

Battersea Rise Group Practice

Quality Report

17 Battersea Rise

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Date of inspection visit: 16 December 2015

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Date of publication: 21/01/2016

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

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 the practice on 4 March 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 9(3)(b)(h), regulation 12(2)(f)(g) and regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focussed inspection on 16 December 2015 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 also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Battersea Rise Group Practice on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe services. As the practice was now found to be providing good services for safety, this affected the ratings for the population groups we inspect against. Therefore, it was also good for providing services for older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

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

- Risks to patients were assessed and well-managed, including those related to medicines management, health and safety and responding to emergencies.

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, including those for medicines management, health and safety and responding to emergencies.

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 practice is rated as good for the care of older people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Battersea Rise Group Practice

Detailed findings

Why we carried out this inspection

We undertook a focussed inspection of Battersea Rise Group Practice on 16 December 2015. 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. Prior to April 2015, the legal requirements the provider needed to meet were the Essential Standards of Quality and Safety. Specifically, breaches of regulation 9(1)(b)(ii) Care and welfare of service users, regulation 13 Management of medicines and regulation 15(1)(c)(i) Safety and suitability of premises of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified.

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. This meant that the new legal requirements the provider needed to meet corresponded to breaches of regulation 9(3)(b)(h) Person-centred Care, regulation 12(2)(f)(g) Safe Care and Treatment and regulation 15 Premises and Equipment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection, we found that the practice did not have adequate arrangements in place for

management and monitoring of vaccines and refrigerator temperatures. Storage of non-emergency medicines and prescription pads was not secure. The practice had not ensured that Patient Group Directions and Patient Specific Directions met legal requirements.

We found that the practice had not followed actions following the last fire risk assessment in December 2014, to include fire training for staff, weekly fire alarm checks and fire drills.

We also found that the practice had not undertaken a Legionella risk assessment and had not set out a schedule for portable electrical appliance testing as the last test date was February 2013. The Business Continuity Plan also required updating.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 4 March 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe would affect the rating for all the population groups we inspected against.

Are services safe?

Our findings

Medicines management

The practice had implemented systems and processes to improve management of medicines in the practice. We found that the practice had evidence of temperature log records for the previous year. For those records we viewed since the last inspection, the temperature had been checked for both refrigerators every week day the practice was open. Additionally, the practice had put in place a second back-up thermometer in each refrigerator and kept a separate log of these temperatures. The practice showed us the new system of audit of the temperature records for both refrigerators every three months. This had been done on three occasions since the last inspection. The practice told us that they had identified one instance where the temperature had risen above the required range of 2-8 degrees Celsius, to 8.9 degrees, but this had been due to re-stocking one of the refrigerators and the temperature had reduced after 20 minutes. The practice also kept a log of all the vaccines delivered, on the practice's shared computer drive, so that they could monitor the stock held. The cold chain policy had been updated since the last inspection to include the new practice process and the names of staff members responsible for checking the refrigerator temperatures. The practice had completed a significant event analysis, which we were shown, with detailed learning and action points and this was shared with all staff who were involved in maintaining the cold chain.

Medicines were stored in an unused consultation room in the practice, which was locked. We found that the practice were storing non-emergency medicines securely, on high shelves and the practice policy was that this door remained locked at all times. There was a notice on the door of the room advising staff to keep this door locked and the key was accessible to staff in the event that the medicines were required. The practice had updated their Safe and Secure Handling of Non-controlled Drugs and Medicines policy with the current protocol for the practice.

The practice had improved storage of prescription pads. The process was that all prescription pads were removed from consulting rooms at the end of each working day and stored in a secure area of the practice. The practice had updated their Prescription Storage Protocol to reflect these changes.

The practice had reviewed its systems for ensuring that practice nurses and the health care assistant were able to administer vaccines safely and in line with guidance. The practice had a comprehensive folder with up to date Patient Group Directives (PGDs) for both practice nurses and we saw that these had been signed by a clinician. The practice also used Patient Specific Directions (PSDs) for the flu immunisation to support the work of the health care assistant and we saw a record of all the PSDs undertaken this year. We were shown how all PSDs were now scanned onto the electronic patient record for each individual patient.

Equipment

The practice had carried out Portable Appliance Testing (PAT) for electric devices in December 2015 and a schedule of this was seen.

Monitoring safety and responding to risk

The practice had undertaken an assessment of the risk of Legionella in the water system. A water test was completed in March 2015 after the comprehensive inspection and no issues with water quality were found. A subsequent Legionella risk assessment had been undertaken in November 2015 identifying a low risk and minor remedial action required, such as changing the boilers and taps. The practice had arranged an appointment for these works to take place in February 2016.

The practice had improved the arrangements for fire safety. All but one staff member had completed fire training and two staff members were nominated as fire marshals and had completed fire marshal training in June 2015. There were records kept of the practice's weekly fire alarm checks and a record of fire drills, the last being December 2015. The practice had kept a log of what went well during the drill, time taken and learning points. The practice were due to complete an updated fire risk assessment in January 2016 and had obtained a quote for this.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice had updated their Business Continuity Plan which contained contact numbers in the event of failure of computer systems and contact numbers for utilities. The practice had a process in place to review the plan every six months.