

The Grove 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	
Are services caring?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to The Grove Medical Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grove Medical Centre on 25 August 2016. The overall rating for the practice was requires improvement. Specifically they were rated as requires improvement for safe, caring and well-led, and good for effective and responsive. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for The Grove Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 2 August 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 25 August 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 and the provision of safe, caring and well-led services are now also rated good.

Our key findings were as follows:

- The recruitment process for all staff had been reviewed and all necessary employment checks were now being carried out.
- Robust checks were now in place in accordance with requirements noted in the Legionella risk assessment.
- Information was available to advise patients on how to make a complaint.
- Complaints were now being investigated and learning outcomes shared with all relevant staff.
- Fire training had now been completed by staff at a level appropriate to their role.
- A comprehensive and up to date business continuity plan was now in place.
- Carers were now being actively identified and supported where necessary.

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 was able to demonstrate that risks to patients, staff and visitors from legionella were being assessed and well managed and that the necessary checks were now being carried out. (Legionella is a germ found in the environment which can contaminate water systems in buildings).
- The practice was able to demonstrate that all reception staff who acted as chaperones had a recent disclosure and barring service (DBS) check and had training applicable to this role.
- The practice was able to show that a defibrillator had been purchased and that staff were aware of its location.
- The practice was able to demonstrate that staff had received fire safety training.
- The practice was able to demonstrate that their business continuity plan was comprehensive and up to date.

Good



Are services caring?

The practice is rated as good for providing caring services.

- The practice was able to demonstrate that they were now aware of the GP Patient Survey and that satisfaction from patients was increasing. An action plan on how to improve patient satisfaction was now in place.
- The practice was able to demonstrate that information about the services provided was now available to patients in the practice leaflet.
- The practice was able to demonstrate that it was more proactive in the identification of carers and that it had now identified 2% of its patients as carers.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice was able to demonstrate that they made use of available patient information to improve services.
- The practice was able to demonstrate that it had improved its complaints process and that learning outcomes were shared amongst staff.
- The practice was able to demonstrate that risks to patients, staff and visitors were being assessed and well managed.

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 safety, caring and well-led identified at our inspection on 25 August 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 safety, caring and well-led identified at our inspection on 25 August 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 safety, caring and well-led identified at our inspection on 25 August 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 safety, caring and well-led identified at our inspection on 25 August 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 safety, caring and well-led identified at our inspection on 25 August 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 safety, caring and well-led identified at our inspection on 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Grove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector.

Background to The Grove Medical Centre

The Grove Medical Centre is located in a converted house within a residential area of East London, where there are good transport links, disabled parking bays and parking bays that are free for 30 minutes. The practice is a part of Waltham Forest Clinical Commissioning Group.

There are 6,200 patients registered at the practice.

The practice has two male and one female GP partners completing 22.5 sessions per week. Agency practice nurses provide 8 sessions per week and one female health care assistant provides one session per week. The practice has a practice manager and 10 reception/administration staff members.

The practice is an undergraduate teaching practice for second year through to final year medical students. At the time of the inspection there were no students (the last two having left in July) but two were due to start on the 23 August 2017.

The practice operates under a Personal Medical Services Contract (PMS); (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is open Monday to Friday between 8:15am and 6:30pm; phone lines are open from 8:30am. Appointment times are as follows:

- Monday 8:30am to 12:00pm and 2:00pm to 8:15pm
- Tuesday 8:30am to 11:40am and 2:20pm to 6:00pm
- Wednesday 8:30am to 11:30am and 2:20pm to 6:00pm
- Thursday 8:30am to 11:15am
- Friday 8:30am to 12:00pm and 1:30pm to 6:00pm

The locally agreed out of hours provider covers calls made to the practice whilst it is closed. The Grove Medical Centre operates regulated activities from one location and is registered with the Care Quality Commission to provide surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury, family planning and maternity and midwifery services.

Why we carried out this inspection

We undertook a comprehensive inspection of The Grove Medical Centre on 25 August 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 25 August 2016 can be found by selecting the 'all reports' link for The Grove Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Grove Medical Centre on 2 August 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the

comprehensive inspection had been addressed. During our visit we spoke with the practice manager as well as reviewed information, documents and records kept at the practice.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of disclosure and barring service (DBS) checks, recruitment checks, legionella risk management, provision of a defibrillator, fire safety training and completeness of the business continuity plan were not adequate. A Requirement Notice was issued in respect of these issues.

