effective?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Dr Patrick Morant	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Patrick Morant on 17 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr Patrick Morant on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 19 April 2017 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 17 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had taken action on all of the areas identified at the last inspection.
- Safety had improved. Staff had relevant training, and risks were well managed. There were arrangements to deal with emergencies and major incidents.

- Performance on measures of care for people with diabetes had improved.
- Quality improvement activity had increased.
- The overall governance arrangements had improved, with stronger arrangements for managing risks, for managing training, and for ensuring policies (e.g. recruitment) were implemented consistently.

However, there were still some areas where the practice should continue to make improvements.

The provider should:

- Continue to develop quality improvement activity, including audit to improve outcomes for patients with coronary heart disease.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them. Although the practice had taken some action in this area, only 18 carers had been identified (0.4% of the practice list).

**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.

- Staff received appropriate training for their roles in infection control and keeping people safe from abuse.
- Infection control and prevention arrangements were in place, and issues identified were being acted upon.
- Rooms that contained items that could pose a risk to patients and other visitors to the practice were locked when not in use.
- There were arrangements to deal with emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Performance on measures of care for people with diabetes had improved.
- Quality improvement activity had increased. One audit had been repeated and there were plans to repeat the other audits that had been undertaken.
- There was a new system to monitor training updates.

Good



### Are services well-led?

The practice is rated as good for providing well led services.

- The overall governance arrangements had improved, with stronger arrangements for managing risks (including infection control), for managing training updates, and for ensuring policies (e.g. recruitment) were implemented consistently.
- There was also a stronger quality improvement programme in place, to monitor and improve patient care and services.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 17 August 2016, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 17 August 2016, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 17 August 2016, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 17 August 2016, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 17 August 2016, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 17 August 2016, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Dr Patrick Morant

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector.

## Background to Dr Patrick Morant

Dr Patrick Morant runs Sydenham Surgery, based in Lewisham, south London. The practice is housed in purpose-built premises, next to the railway line in Sydenham. There is no parking close to the practice but the area is well served by public transport.

The surgery is based in an area with a deprivation score of 4 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children than the national average. Compared to the average English GP practice, more patients are unemployed.

There are approximately 4032 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to four) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many more patients aged 25 – 34. There are fewer patients aged 50+ than at an average GP practice in England.

Three doctors work at the practice: two male and one female. Two of the GPs (one male and one female) are partners, and the other GP is employed as a long-term locum. Some of the GPs work part-time. Full time doctors work 8 sessions per week. The practice provides 18 GP sessions per week. There is a female practice nurse who works six sessions per week.

The practice is open between 8.15am and 6.30pm Monday to Friday. Appointments are available with GPs from 8.40am to 11.40am and 4pm to 6.30pm Tuesday to Friday. On a Monday, appointments are available from 8.40am to 11.40am and 4pm until 7.30pm. Appointments are

available with a nurse on Monday 2.30pm to 7.30pm, Tuesday 9am to 12.30pm, Wednesday 3pm to 6pm, Thursday 9am to 12.30 and Friday 8.30am to 4.30pm. When the practice is closed cover is provided by SELDOC, a GP co-operative that runs out-of-hours care.

The practice offers NHS GP services under a Personal Medical Services contract in the Lewisham Clinical Commissioning Group area. The practice is registered with the CQC to provide surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Patrick Morant on 17 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr Patrick Morant on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Patrick Morant on 19 April 2017. 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.

# Detailed findings

## How we carried out this inspection

We carried out a focused inspection of Dr Patrick Morant on 19 April 2017. This involved reviewing evidence that:

- Relevant staff had now completed their required training
- Effective infection prevention and control arrangements were in place
- Adequate equipment and medicines were in place to manage medical emergencies
- Prescription forms were stored securely
- Patients and other visitors were protected from risks of items in unlocked clinical rooms

- An ongoing clinical audit plan had been implemented
- And that action had been taken on the other recommendations that we made to improve patient care.

During our visit we:

- Spoke with the practice manager
- Reviewed documents, including staff training records and audits
- Checked equipment and medicines to manage medical emergencies.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 17 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of keeping people safe from abuse, recruitment and risk management, including infection control, were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 19 April 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

When we inspected in August 2016, staff had completed appropriate training in keeping people safe, but this was not being updated annually. Recruitment checks had been carried out, but the practice had no record of proof of identity in staff files.

At this inspection, we checked four staff files. All had had evidence of recent training in keeping children and adults safe from abuse. One nurse had completed recent training, but not at the expected level for the role (level two). We were sent evidence the day after the inspection that the nurse had completed level two training, and that the practice system to monitor training had been updated to ensure that it included the level of safeguarding training required.

