

Portland Medical Centre

Quality Report

184 Portland Road
London SE25 4QB
Tel: 020 8662 1233
Website: www.portlandmedicalcentre.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 at Portland Medical Centre on 6 December 2016. The overall rating for the practice was good with requires improvement in safe. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Portland Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 14 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation 12 (1) and (2) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 that we identified in our previous inspection on 6 December 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.

Our key findings were as follows:

- Risks to patients were assessed and well managed.
- Some of the staff had not undertaken essential training appropriate to their role.

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- The practice had a clear system to monitor the implementation of medicines and safety alerts.
- Clinical audits demonstrated quality improvement. The practice had undertaken two completed audits since the last inspection where the improvements were identified, implemented and monitored.
- Four staff members had not received a recent annual appraisal; the practice provided us with reasons for the delay in performing appraisals for these staff and had identified dates for their appraisals.
- Only 21% (12 patients) of 58 patients with learning disability had received a health check in the last year; the practice was aware of this and informed us that health checks for all these patients would be completed this year.
- The practice documented discussions from clinical meetings.
- Information about how to complain was available and easy to understand.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

Summary of findings

- Review practice procedures to ensure systems are in place to identify when staff training needed to be updated.
- Review practice procedures to ensure all patients with learning disability receive a regular health check.

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.

Good



- Risks to patients were assessed and well managed.
- All staff had undertaken child protection and information governance training relevant to their role.
- Annual basic life support training was two months overdue for most clinical and non-clinical staff and five out of 15 non-clinical staff had not undertaken basic life support training. The practice had booked training for these staff for 4 and 9 August 2017 and sent us evidence to support this.
- Only three out of 17 clinical staff had undertaken safeguarding adults training. The practice informed us that training for these staff would be completed by end of July 2017.
- All GPs had undertaken Mental Capacity Act training; however the practice nurses and healthcare assistants had not undertaken this training. The practice informed us that training for these staff would be completed by end of August 2017.
- Three out of 15 non-clinical staff had not undertaken fire safety training. The practice informed us that training for these staff would be completed by end of July 2017.
- Five administrative staff who had no patient contact had not undertaken infection control training.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage.

Portland Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a lead Care Quality Commission inspector.

Background to Portland Medical Centre

Portland Medical Centre provides primary medical services in South Norwood to approximately 12300 patients and is one of 58 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the fourth least deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is in line with the CCG and higher than the national average and the practice population of working age people is higher than the CCG and national averages; the practice population of older people is lower than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded 18% are White British, 16% are Caribbean and 16% are Other White.

The practice operates in purpose built premises. All patient facilities are wheelchair accessible on the ground floor. The practice has access to four doctors' consultation rooms and two nurse consultation rooms on the ground floor and two doctors' consultation rooms and one nurse and one healthcare assistant consultation room on the first floor. Patients who are not able to access the first floor are seen on the ground floor.

The clinical team at the surgery is made up of three full-time GPs (one male and two female) and one part-time female GP who are partners, six part-time salaried GPs (three male and three female), two full-time and three part-time female practice nurses and one full-time and one part-time healthcare assistants. The non-clinical practice team consists of a managing partner and fifteen administrative and reception staff members. The practice provides a total of 64 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee GPs and medical students.

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 8:00am to 6:30pm Mondays to Wednesdays and from 8:00am to 6:00pm on Thursdays and Fridays. Extended hours surgeries are offered on Mondays and Tuesdays from 6:30pm to 8:00pm, Thursdays from 7:30am to 8:00am and on Saturdays (once every four weeks) from 9:00am to 12:30pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Croydon CCG.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Portland Medical Centre on 6 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated overall as good and requires improvement in safe. The full comprehensive report following the inspection on December 2016 can be found by selecting the 'all reports' link for Portland Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up desk based inspection of Portland Medical Centre on 14 July 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.

How we carried out this inspection

We carried out a desk-based inspection of Portland Medical Centre on 14 July 2017.

During the inspection we reviewed the evidence sent by the provider on the following:

- Business continuity plan to ascertain if it includes management of major incidents.

- Staff training records to ascertain if staff had completed basic life support, child protection, adult safeguarding, infection control, information governance, fire safety and Mental Capacity Act training relevant to their role.
- Fire and control of substances hazardous to health risk assessments to ascertain if recommendations following the risk assessments are actioned.
- Documentation of recording of fire drills.
- Significant event records to ascertain if all significant events are recorded and lessons learnt were shared with staff.
- Medicines and safety alerts log to ascertain if the implementation of these alerts were monitored.
- Clinical audit reports.
- Appraisal records for staff to ensure all staff had received an appraisal.
- Records of reviews undertaken for learning disability patients to ascertain if all patients with learning disability had received an annual review.
- Clinical and non-clinical meeting minutes.
- Complaints information and response letters for complaints to ascertain if information on how to complain is made available for patients.

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 6 December 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect to monitoring of risks to patients were not adequate. The practice did not have a comprehensive business continuity plan to manage major incidents such as power failure or buildings damage. Some of the staff had not undertaken basic life support, child protection, infection control, information governance, fire safety and Mental Capacity Act training relevant to their role. The practice had not undertaken a comprehensive fire and control of substances to health risk assessments to ensure recommendations following these risk assessments were actioned. The practice had not recorded the details of fire drills to ensure learning for staff. Not all significant events were recorded to ensure lessons were shared with staff. They did not have a clear system to monitor the implementation of medicines and safety alerts.

These arrangements had improved when we undertook a follow up inspection on 14 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant

events were discussed. The practice carried out a thorough analysis of the significant events. The practice recorded complaints as significant events and investigated them.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and process

- All staff had undertaken child protection training relevant to their role. However only three out of 17 clinical staff had undertaken safeguarding adults training. The practice informed us that they had recently signed up for online training and all staff would complete this training by end of July 2017.
- Five administrative staff who had no patient contact had not undertaken infection control training.

Monitoring risks to patients

- The practice had undertaken a detailed fire risk assessment since the last inspection. The practice had undertaken two fire drills since the last inspection and maintained detailed records for this. Three out of 15 non-clinical staff had not undertaken fire safety training. The practice informed us that they had recently signed up for online training and all staff would complete this training by end of July 2017.
- The practice had undertaken a control of substances hazardous to health risk assessment to monitor the safety of the premises.

Arrangements to deal with emergencies and major incidents

Annual basic life support training was two months overdue for most clinical and non-clinical staff and five out of 15 non-clinical staff had not undertaken basic life support training. The practice informed us that training for these staff had been booked for 4 and 9 August 2017 and sent us evidence to support this.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.