These arrangements had significantly improved when we undertook a follow up inspection on 2 August 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice was now able to demonstrate that all reception staff who acted as chaperones had a recent DBS check and had training applicable to this role.

The practice entered into a contract with a specialist employment advice company who provide HR and employment advice. Part of this advice includes what should be done as regards pre-employment checks, including who should have a DBS check and how often it should be rechecked. The policy relating to DBS checks was seen and it is now the policy to get an enhanced DBS check on all staff. Evidence was seen that this was now the case and those receptionists who had previously been acting as chaperones without receiving a DBS check had now received one. 16 DBS checks were seen and all were under three years old.

Three staff files were examined and all were now found to contain the appropriate recruitment checks and safeguards including references, training, registration with appropriate regulatory bodies and proof of identity.

Monitoring risks to patients

The practice was able to demonstrate that risks to patients, staff and visitors from legionella were being assessed and well managed and that the necessary checks were now being carried out. (Legionella is a germ found in the environment which can contaminate water systems in buildings).

A legionella assessment had been undertaken in June 2017 and the practice was now following the recommendations of this and earlier assessments. This included regular monitoring of water temperatures at the hot and cold water outlets as well as the hot and cold water tanks. Taps were also now being cleaned on a regular basis with lime scale remover. Records were seen to evidence that these checks were being undertaken.

Arrangements to deal with emergencies and major incidents

A defibrillator had been purchased and all the staff we spoke to were aware of its location. Its operational state was checked daily and recorded in a log. Adult and child pads were also available and in date.

The practice was able to demonstrate that staff had received fire safety training in June 2017 with several staff being trained and appointed as Fire Wardens. The training also included the use of fire extinguishers.

The practice had a business continuity plan in place for major incidents such as power failure or building damage, which had recently been comprehensively updated to include supplier and staff contact details. It contained a cascade list of staff to be contacted and would now be reviewed on a regular basis to add or delete staff, or supplier details, as appropriate.

Are services caring?

Our findings

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing caring services as there was no awareness of the national GP patient survey or its results. The number of carers identified was also very low at only 21.

A Requirement Notice was issued in respect of these issues and when we re-inspected the practice on 2 August 2017, we found that the awareness of the GP patient survey had improved as had the number of identified carers. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

The practice was able to demonstrate that they were now aware of the GP Patient Survey and that satisfaction from patients was increasing. For instance, when we inspected in August 2016 59% of patients surveyed said the GP was good at listening to them whereas in the 2017 GP patient survey figures this had increased to 74%. Likewise the percentage of patients who said the GP gave them enough time had risen from 58% to 70%.

Care planning and involvement in decisions about care and treatment

The awareness of the GP patient survey also brought about increased patient satisfaction in terms of their involvement in decisions concerning their care and treatment. 51% of patients now said that the last GP they saw was good at involving them in decisions about their care as opposed to 46% previously. Similarly 70% of patients now said that the last GP they saw was good at explaining tests and treatments rather than 57% before.

Patient and carer support to cope emotionally with care and treatment

The practice was able to demonstrate that it was more proactive in the identification of carers and that it had now increased the number of identified carers from 21 to 82 (over 1% of registered patients). The practice was able to demonstrate how it was planning to increase that figure still further.

Carer's details are now captured on the new patient registration form and there are posters in the waiting room asking for carers to register their details with the reception desk. They will then be provided with a carers support pack which contains information of relevance and use to carers such as support groups, financial information, health information, etc.

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 25 August 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure, lack of awareness of the national GP patient survey, legionella risks not being adequately mitigated and , the complaints procedure not being effectively advertised.

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 2 August 2017. The practice is now rated as good for being well-led.

Governance arrangements

The practice was able to demonstrate that it now made use of available patient information, and results from the national GP patient survey, to improve services. It had begun to advertise its complaints process in the waiting room and on the website, and evidence of learning outcomes were observed being shared amongst staff.

The practice was able to demonstrate that legionella risks to patients, staff and visitors were being assessed and well managed with the practice following the recommendations of the assessment undertaken in June 2017 as well as earlier assessments. This included regular monitoring of water temperatures at the hot and cold water outlets as well as the hot and cold water tanks. Taps were also now being cleaned on a regular basis with lime scale remover.

Records were seen to evidence this.

Seeking and acting on feedback from patients, the public and staff

A poster was now in place in the waiting room advertising the complaints process and any complaints received were discussed at the weekly GP meetings and the quarterly whole staff meetings. Learning outcomes were shared, either at these meetings, via email or face to face and we saw evidence of these shared outcomes.