

The Bacon Lane Surgery

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 29 September 2016 at The Bacon Lane Surgery. At that inspection the practice was rated good overall. However, we rated the practice as requires improvement for providing a safe service. This was because the practice could not demonstrate it assessed and managed risks safely.

The full comprehensive report of the 29 September 2016 inspection can be found by selecting the 'all reports' link for The Bacon Lane Surgery on our website at www.cqc.org.uk.

This inspection was a focused inspection undertaken on 5 October 2017 to check that the practice had addressed the requirements identified in our previous inspection. This report covers our findings in relation to those requirements.

Overall the practice remains rated as good. Following this inspection, we have revised our rating for whether the practice is providing a safe service. The practice is now rated as good for providing a safe service.

Our key findings were as follows:

- The practice had effective systems in place to assess and manage risks to patients and staff. The practice

had developed a tailored health and safety policy. Fire safety and legionella risk assessments had been carried out by suitably qualified persons with clear recommendations for further action and monitoring.

- The practice had implemented the recommendations arising from relevant risk assessments. The practice was document the health and safety related monitoring checks it routinely carried out.

At our previous inspection, we also noted that:

- Consent was not always documented in patient notes for example when carrying out procedures such as joint injections. At this inspection, the practice showed us the patient consent form and information leaflet provided to patients undergoing joint injections. We reviewed a number of records and found that consent had been recorded in the patient notes.
- GPs were not always familiar with the Deprivation of Liberty Safeguards (DoLS). At this inspection, we reviewed staff training records. Staff had received update training on the Mental Capacity Act and Deprivation of Liberty Safeguards within the last 12 months. Staff we spoke with understood their roles and responsibilities under this legislation.

However, there were areas where the practice should make improvements:

Summary of findings

- The practice should ensure that all staff can access practice policy and procedures relating to the storage and management of liquid nitrogen (a hazardous substance).
- The practice should ensure that treatment rooms are kept uncluttered to avoid impeding fire exits; to reduce the risk of accidents and as part of effective infection prevention and control.

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. The practice was able to demonstrate that risks were effectively assessed and managed.

Good



The Bacon Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist adviser.

Background to The Bacon Lane Surgery

The Bacon Lane Surgery provides primary medical services through a general medical services (GMS) contract to approximately 9,000 patients in the Burnt Oak area of Harrow.

The practice population is ethnically and culturally diverse and is characterised by a higher than average proportion of adults aged under 40 and also people aged over 65. In socio-economic terms, the area is similar overall to the English average.

The practice team consists of six GP partners, a regular locum GP, a nurse practitioner, a practice nurse, a healthcare assistant, a clinical pharmacist and a practice manager supported by a team of reception and administration staff. The practice is also a training practice offering working placements to GP registrars. Patients can choose to see a male or female GP.

The practice's opening hours are 8am and 6:30pm Monday to Friday. Appointments are available throughout the opening hours. Extended hours appointments are offered on Tuesday evenings until 8:30pm and Thursday mornings from 7:30am.

Services provided include childhood immunisations, chronic disease management, minor surgery, spirometry, coil fitting and travel services.

The practice is registered with the Care Quality Commission to provide the following regulated activities: diagnostic and screening procedures; maternity and midwifery services; surgical procedures; family planning; and treatment of disease, disorder or injury.

Why we carried out this inspection

We undertook a comprehensive inspection of The Bacon Lane Surgery on 29 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good. However, we also rated the practice as requires improvement for providing a safe service.

The full comprehensive report on the 29 September 2016 inspection can be found by selecting the 'all reports' link for The Bacon Lane Surgery on our website at www.cqc.org.uk.

We undertook a follow up inspection of The Bacon Lane Surgery on 5 October 2017. This inspection was carried out to review the actions taken by the practice to improve the safety of the service and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 5 October 2017. During our visit we:

- Spoke with members of staff (including the practice manager; one of the GP partners, another GP, the practice nurse and a receptionist).

Detailed findings

- We reviewed a range of documentary evidence including relevant policy documents and protocols; risk assessments, infection control audits and schedules; significant event records, the minutes of staff and patient group meetings and practice performance data.
- We also observed aspects of the physical environment and selected items of equipment.

Are services safe?

Our findings

At our previous inspection on 29 September 2016, we rated the practice as requires improvement for providing safe services. This was because:

- The practice was not assessing and managing risk effectively. In particular, the practice had not implemented recommendations from the most recent fire risk assessment; health and safety audit; legionella risk assessment and the boiler inspection.
- The practice did not have a tailored health and safety policy in place.
- The practice had not documented changes made as a result of learning from significant events.
- We also received some critical comments from patients about the handling of repeat prescription requests.

At our inspection of 5 October 2017, we found the practice had taken action to address these concerns and was meeting the legal requirements. The practice is now rated as good for providing safe services.

Safe track record and learning

Since our previous inspection, the practice had recorded nine significant events and incidents. These had been summarised and analysed. Documented information included the type and severity of incident and actions taken. Staff told us that practice encouraged incident reporting and learning was shared among the clinical and administrative teams. We also saw evidence of this type of discussion in the minutes of clinical and team meetings.

Overview of safety systems and processes

Since our previous inspection, the practice had reviewed its prescribing policy and procedures. Any delay in providing a

repeat prescription (beyond 48 hours) was now treated as an incident and investigated. The practice also included more patient information on repeat prescriptions, for example making it clearer when monitoring checks (such as blood tests) or medication reviews were due before the next prescription could be issued.

Managing risks to patients

The practice had developed a tailored health and safety policy which outlined the main environmental risks to patients and staff and how these would be addressed. The practice had designated a senior member of the practice as the health and safety lead who took overall responsibility.

Since our previous inspection the practice had commissioned a new fire safety risk assessment, a new legionella risk assessment and had the gas and heating systems inspected. (Legionella is a type of bacterium which can contaminate water systems in buildings). The practice had implemented the recommendations arising from these risk assessments and our previous inspection. For example:

- In relation to the legionella assessment, practice staff routinely flushed the water outlets and tested the water temperatures on a monthly basis. These checks were documented. Staff knew what to do if these checks breached the acceptable range.
- Following the most recent fire safety assessment, the practice had improved signage to indicate the location of the emergency oxygen cylinder. Staff were trained on fire safety and the practice had put in place a personal emergency evacuation plan. Fire drills were held every six months and documented. The fire alarm was checked weekly and the practice had fitted a new smoke alarm system.