

Grassendale Medical Centre

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



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 this practice on 12 May 2016. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to:

- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in

relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grassendale Medical Centre on our website at www.cqc.org.uk

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection. Disclosure and Barring Service (DBS) checks had been completed for all necessary staff.
- The practice had carried out health and safety risk assessments and completed actions identified.
- Monitoring systems had been improved to manage and mitigate safety risks.

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 addressed the issues identified during the previous inspection. Disclosure and Barring Service (DBS) checks had been completed for all necessary staff. The practice had carried out required risk assessments and completed actions identified; and improved the monitoring systems in place to manage and mitigate safety risks.

Good



Grassendale Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Grassendale Medical Centre

Grassendale Medical Centre is based in an affluent area of Liverpool. There were 8090 patients on the practice register at the time of our inspection and the practice had a higher proportion of elderly patients.

The practice is managed by three partners, two male GPs and the practice manager. There are three salaried female GPs. There is a nurse prescriber and two practice nurses and a health care assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice telephone lines are open 8am to 6.30pm every weekday. The practice offers extended hours from 7am to 8pm but the days vary from week to week depending on the availability of clinicians. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We undertook an announced focused inspection of Grassendale Medical Centre on 23 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 12 May 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe? This is because the service was not meeting legal requirements.

How we carried out this inspection

The inspector :-

- Carried out a site visit
- Spoke with the practice manager
- Reviewed documents

Are services safe?

Our findings

At our previous inspection on 12 May 2016, we identified some concerns with regard to health and safety legislation and recruitment checks.

We found the practice did not follow some health and safety legislation to ensure the safety of both patients and staff. There were insufficient risk assessments, and monitoring systems to maintain the safety of the service in relation to the premises and equipment within it. For example, there was a fire risk assessment but no action had been taken with regards to fire drills. There were no risk assessments for display screen equipment or work station safety for staff. There were no risk assessments for the Control of Substances Hazardous to Health (COSHH). There were no monitoring systems in relation to cleaning of the premises and equipment. There were monitoring logs in place for fridge temperatures for storage of vaccines, expiry dates for emergency medications and blank prescriptions. However, there was no overarching system to check records of safety checks and therefore a potential risk that necessary corrective action may not be taken. We found gaps in the documentation reviewed. For example, with the amounts of emergency medications available and fridge temperatures being high with no record of what actions were taken to mitigate any risks.

We also found required pre-employment Disclosure and Barring Service (DBS) checks had not been carried out for all staff.

At this inspection, we spoke with the practice manager and reviewed the new systems that had been put in place since

our last inspection. The practice had carried out health and safety risk assessments and completed actions identified. Monitoring systems had been improved to mitigate safety risks. Improvements made included:

- The introduction of quarterly fire drills with a clear audit trail of any actions taken as a result.
- Monthly monitoring of the cleaning of the premises.
- Control of Substances Hazardous to Health (COSHH) risk assessments.
- Display Screen Equipment assessments for all staff and actions taken.
- New templates to record fridge temperatures which included when stock was rotated. These records were being monitored weekly by the practice manager.
- New templates to record the use of prescriptions for home visits. This template had been shared with other practices to improve security of blank prescriptions.
- New monitoring system for emergency medication whereby two members of staff simultaneously checked the stock.
- A documented clinical management plan for the Nurse Prescriber.
- A new training matrix so the practice manager had a clear overview of when staff required training.
- A list of named lead members of staff available for reference in each room.
- The development of an intranet system for staff which was still in progress.
- Relevant staff had received DBS checks. The practice had taken the decision not to use non-clinical staff as chaperones.