

The Microfaculty

Inspection report

107-109 Chingford Mount Road
Chingford
London
E4 8LT
Tel: 020 8524 1230
www.microfaculty.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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at the Microfaculty on 9 and 17 July 2019 as part of our inspection programme to review the information the practice sent to us post inspection.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall and requires improvement for all population groups.

We rated the practice as requires improvement for being safe because:

- Systems and processes needed to keep patients safe and safeguarded from abuse needed improving. However, post inspection the practice provided us with evidence that improvements had been made.
- The processes for monitoring and managing high risk medicines was not effective. However, post inspection the practice provided us with audits of all patients on high risk medicines and where blood test monitoring was required this had been completed.
- The process for monitoring two-week wait referrals was not effective, but post inspection the practice provided us with evidence that all patients who had received a referral in the last six months had attended their appointment.
- There was no system to monitor staff training.

We rated the practice as requires improvement for being effective because:

- There was limited sharing of learning outcomes and actions taken as a result of audits.

We rated the practice as good for being caring because:

- The practice was rated in line or above average for patient satisfaction with services.
- Completed CQC patient comment cards and patients we spoke with all indicated the practice had a caring nature and were attentive to the needs of patients.

We rated the practice as good for providing responsive services because:

- Patients could access care and treatment in a timely way.
- The practice was rated in line with or above local and national averages to access to services.
- The practice offered extended hours appointments four days a week for patients who were unable to access the practice during normal opening hours.

We rated the practice as requires improvement for being well-led because:

- The practice vision was not supported by a credible strategy.
- There was limited evidence of sharing learning from quality improvement initiatives.
- There were insufficient processes for managing and mitigating risks.

The practice should:

- Continue to work to ensure that all improvements made are embedded and sustained.
- Review the system for identifying carers with the aim of increasing the registered number and ensuring they are all provided with the appropriate services.
- Review the system for sharing learning from audits.
- Review the system for documenting premises risk assessments.
- Review the system for monitoring and managing blank prescriptions.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team included a lead CQC inspector who was supported by a GP specialist advisor and a practice nurse specialist advisor.

Background to The Microfaculty

The Microfaculty is situated within Waltham Forest Clinical Commissioning Group (CCG) in East London and is located in a converted house over two floors with free parking on surrounding roads. The practice provides services to approximately 5,200 patients under a Primary Medical Services (PMS) contract. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice is rated four out of 10 on the deprivation scale, where one is the most deprived and 10 is the least deprived. Forty nine percent of the practice population has a long-standing health condition, which is slightly higher than the local average of 43% and 10% of the practice population are unemployed, which is higher than the local average of 6%. Thirty seven percent of patients do not have English as a first language and the practice staff speak a combined total of nine languages.

The practice has one male GP partner and two female salaried GPs who complete a combined total of 32

sessions per week, there is a practice nurse who completes five sessions a week and a clinical pharmacist. There are two practice managers and a number of reception/administration staff members.

The practice is open Monday to Friday from 7:30am to 6:30pm except for Wednesdays when it opens from 8am. Phone lines are answered from 8am and appointment times are as follows:

- Monday 7:30am to 1pm and 2:30pm to 6pm
- Tuesday 7:30am to 12pm and 2pm to 6pm
- Wednesday 9am to 1pm and 2pm to 6pm
- Thursday 7:30am to 11:30am
- Friday 7:30am to 1pm and 2:30pm to 6:30pm

The locally agreed out of hours provider covers calls made to the practice when it is closed and it is part of the local HUB which provides GP and nurse appointments on weekday evenings and weekends when the practice is closed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	How the regulation was not being met
Maternity and midwifery services	The practice did not have effective systems to ensure that learning was shared with relevant staff members and insufficient attention was paid to mitigating risks in the practice.
Treatment of disease, disorder or injury	The practice had implemented improvements but due to time constraints were unable to demonstrate that these had been embedded.