

Broom Road Medical Practice

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

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Broom Road Medical Practice	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 of Broom Road Medical Practice on 31 March 2016. The overall rating for the practice was Good. However breaches of legal requirements were found relating to the Safe domain. The practice did not have systems or process to enable them to monitor and mitigate risk relating to health, safety and welfare of service users and others who may be at risk. There was no evidence that electrical wiring had been tested. The last Legionella assessment was completed in 2010. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). All staff records did not have details of up-to-date mandatory training, for example safeguarding and infection control.

After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report can be found by selecting the 'all reports' link Broom Road Medical Practice on our website at www.cqc.org.uk.

This inspection was a focused follow up review carried out on 25 July 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 31 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Following the focused inspection, we found the practice to be good for providing safe services.

Our key findings were as follows:

- The practice had purchased a defibrillator following the initial inspection, and we saw evidence daily logs were kept to check the working status of the defibrillator.
- The practice now ensured that Patient Group Directions (documents that allow nursing staff to give certain medicines and injections) were signed by the doctor instead of the practice manager.
- All staff had completed training in required topics, such as infection control, safeguarding, basic life support, information governance and fire safety. We saw evidence that all staff were up to date with training.

Summary of findings

- Since the initial inspection the practice had conducted a Legionella assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that actions had been followed up.
- The practice had conducted electrical wiring testing. We saw an electrical installation condition report to verify this.
- Portable appliance testing had been conducted, we saw evidence that this had been carried out since the last inspection.
- Since the initial inspection the practice had conducted a fire risk assessment. We saw evidence that action points had been followed up.
- Action points from meetings (including non-clinical meetings) were properly documented and reviewed.

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?

Good



- The provider had systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on regulated activity.
- The practice had purchased a defibrillator; we saw evidence daily logs were kept to check the working status of the defibrillator.
- The practice had reviewed its arrangements for Patient Group Directions (documents that allow nursing staff to give certain medicines and injections) were all signed by the doctor instead of the practice manager.
- The practice had reviewed its arrangements for training: All staff training records were checked and all staff had completed training in infection control, safeguarding, basic life support, information governance and fire safety.
- The practice had conducted a Legionella assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that actions had been followed up.
- The practice had conducted electrical wiring testing we saw an electrical installation condition report to verify this.
- Portable appliance testing had been conducted, we saw certificates.

Broom Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a lead Care Quality Commission inspector.

Background to Broom Road Medical Practice

Broom Road Medical Practice is based in the Spring Park area of Shirley, Croydon, a suburban area of south London. It is based in a detached house with free parking available next to the surgery and at the back of the surgery. There is step free access, and reception, two clinical rooms and an accessible toilet are downstairs.

There are two female GP partners, and two long-term male locum GPs. Some of the GPs work part-time. The working hours added together equate to just over two full time roles (whole-time-equivalents).

There is one permanent practice nurse and two nurses employed as long-term locums. There are two female and one male nurse. All of the nurses are female. Some of the nurses work part-time. The working hours added together equate to just over 0.6 of a full time role (whole-time-equivalent). One of the long-term locum nurses is a diabetic nurse and the other has a special interest and extra skills to care for patients with asthma and other respiratory illnesses.

Broom Road Medical Practice works under a General Medical Services contract. The practice is registered with the CQC for the following activities: treatment of disease, disorder or injury, maternity and midwifery services and diagnostic and screening procedures. The practice has

signed up to provide some extra services (not normally provided under their contract): childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, remote care monitoring, rotavirus and shingles immunisation, and unplanned admissions.

The practice is open between 8am and 6.30pm Monday to Friday. Outside of these hours patients are advised to use the NHS 111 service or a local walk-in centre.

Appointments are available on Monday from 8am to 1pm and 5pm to 6.30pm, Tuesday from 8.30am to 11.30 and 4pm to 6.30pm, Wednesday from 8.30am to 10.30am and 3pm to 6.30pm, Thursday from 9am to 11.30am and 2pm to 6.30pm and Friday from 9am to 11 and 1pm and 6.30pm. Extended hours appointments were available until 7.25pm on Monday and Friday.

