

Dean House Surgery

Quality Report

Dean House Surgery
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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sajida Choudhry (Dean House Surgery) on 9 March 2016. The overall rating for the practice was Good. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dean House Surgery (Dr Sajida Choudhry) on our website at www.cqc.org.uk.

At our previous inspection on 9 March 2016, we rated the practice as requires improvement for providing safe services as the practice had not conducted a risk assessment for not having a defibrillator at the practice. In addition, the practice had no system for monitoring the usage of prescription pads.

This inspection was an announced focused inspection carried out on 28 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 9 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. At this inspection, we found that the practice had purchased a defibrillator and that a system of monitoring usage of prescription pads had been introduced. As a result of these findings, the practice is now rated as good for providing safe services.

Overall the practice is still rated as Good.

Our key findings were as follows:

- The practice had the required equipment in the event of a medical emergency.
- The practice had introduced a system of keeping a log of the serial numbers of prescription to monitor the usage of prescription pads held at the practice.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had systems in place to monitor the usage of prescription pads at the practice
- The practice had a defibrillator (with adults and children's pads) to be used in the event of a medical emergency.

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 practice is rated good for the care of older people. As the practice was found to be providing good services overall, this affected the rating of the population groups we inspect against.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. As the practice was found to be providing good services overall, this affected the rating of the population groups we inspect against.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the rating of the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working age people (including those recently retired and students). As the practice was found to be providing good services overall, this affected the rating of the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this affected the rating of the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this affected the rating of the population groups we inspect against.

Good



Dean House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

One lead CQC inspector.

Background to Dean House Surgery

Dr Sajida Choudhry (the Provider), operates from Dean House Surgery, 193 High Street, Enfield, EN3 4DZ. The practice is located in privately owned premises on a main road in a residential area of North London.

There are approximately 2200 patients registered at the practice. Statistics shows high income deprivation among the registered population. The registered population is slightly higher than the national average for those aged between 20-44.

The clinical team is comprised of the Provider and a regular locum who provide nine sessions per week, together with a locum Practice Nurse and a healthcare assistant. The practice manager heads a team of five administrators.

The practice is open at the following times:-

- 08:00 - 18:30 (Monday, Wednesday, Thursday and Friday)
- 08:00 - 19:30 (Tuesday)

Clinical sessions are run during the following times:-

- 9:00 - 12:00 and 15:45 to 18:00 (Monday, Thursday and Friday)
- 9:00 - 12:00 and 16:00 to 19:30 (Tuesday)
- 9:00 - 12:40 and 15:30 to 18:00 (Wednesday)

Patients can book appointments in person, via the phone and online.

Patients requiring care or advice outside of normal working hours are advised to contact the local out of hours service provider by phoning NHS 111.

The practice has a Personal Medical Services (PMS) contract. Enfield Clinical Commissioning Group (CCG) is the practice's commissioning body.

Why we carried out this inspection

We undertook a comprehensive inspection of Dean House Surgery on 9 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice overall was rated as Good, but requires improvement for the provision of safe services. The full comprehensive report following the inspection on 9 March 2016 can be found by selecting the 'all reports' link for Dean House Surgery (Dr Sajida Choudhry) on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dean House Surgery on 28 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.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff (one doctor and one practice manager).

Detailed findings

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 9 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of monitoring the usage of prescription pads and the failure to risk not having a defibrillator on site were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 28 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

At our previous inspection in March 2016, we reviewed incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We noted that a significant event had been identified by the practice when it had been realised that a baby on the patient list had received its first and second set of immunisations sooner than the required four weeks apart. The Provider contacted the mother of the baby to explain and apologise for what had happened. The CCG lead Paediatrician was contacted by the Provider and discussions were held between the Practice Nurse, the parents, the CCG immunisation lead and the Provider. The baby was monitored by the Provider and showed no signs of side effects of having the immunisation vaccine before the specified time. As a result, the practice has increased its vigilance when immunising babies by ensuring that all patient records are read thoroughly and to note the date of the last immunisation before administering further immunisations.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and process

At our previous inspection in March 2016, we saw that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The Provider was the lead member of staff for Safeguarding. The Provider attended Safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The Provider and GP locum were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Provider was the infection control clinical lead who alongside the Practice Manager liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date in-house training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any actions identified as a result.
- At this inspection, the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We found that the practice had a system in place to monitor the use of prescription pads and that the pads were stored securely during practice opening hours. Patient Group Directions (PGD) had been adopted by the practice to

Are services safe?

allow the nurse to administer medicines in line with legislation. The practice also had a system for production of Patient Specific Directions (PSD) to enable the health care assistant to administer vaccines after specific training when a doctor or nurse was on the premises. 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. PSDs are written instruction from a qualified and registered prescriber for a medicine including dose, route and frequency or appliance to be supplied or administered to a named patient on an individual basis.

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had defibrillator available on the premises with children's and adult pads, as well as oxygen with adult and children's masks. A first aid kit and an accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.