### Monitoring risks to patients

When we inspected in August 2016, there was no clear lead for infection prevention and control. The last infection control audit had failed to identify some issues that we noted during the inspection, for example, that sharps bins were not being emptied in line with guidance to keep patients safe. Other than at induction, staff had not received training on preventing and controlling infection.

Rooms were not locked when not being used, so there was access to items that could pose a risk to those in the practice, including clinical equipment, sharps bins and cleaning fluids in unlocked cupboards.

There were systems to monitor the use of blank prescription forms and pads and they were stored securely when not in clinical rooms. However, blank prescription forms were not securely stored during the day, because clinical rooms were not locked when they were not being used.

At this inspection, there was a clear lead for infection control, who had received recent training for the role. Other staff had had all received infection control training, either online or from the infection control lead. An audit carried out after the last inspection had identified a number of actions, which were being acted upon.

Rooms were now locked, and prescription forms removed from rooms, when not in use.

### Arrangements to deal with emergencies and major incidents

When we inspected in 2016, we found that not all staff had had recent basic life support training. The practice did not have any oxygen or benzylpenicillin (a medicine used to treat suspected bacterial meningitis), and had no clear rationale for not having these or formal assessment of how a medical emergency requiring these would be managed.

There was a comprehensive business continuity plan in place for major incidents such as power failure or building damage, but the plan was only stored in the practice, there was no copy away from the premises.

Staff records we checked in April 2017 showed that all staff had received basic life support training. There was oxygen and benzylpenicillin, and these were checked regularly to ensure they were ready to use, if required. Staff told us that the business continuity plan was now also stored off-site.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 17 August 2016, we rated the practice as requires improvement for providing effective services, as clinical audits and staff training arrangements needed improving. We also made some recommendations to improve the identification and care of patients with long term conditions.

These had significantly improved when we undertook a follow up inspection on 19 April 2017. The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

When we inspected in August 2016 we found that, based on the Quality and Outcomes Framework (QOF), some patients' outcomes for diabetes were below the national average, although they were in line with local averages. The practice had also identified fewer patients than would be expected with Coronary Heart Disease.

There had been two clinical audits carried out in the last two years. Both were required by the Clinical Commissioning Group, rather than being planned by the practice to monitor quality. The audits led to action (for example, to GPs being given extra training in the current antibiotics guidelines) but the audits had not been repeated to check that these had resulted in improvement in patient outcomes.

At this inspection, we reviewed the data the practice had submitted for QOF 2016/17. This was not published or validated, but showed that the practice performance had improved to be in line with the 2015/16 national averages. For example, when we inspected in 2016 the latest published data showed that 68% of patients with diabetes had well controlled total cholesterol, below the national average of 81%, but comparable to the local average of 72%. Data provided by the practice in April showed that this had improved to 78% of patients.

An audit was underway to check that all of the patients with Coronary Heart Disease had been identified. We saw data that had been gathered on patients on medicines that might indicate a diagnosis of coronary heart disease, but who were not coded on their notes as having that diagnosis. For example, there were 14 patients who had a repeat prescription for GTN spray (prescribed for chest pain). The practice were about to review the notes of these patients and, where appropriate, code them with the diagnosis of Coronary Heart Disease so that appropriate support could be given.

There had been a further four audits carried out since we inspected in 2016. One of these had been repeated to look for improvement – a review of patients on drugs that cause increase the risk of falls. There was no improvement in the second audit, but the practice had an action plan in place, and planned to repeat the audit in six months.

The practice manager told us that the practice planned to repeat all of the audits that had been conducted every six months.

### **Effective staffing**

When we inspected in August 2016, we found that there was not an effective system to ensure that staff received appropriate training at the expected intervals.

We reviewed four staff files at the April 2017 inspection, and found that all but one had evidence of complete and up-to-date training. One member of staff had completed update training in child safeguarding at a lower level than guidance indicates. There was a new system to monitor training, but this did not note the levels for each role. We brought this to the attention of practice staff during the inspection, and we were sent evidence the next day that training at the right level had been completed, and the monitoring system updated.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 17 August 2016, we rated the practice as requires improvement for providing well-led services as the overarching governance structure had not identified weaknesses in risk management and several policies were not consistently implemented.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 19 April 2017. The practice is now rated as good for being well-led.

### Governance arrangements

The overall governance arrangements had improved, with stronger arrangements for managing risks, including infection control, for managing training updates, and for ensuring policies (e.g. recruitment) were implemented consistently.

There was also a stronger quality improvement programme in place, to monitor and improve patient care and services.