

Dr Susanne Senhenn

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 effective?

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 Dr Susanne Senhenn on 25 November 2015. Breaches of legal requirements were found during that inspection within the effective domain. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Ensure that mandatory training for staff is completed and monitored to ensure that time frames for renewal do not lapse. This included ensuring staff had completed relevant for fire safety, infection control and information governance.

We undertook a focused inspection on 25 May 2016 to check that the provider had followed their action plan

and to confirm that they now met legal requirements. The provider was now meeting all requirements and was rated as Good under the effective domain. This report only covers our findings in relation to those requirements.

- Mandatory training for staff had been completed. The practice had a new training matrix and used calendar reminders for the renewal of staff training. Staff had completed training for fire safety, infection control and information governance.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

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 effective?

The practice is rated as good for providing effective services.

At our previous inspection on the 25 November 2015, we found that staff had received some training appropriate to their roles. However, further mandatory training was identified as not having been completed in the time frame set out by the practice. This included fire safety, infection control and information governance.

At this inspection, 25 May 2016, we found that all staff had completed the practices mandatory training. Included fire safety, infection control, information governance and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

Good



Dr Susanne Senhenn

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

25 November 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 25 May 2016 to follow up on whether action had been taken to deal with the breaches.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At our previous comprehensive inspection on 25 November 2015, we found that staff training was not up to date. The practice manager provided us with a spreadsheet, which had recorded staff mandatory training. We saw that from the 19 staff members, only one member of staff had received training in fire safety and infection control and two members had training in equality and diversity. We also saw that ten members of staff had not received training in information governance. Shortly after the inspection, we received confirmation that staff had been booked onto relevant training courses and were undertaking on line learning to address the gaps in training found on the day of the inspection.

At this focused inspection on 25 May 2016, we found that staff had completed the practices' mandatory training. This included fire safety, infection control, information

governance and equality and diversity. We spoke with the assistant practice manager who told us that staff training had been discussed at clinical meetings. E-mails had been sent to staff with individual training requirements and a date for completion. We saw evidence that a new training spreadsheet was in use and the practice stored staff training certificates. The spreadsheet recorded the dates of all training that staff had completed and highlighted when training needed to be renewed. We saw that from 21 staff members (including clinical staff) all had completed training in fire safety, infection control, information governance, dementia awareness, and equality and diversity. All clinical staff had completed training on the Mental Capacity Act 2005 in either February or March 2016. Staff had access to and made use of e-learning training modules and in-house training. The assistant practice manager informed us that further training modules would be included this year for staff. For example, staff had been requested to undertake 'prevent' training (anti-radicalisation) over the next couple of weeks.