

# Stockwell Group Practice

## Quality Report

107 Stockwell Road  
London  
SW9 9TJ

Tel: 020 7274 3225

Website: [www.stockwellgrouppractice.co.uk](http://www.stockwellgrouppractice.co.uk)

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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 of Stockwell Group Practice on 19 January 2016 where the practice was rated good overall. However breaches of regulation 12 (1) and 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified, and we rated the practice to require improvement for providing safe services.

The specific concerns in the previous inspection related to safety were:

- There were no valid Patient Specific Directions in place for the medicinal products administered by healthcare assistants
- Not all staff had completed mandatory training
- The systems in place to safeguard patients from harm were not effective
- Satisfactory pre employment checks had not been completed for all staff.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 12 (1) and 17(1).

We undertook this focussed inspection on 20 September 2016 to check that they had followed the action plan provided and to confirm that they now met the legal requirements. 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 Stockwell Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is rated as Good.

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

- The practice had drafted a detailed protocol covering the administration of medicinal products by healthcare assistants.
- All staff had completed the appropriate level of safeguarding training.
- Although of the majority of mandatory training had been completed there were still a number of staff who had not received basic life support within the last 12 months; we were provided evidence that this had been completed on 18 October 2016. The practice's recruitment strategy listed all training that was mandatory for staff. This stated that this training would only be completed annually by clinical staff and every three years by non clinical staff which is not in accordance with current guidance. Two GPs had not completed infection control training and there was no date scheduled for its completion. The practice recruitment strategy also said that this training would be completed annually by the lead and three yearly by all other staff.

# Summary of findings

- There was a recruitment strategy in place which detailed the requisite employment checks the practice would undertake prior to recruiting a new member of staff including checking identification and gathering reference. We were provided evidence of satisfactory checks were undertaken for one candidate employed by the practice since our last inspection.

## **Action the service SHOULD take to improve:**

- Ensure that policies around training reflect current best practice and that people are receive mandatory training in accordance with this policy.

## **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.

- All staff had completed the appropriate level of safeguarding training. However some staff had not completed basic life support training within the last 12 months we were shown evidence that this had been booked prior to our inspection and that this was completed on 18 October 2016. The practice's recruitment strategy stated that this training would only be completed annually by clinical staff and every three years by non clinical staff which is not in accordance with current guidance. No infection control training had been completed by two of the GPs and there was no scheduled date for its completion.
- There were effective systems in place to enable healthcare assistants to administer medicines in accordance with current legislation.
- There was a human resource strategy in place which specified the recruitment checks required prior to a new member of staff commencing work in the practice. We were provided evidence of satisfactory checks were undertaken for one candidate employed by the practice since our last inspection.

Good



# Stockwell Group Practice

## Detailed findings

### Why we carried out this inspection

We undertook a focussed inspection of Stockwell Group Practice 20 September 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 during our inspection of 19 January 2016. 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. We had found that some of these requirements had not been adhered to. Specifically:

- Not all staff had undertaken appropriate mandatory training including infection control, information governance, basic life support, safeguarding, chaperoning and fire safety and some of this training was out of date for other staff members.
- Healthcare assistants were administering medicines in absence of valid Patient Specific Directions.
- Appropriate recruitment checks had not been completed for all staff; specifically there was a lack of references and proof of identity for some staff.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 19 January 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe.

# Are services safe?

## Our findings

### 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 though two members of staff had still not completed infection control training:

- We saw evidence that that all staff had received the appropriate level of safeguarding training. GPs were all trained to level 3 and nursing
- All staff who acted as chaperones were trained for the role.
- Twenty seven members of staff had received up to date infection control training however there were two GPs who had still not received this training at the time of our inspection. We have since received evidence that this training has been completed and that the delay in completion was the result of staff annual leave. The practice's human resource policy stated that this training would be completed annually by the clinical lead and every three years for all other staff in the practice.
- The arrangements for managing medicines administered by healthcare assistants kept patients safe. Since our previous inspection the practice had drafted a detailed protocol covering the administration of medicinal products by healthcare assistants ensuring

that these were done in accordance with a valid Patient Specific Direction (PSD) which are written instructions from a qualified and Registered Prescriber for a medicine including dose, route and administration and frequency or appliance to be supplied or administered to a named patient.

- The practice had produced a comprehensive Human Resource Strategy

### Arrangements to deal with emergencies and major incidents

- Thirteen members of staff had not received basic life support training within the last 12 months. However we were provided evidence that this had been scheduled for 18 October 2016 prior to our inspection and have since received evidence that this training has been completed. The practice's human resource strategy stated that this training would be completed annually for clinical staff and every three years for administrative staff which is not in accordance with current guidance. We were advised that reason that all training had not been completed was due to insufficient room to train all staff at the same time, some staff training had expired at different times and they were awaiting this training, some staff were on annual leave when training was provided and there had been difficulty co-ordinating staff with the trainer's schedule.