

Grafton Medical Partners

Quality Report

Macmillan Way Surgery
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Date of inspection visit: 5 January 2017

Date of publication: 30/03/2017

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 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 comprehensive inspection of Grafton Medical Partners on 4 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report can be found by selecting the 'all reports' link for Grafton Medical Partners on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 5 January 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 4 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good

Our key findings were as follows:

- Adequate recruitment checks were undertaken prior to employment.
- The practice had a clear system in place for reporting and recording significant events.
- There was a clear system in place to identify action taken place as a result of safety alerts.

- There was a clear system in place to adequately monitor and manage assessed risks including those relating to health and safety, control of substances hazardous to health and Legionella.
- All staff had completed role appropriate training to be able to respond to emergencies, including annual basic life support training and fire safety training.
- There was an effective system in place for monitoring the receipt of all urgent referrals made by the practice.
- Refined practice systems were in place to identify carers.
- Multidisciplinary and clinical meetings were now documented.
- The complaints system had been reviewed to ensure it was clear for patients and staff, and in line with contractual obligations.
- The staffing structure, including roles and responsibilities were defined.
- Medicines management procedures were now effective, and vaccine refrigerator temperatures were recorded everyday that the practice was open.

Summary of findings

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 evidence that lessons were learned from significant events and actions taken were communicated widely enough to improve safety in the practice.
- Risks to patients were assessed and well managed, including role specific training for all staff, and recruitment checks. The practice had effective systems in place to enable them to respond to emergencies.
- The practice had been consistently checking refrigerator temperatures.

Good



Are services well-led?

The practice is rated as good for providing well led services.

- The practice provided evidence of documented clinical and team meeting minutes, and of steps it had taken to monitor and improve the quality of services and identify risk.

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 provider had resolved the concerns for well-led and safe identified at our inspection on 4 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for well-led and safe identified at our inspection on 4 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for well-led and safe identified at our inspection on 4 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for well-led and safe identified at our inspection on 4 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for well-led and safe identified at our inspection on 4 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for well-led and safe identified at our inspection on 4 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Grafton Medical Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Grafton Medical Partners

Grafton Medical Partners provides primary medical services in Tooting Bec, Wandsworth to approximately 7900 patients and is one of 43 practices in Wandsworth Clinical Commissioning Group (CCG). The practice, known as Macmillan Way Surgery, is one of three practices run by

Grafton Medical Partners within Wandsworth CCG.

The practice population is in the fifth least deprived decile in England. The practice population has a higher than average representation of income deprived children and older people. The practice population of children is in line with local and national averages, the practice population of those of working age is above local and national averages at 74%, and the number of older people registered at the practice is lower than local and national averages; 7% of patients are over the age of 65. Of patients residing in Wandsworth borough, 54% are White or White British, 24% are Asian or Asian British and 14.5% are Black or Black British. The Tooting Bec population is mixed with a small proportion of social housing surrounded by less deprived residential areas.

The practice operates from purpose built premises. The practice is based on the ground floor with disabled access to patient areas. The practice has access to five doctors' consultation rooms and two nurses' consultation rooms.

The practice team at the surgery is made up of one part time male GP who is a partner, one part time female GP who is a partner, one part time female salaried GP and one part time female locum GP. The total number of GP sessions per week is 26. The nursing team consists of a full time female practice nurse, one part time female health care assistant and two part time phlebotomists. The total number of practice nurse sessions per week is nine. The administrative team includes a part-time practice manager, a part time secretary and five reception and administrative staff members. The practice team supporting all the Grafton Medical Partners practice sites also includes an IT support worker, a performance manager, an assistant practice manager, a practice administrator, a chief operating officer and a pharmacist.

Patients are able to access a range of services offered across the three Grafton medical Partners sites in Wandsworth CCG. The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee GPs and provides teaching for medical students.