There are approximately 3,175 patients registered at the practice. Compared to other practices in England, Broom Road Medical Practice has more children and younger adult patients (aged 0 – 20), women aged 35 – 39 and men aged 45 – 49. Compared to other practices in England, the practice has fewer male patients aged 30 – 45 and fewer patients aged over 50 (including older people).

Although Shirley is a relatively affluent area, the practice is based in an area of social housing. The practice population is in the third most deprived decile. The practice population also has higher values on measures of deprivation affecting particular groups, such as children and older people.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Broom Road Medical Practice on 31 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement in safe. The full comprehensive report following the inspection on 31 March 2016 can be found by selecting the 'all reports' link for Broom Road Medical Practice on our website at www.cqc.org.uk.

During the comprehensive inspection carried out on 31 March 2016 we found that the practice had not formally considered the risks of not having a defibrillator in the practice, and there was no evidence that staff had completed required training in areas such as infection control. Patient Group Directions (PGDs: documents that allow nursing staff to give certain medicines and injections) were not appropriately signed. There was no evidence that electrical wiring had been tested. The last legionella assessment was completed in 2010. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment advised that actions were required, but no evidence could be supplied to show that all had been completed.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 31 March 2016 had been made.

We undertook a follow up focused inspection of Broom Road Medical Practice on 25 July 2017. We inspected the practice against one of the five questions we ask about services: is the service safe. 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.

How we carried out this inspection

We carried out a focused follow up review of Broom Road Medical Practice on 25 July 2017. This involved visiting the practice. During our visit we:

- Spoke with a range of staff (GP, Practice manager, non-clinical staff).
- Looked at staff training records.
- Reviewed certificates, reports assessments and documents.

Are services safe?

Our findings

At our previous inspection on 31 March 2016 we rated the practice as requires improvement for providing safe services as the practice had failed to do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice had not formally considered the risks of not having a defibrillator in the practice, and there was no evidence that staff had completed required training in areas such as infection control. Patient Group Directions were not appropriately signed. There was no evidence electrical wiring had been tested. The last legionella assessment was completed in 2010. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment advised that actions were required, but no evidence could be supplied to show that all had been completed.

These arrangements had significantly improved when we undertook a follow up inspection on 25 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

During the initial inspection on 31 March 2016 GPs told us that they were all trained to safeguarding level 3 and nurses to level 2, but this could not be confirmed by the staff records for all staff. We found that there was an infection control protocol in place but not all staff had received up to date training. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PGDs must be signed by the nurse and a doctor. The PGDs in the practice were signed by the practice manager.

During the follow-up inspection we saw certificates for all members of staff demonstrating they had all completed safeguarding and infection control training. We saw all PGDs were signed by the doctor instead of the practice manager.

Monitoring risks to patients

During the initial inspection on 31 March 2016 we found that the practice had a fire risk assessment conducted November 2006. A number of issues were identified, which were addressed. We found that portable electrical equipment was not checked regularly to ensure the equipment was safe to use and no formal risk assessment had been carried out. There was no check of the wiring inside the practice premises. The last legionella assessment was completed in 2010. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment advised that actions were required, but no evidence could be supplied to show that all had been completed.

During the follow-up inspection the practice provided us with a recent fire risk assessment from October 2016. We saw issues identified had been addressed. We also saw evidence that the practice had made all staff aware of the fire risk assessment and that they had discussed staff members' responsibilities in relation to it. We saw evidence that portable appliance testing had been conducted in August 2016. We saw evidence that electrical wiring had been tested August 2016. We saw evidence that a legionella assessment was completed in August 2016, and actions identified had been addressed.

Arrangements to deal with emergencies and major incidents

During the initial inspection on 31 March 2016 we looked for evidence of annual basic life support training in personnel files, but could not see this for all members of staff, and the practice could not find it. The practice had no defibrillator available on the premises and no assessment had been carried out on the risks of not having one.

During the follow-up inspection we saw certificates for all members of staff demonstrating they had all completed annual basic life support training. We saw the practice had purchased a defibrillator and we saw evidence daily logs were kept to check the working status of the defibrillator.