

Riverhouse 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 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection of Riverhouse Medical Practice on 17 August 2016, overall the practice was rated as good.

We conducted this inspection following a comprehensive inspection on 10 December 2015 where breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. The practice was previously rated as inadequate for providing safe services, and requires improvement for providing responsive services and being well led; the population groups were all rated as requires improvement.

After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breaches of:

- Regulation 12 (Safe care and treatment);
- Regulation 13 (Safeguarding services users from abuse and improper treatment)
- Regulation 16 (Receiving and acting on complaints); and
- Regulation 17 (Good governance).

This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Riverhouse Medical Practice on our website at www.cqc.org.uk.

Our key findings across all the areas we inspected were as follows:

- Systems were in place to keep patients safe and safeguarded from abuse.
- Processes were in place to ensure that the administration of medicines was safe.
- Information about how to complain was available and easy to understand. The practice recorded both written and verbal complaints, and improvements were made to the quality of care as a result of complaints and concerns.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Processes were in place to ensure that staff kept their knowledge and skills up to date.

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 had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were arrangements in place for prescribing and administering medicines which kept patients safe; this included processes to ensure that the correct legal paperwork was in place to allow staff to administer medicines, to monitor the expiry dates of medicines administered by the practice, and to ensure the security of blank prescription sheets.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice kept a log of both written and verbal complaints, and learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a strong focus on continuous learning and improvement at all levels. The practice were committed to improving the service provided to patients, and had fully engaged with the inspection process in order to address the areas identified as requiring improvement during the initial inspection.

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 was previously rated as Requires Improvement for the care of older people, as the provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. Following the re-inspection, the practice is rated as Good for all domains, and is therefore rated as Good for the care of older people.

Good



People with long term conditions

The practice was previously rated as Requires Improvement for the care of people with long-term conditions, as the provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. Following the re-inspection, the practice is rated as Good for all domains, and is therefore rated as Good for the care of people with long-term conditions.

Good



Families, children and young people

The practice was previously rated as Requires Improvement for the care of families, children and younger people, as the provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. Following the re-inspection, the practice is rated as Good for all domains, and is therefore rated as Good for the care of families, children and younger people.

Good



Working age people (including those recently retired and students)

The practice was previously rated as Requires Improvement for the care of working age people (including those recently retired and students), as the provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. Following the re-inspection, the practice is rated as Good for all domains, and is therefore rated as Good for the care of working age people (including those recently retired and students).

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice was previously rated as Requires Improvement for the care of people whose circumstances may make them vulnerable, as the provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. Following the re-inspection, the practice is rated as Good for all domains, and is therefore rated as Good for the care of people whose circumstances may make them vulnerable.

Good



People experiencing poor mental health (including people with dementia)

The practice was previously rated as Requires Improvement for the care of people experiencing poor mental health (including people with dementia), as the provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. Following the re-inspection, the practice is rated as Good for all domains, and is therefore rated as Good for the care of people experiencing poor mental health (including people with dementia).

Good



Riverhouse Medical Practice

Detailed findings

Why we carried out this inspection

We undertook a focussed inspection of Riverhouse Medical Practice on 17 August 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. From April 2015, the

regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, breaches of regulation 12 (Safe care and treatment), 13 (Safeguarding services users from abuse and improper treatment), 16 (Receiving and acting on complaints), and 17 (Good governance)

were identified.

During the comprehensive inspection carried out on 10 December 2015, we found that the practice did not have clear systems for acting on and reporting safeguarding concerns; they did not have processes in place to ensure that the required legal documentation was in place for staff to administer medicines, to ensure that medicines administered by the practice were in date; their procedure for sharing medicines alerts did not include all clinical staff; and they did not record verbal complaints.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 10 December 2015 had been made. We inspected the practice against three of the five questions we ask about services: is the service safe; is the service responsive; and is the service well led.

Are services safe?

Our findings

During the comprehensive inspection carried out on 10 December 2015 we found that the practice did not have clear systems for acting on and reporting safeguarding concerns; they did not have processes in place to ensure that the required legal documentation was in place for staff to administer medicines, to ensure that medicines administered by the practice were in date and their procedure for sharing medicines alerts did not include all clinical staff.

Overview of safety systems and processes

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff, and safeguarding

was a standing item in the practice's team meeting agenda. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, and the practice manager kept an overview of these to ensure all those being used were in date. The practice nurse kept records of expiry dates of medicines kept on the premises and monitored these to ensure that medicines were disposed of when they reached their expiry date.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During the comprehensive inspection carried out on 10 December 2015, we found that the practice not record verbal complaints.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns, which included both verbal and written complaints. Following the previous inspection the practice had placed a diary at reception for the receptionists to record verbal complaints, which were then immediately brought to the attention of the practice manager for her to follow-up.

The practice had recorded five verbal complaints since the new system was introduced in December 2015. As a result of these, they had spotted a trend in patients being unhappy that the practice was unable to provide advanced repeat prescriptions so that they could collect their medicines before they went abroad on holiday. In response to this, the practice recognised that they needed to manage patient's expectations around the issuing of prescriptions, and therefore, they displayed a sign in reception and printed on prescriptions, advising patients that NHS policy only allowed them to issue prescriptions for one additional month.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Policies were available to all staff via the practice's computer system and in hard copy; these were accessible to staff. Following the previous inspection, additional processes had been introduced to address the areas identified as requiring improvement; staff involved in implementing these processes were aware

of their responsibilities, and we saw evidence of them being implemented. For example, a process had been introduced for the practice nurse to monitor the expiry dates of medicines kept at the practice, and we saw evidence of this being in place.

Continuous improvement

The practice had fully engaged with the inspection process, and following the initial inspection had been swift to provide an action plan, outlining how they would address the regulatory breaches identified. All of the breaches identified at the initial inspection had been effectively addressed at the time of the second inspection.