The practice reception and telephone lines are open from 8am to 8pm Monday to Thursday, 8am to 6.30pm on Friday and 9am to 1pm on Saturday. Scheduled appointments are available between 8.30am and 11.30am every morning and 3pm and 6pm every afternoon. Extended hours surgeries are offered from 6.30pm to 8pm Monday to Thursday and 9am to 1pm on Saturday. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and at weekends and directs patients to the out-of-hours provider for Wandsworth CCG

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Grafton Medical Partners on 4 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 4 May 2016 can be found by selecting the 'all reports' link for Grafton Medical Partners on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Grafton Medical Partners on 5 January 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

We carried out a desk-based focused inspection of Grafton Medical Partners on 5 January 2017. This involved reviewing evidence that:

- Relevant staff had now completed their required role specific training.
- Policies and procedures had been updated.
- Medicines management procedures were effective.
- Effective systems were in place to adequately assess, monitor and manage risks including those relating to health and safety, fire safety and control of substances hazardous to health.
- Systems were in place for reporting and recording significant events and systems for monitoring actions taken to improve safety in the practice.
- Systems were in place to identify action taken as a result of safety alerts.
- Staff had access to regular mandatory training to be able to respond to emergencies, including annual basic life support training and fire safety training.

Are services safe?

Our findings

At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of having systems in place for reporting and recording significant events, and safety alerts were not in place. We also identified systems to monitor and manage assessed risks including those relating to health and safety, fire safety and control of substances hazardous to health were not effective. The practice had not ensured that all staff had access to regular mandatory training including annual basic life support training and fire safety training. These arrangements had improved when we undertook a follow up inspection on 5 January 2017. The practice is rated as good for providing safe services.

Safe track record and learning

- The practice had a significant event and incident reporting procedure policy. All staff were aware of incident reporting processes for the practice. We saw a memo along with the significant event policy, circulated to all staff informing staff that policies and meeting minutes were now stored on the shared drive.
- The practice carried out analyses of significant events, these were recorded adequately.
- There was evidence that action was taken as a result of significant events to improve safety in the practice, these were shared effectively with staff.
- We saw evidence that safety alerts and updates were cascaded to clinical staff and a clear system was in place to demonstrate any action that was taken as a result; for example an EMIS search was conducted for diabetes patients who used Trueyou blood glucose strips and patients contacted if required.

Overview of safety systems and process

- Appropriate recruitment checks were undertaken prior to employment. The practice provided us with a list of

checks undertaken prior to staff commencing employment for example, we saw employment history, references, Disclosure and Barring Service (DBS) check, (DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable), signed confidentiality agreements and proof of ID. They were able to demonstrate the process had been followed for the three staff members recruited since the May 2016 inspection.

- The practice now had a system in place to monitor blank prescription forms and a system in place to monitor uncollected prescription. We saw a new policy in place for the monitoring of blank prescription forms and uncollected prescriptions.
- Refrigerator temperatures were being recorded everyday that the practice was open. We saw evidence that the practice was now keeping daily records of refrigerator temperatures, each day the practice was open.

Monitoring risks to patients

- All staff had received fire safety training.
- A health and safety risk assessment and a fire risk assessment had been carried out 18 May 2016 after the comprehensive inspection, by an external company.
- The practice now had a system and policy in place for two week/urgent referrals.
- The practice had a control of substances hazardous to health (COSHH) policy in place.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training and we saw certificates to confirm this.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 5 January 2017. The practice is now rated as good for being well-led.

Governance arrangements

- The practice provided evidence that they had clear staffing structures; they now had a designated assistant practice manager in place whose role was to oversee

systems and processes to ensure the services provided were safe. Risks had been assessed and systems for ongoing assessment were in place, for example they had improved the system for managing and sharing learning from significant events.

- The practice had implemented arrangements for identifying that staff training was up to date. We saw evidence of a training log for all staff members. Three new members of staff had been recruited since the comprehensive inspection, and all had appropriate recruitment checks. Staff had also undergone training in safeguarding child/adult, basic life support, fire, infection control, and information governance, we saw certificates to verify this.