

Dr Makuloluwe & Dr A S Jones

Quality Report

2a Latymer Road Edmonton N9 9PU Tel: 0844 499 7057

Website: www.latymerroadsurgery.org.uk

Date of inspection visit: 14 Jly 2016 Date of publication: 04/08/2016

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 | |
| Are services well-led? | Good | |

Summary of findings

Contents

| Summary of this inspection | Page |
|---|------|
| Overall summary | 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 |
| Why we carried out this inspection | 5 |
| How we carried out this inspection | 5 |
| Detailed findings | 6 |

Overall summary

Letter from the Chief Inspector of General Practice

We undertook an announced focussed inspection of Dr Makuloluwe & Dr A S Jones (Latymer Road Practice) on 14 July 2016. We found the practice to be good for providing safe and well led services and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 18 November 2015. As a result of our findings during the visit, the practice was rated as good for being effective, caring and responsive, and requires improvement for being safe and well led, which resulted in a rating of requires improvement overall. We found that the provider had breached two regulations of the Health and Social Care Act 2008; Regulation 17 (2) (b) good governance, and Regulation 18 (2) (a) staffing.

The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements. We undertook this focussed inspection to check that the practice had followed their plan, and to confirm that they had met the legal requirements.

This report only covers our findings in relation to those areas where requirements had not been met. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Makuloluwe & Dr A S Jones on our website at http://www.cqc.org.uk/location/1-547351049/reports.

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

- All staff were up to date with mandatory training.
- The practice had adopted PGD's which were signed by nursing staff.
- Clinical staff demonstrated awareness of the deprivation of liberty safeguards (DoLS).

Professor Steve Field CBE FRCP FFPH FRCGPChief 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.

| $\boldsymbol{\Lambda}$ | KO | - | MA / I | 200 | 601 | ~ / |
|------------------------|----|----|--------|-----|-----|-----|
| н | | 26 | IVI | ces | 241 | -: |
| | | | | | | |

The practice is rated as good for being safe

Good



- Staff had received all mandatory training, including infection control and chaperone training.
- The practice had adopted PGD's. these were appropriately signed by the nurse and GP.

Are services well-led?

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

Good



• Clinical staff that were involved in providing care to a local nursing home demonstrated awareness of the Deprivation of Liberty Safeguards (DOLS).

Summary of findings

| The six population groups and what w | e 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 found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating 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 found to be providing good services overall, this affected the rating for the population groups we inspect against. | Good |



Dr Makuloluwe & Dr A S Jones

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out an announced, focused inspection of this service on 14 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This is because the eservice was not meeting some legal requirements during our previous visit on 18 November 2015.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our announced, focused inspection on 14 July 2016, we reviewed a range of information provided by the practice. We spoke with the practice manager.



Are services safe?

Our findings

Overview of safety systems and processes

During the previous inspection on 18 November 2015, we found that staff carrying out chaperone duties had not received training. We also found that non-clinical staff had not undertaken infection control training. The practice had adopted PGD's however these had not been signed by the nursing staff and counter signed by the GP.

During this inspection we were provided with evidence of staff training that had been carried out since the last inspection. This included chaperone training (Marc 2016) and infection control training (February and June 2016).

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We viewed these and found that they were up to date and had been appropriately signed

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

At our inspection on 18 November 2015 we found that there was a lack of understanding of some legal procedures that must be adopted for the safe running of the practice. For example the use of Patient Group Directions (PGDs).

There was also a lack of a system of training for staff. We also found that clinical staff wo were responsible for the care within a local care home showed a lack of knowledge around the Deprivation of Liberty Safeguards (DoLS).

During this inspection we were provided with evidence of a training programme which included all mandatory training. All PGD's were appropriately signed. We were also provided with evidence of clinical meetings where DoLS had been discussed. Each GP also provided further evidence of training on this subject.