

# The Groves Medical Centre

## Quality Report

The Groves Medical Centre  
171 Clarence Avenue  
New Malden  
Surrey  
KT3 3TX  
Tel: 0208 3366565  
Website: [www.tgmc.org.uk](http://www.tgmc.org.uk)

Date of inspection visit: 14 June 2016  
Date of publication: 07/09/2016

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

Are services safe?

**Good**



# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 3    |

### Detailed findings from this inspection

|                                    |   |
|------------------------------------|---|
| Why we carried out this inspection | 4 |
| Detailed findings                  | 5 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Groves Medical Centre on 12 May 2015. Breaches of legal requirements were found. 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)(a)(d)(e) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 14 June 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and where further improvements have been made since the comprehensive inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Groves Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The practice was previously rated as Good overall following the comprehensive inspection, however the practice was rated as Requires improvement for people whose circumstances make them vulnerable. Specifically, following this focussed inspection we now found the practice to be good for providing safe services.

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

- Risks to patients were assessed and well-managed, specifically those related to health and safety, equipment checks and responding to emergencies.
- Systems were in place to ensure that safety alerts and significant events were actioned appropriately.

**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 as improvements had been made.

Risks to patients were assessed and well-managed, specifically those related to health and safety, equipment checks and responding to emergencies.

Good



# The Groves Medical Centre

## Detailed findings

### Why we carried out this inspection

We undertook a desk-based focussed inspection of The Groves Medical Centre on 14 June 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, a breach of regulation 12(1)(a)(d)(e) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

During the comprehensive inspection carried out on 12 May 2015, we found expired needles and syringes in one of the treatment rooms. We were informed that regular health and safety checks were carried out of the building and the environment; however these were found not to be recorded. Whilst the practice had appropriate emergency

equipment and medicines, these were kept in separate places around the building and not all staff were aware of the location of the keys to the emergency medicines cupboard.

We also found that there was no procedure in place to ensure that equipment in doctors' home visit bags was regularly calibrated. During the comprehensive inspection we found that all staff apart from the newest team members had received training in basic life support, however update training for staff was not repeated annually as recommended in the UK resuscitation council guidelines. Although systems for dealing with safety alerts were in place, we found that not all clinical staff were on the mailing list to receive the alerts, and did not routinely receive copies of minutes where they were discussed in clinical meetings. We also found that actions taken as a result of significant events were not always recorded.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 12 May 2015 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

### Safe track record and learning

During the comprehensive inspection, although systems for dealing with safety alerts were in place, we found that not all clinical staff were on the mailing list to receive the alerts, and did not routinely receive copies of minutes where they were discussed in clinical meetings. The practice provided evidence during the focussed inspection that alerts were discussed at clinical meetings and it was a standing item on the clinical meeting agenda. We were shown examples of alerts emailed to all clinical staff and how alerts were available to all clinicians on the practice's shared GP team intranet system. Examples of recent alerts were for St. John's Wort tablets and the Zika virus.

We found during the comprehensive inspection that actions taken as a result of significant events were not always recorded. The practice provided evidence of any improvements to their significant event procedure during the focussed inspection. We saw three completed significant event forms with clear actions documented and minutes of meetings where these were discussed.

### Equipment

During the comprehensive inspection we found that systems for monitoring equipment were not implemented safely enough. We found expired needles and syringes in one of the treatment rooms. We also found that there was no procedure in place to ensure that equipment in doctors' home visit bags was regularly calibrated.

During the focussed inspection, the practice demonstrated how they had comprehensive logs of equipment checks that were now carried out and recorded by the health care assistant on a weekly basis. A senior staff member also undertook two to three monthly spot checks of equipment to ensure it was in date. We were shown logs for a number of clinical rooms from August 2015 to June 2016. There were no instances where out of date equipment had been found.

The practice told us during the focussed inspection that they no longer had doctors' bags and that equipment was taken from the GP clinical rooms if needed on home visits. Prior to calibration the practice ensured GPs were emailed so that all equipment was returned to the practice.

### Monitoring safety and responding to risk

We were informed that regular health and safety checks were carried out of the building and the environment, however during the comprehensive inspection these were found not to be recorded. There was evidence that the practice had made improvements. During the focussed inspection we saw evidence of a health and safety risk assessment undertaken in June 2015. No issues had been identified that required action. The practice also provided us with a number of other health and safety assessments including weekly logs of fire equipment checks, monthly emergency lighting checks, the latest portable appliance testing report for March 2016, a fire risk assessment for May 2016, an invoice of servicing of the front gates to the practice and servicing of the internal lift with evidence that actions had been completed.

### Arrangements to deal with emergencies and major incidents

During the comprehensive inspection we found that all staff apart from the newest team members had received training in basic life support, however update training for staff was not repeated annually as recommended in the UK resuscitation council guidelines. During the focussed inspection the practice provided evidence of recent basic life support training for seven staff, including two new starters since the previous inspection.

During the previous inspection, we found that whilst the practice had appropriate emergency equipment and medicines, these were kept in separate places around the building and not all staff were aware of the location of the keys to the emergency medicines cupboard. The practice had implemented changes. We were shown photographic evidence of new signage to indicate the location of all emergency equipment and medicines to staff and additionally examples of clinicians signed front sheets from personnel files to confirm they had read the emergency equipment procedure. The practice also provided evidence that location of emergency equipment and medicines was now part of the induction for all new staff.