

The Clapham Family Practice

Inspection report

89 Clapham High Street

Clapham

London

SW4 7DB

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www.theclaphamfamilypractice.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 location

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Clapham Family Practice on 3 December 2019 to follow up on the breaches of regulations identified in the last inspection (November 2018).

At the last inspection in November 2018 we rated the practice as requires improvement overall with requires improvement in safe and effective because:

- The provider did not have systems in place for safe management of high-risk medicines and security of prescriptions.
- Systems in place to manage infection prevention and control required improvement.
- The practice did not have a formalised risk register in place, but individual risk strategies were in place where they had been identified.
- The practice was not able to provide appraisal documentation for some staff.
- The practice had undertaken a number of audits, but only one was two cycle, and this had not shown improvement from the first cycle to the second.
- There was no formal system in place to follow-up two week wait referrals.

At this inspection, we found that the provider had addressed these areas; however, we identified some new issues.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall, with requires improvement for effective and outstanding for the population group people whose circumstances make them vulnerable.

We found that:

- There were appropriate processes in place to keep patients safe.
- The provider had not considered some incidents as significant events.
- Some of the staff had not received training relevant to their role.

- Patients received effective care and treatment that met their needs; however, the uptake for cervical screening and childhood immunisations were slightly below average.
- Staff dealt with patients with kindness and respect and patients we spoke to indicated that they were involved in decisions about their care.
- The practice organised and delivered services to meet patients' needs. However, some of the patients we spoke to indicated it was difficult to get appointments.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care; however, governance systems in place required some improvement.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

We rated the practice as **outstanding** for providing responsive services to people whose circumstances make them vulnerable because:

- Services were tailored to meet the needs of patients within this group. They were delivered in a flexible way that ensured choice and continuity of care, particularly for people in the LGBT community.
- There were innovative approaches to providing integrated person-centred care.
- The practice had identified areas where there were gaps in provision locally and had taken steps to address them.

We observed one area of outstanding practice:

- The practice had recently won a Gold Award for excellence in lesbian, gay, bisexual and trans healthcare. To win this award, the practice had created a Trans register and had developed new patient registration forms to include sexual orientation and trans status monitoring. They also redesigned their website to include information on health screenings specific to trans people who might otherwise be missed. The practice assigned a nominated GP LGBT Staff Champion and updated their policies to be more LGBT inclusive.
- Patient feedback indicated that GP's were very supportive of Trans people and especially the correct use of pronouns when addressing them. They also stated that they had been referred to specific LGBT trans counselling and support groups and had signposted friends in the LGBT community to the Clapham Family Practice.

Overall summary

- A Pride in Practice co-ordinator who the practice works with also spoke highly of the level of training and commitment to the LGBT community the practice have shown and acknowledged that many patients have commented with positivity, pride, thanks and enthusiasm on the work and the service being provided for LGBT patients.

The areas where the provider **must** make improvements:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue with current staff recruitment drive to increase staffing levels and help improve staff satisfaction.

- Review procedures for the recording of meeting minutes.
- Review procedures in place for identifying carers so they are identified, and their specific needs can be met.
- Consider ways to improve uptake for childhood immunisations and cervical screening.
- Review procedures for the recording of induction procedures for new staff.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good 
People with long-term conditions	Good 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Outstanding 
People experiencing poor mental health (including people with dementia)	Good 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist advisor.

Background to The Clapham Family Practice

The Clapham Family Practice provides primary medical services in the London Borough of Lambeth to approximately 22,000 patients. The practice was formed by the merger of two practices in 2018. The main site (which has always been known as Clapham Family Practice) operates at 89 Clapham High Street, Clapham, London, SW4 7DB. Approximately 19,000 of the practice's list are based at this site. The branch site is based at The Manor Health Centre, 86 Clapham Manor Street, Clapham, London, SW4 6EB. Both sites are based at purpose built premises and have good transport links.

The Clapham Family Practice is one of the 43 practices in the Lambeth Clinical Commissioning Group (CCG). The following is the link to the practice website:

<http://www.claphamfamilypractice.com/>

The practice population is in the fifth most deprived decile in England, although the practice has pockets of both high deprivation and affluence. The practice population of older people (65+) is below the CCG and significantly below the national average.

The clinical team at the surgery is made up of three GP partners (two male and one female) and 10 part-time female salaried GPs, four practice nurses, three healthcare assistants and a pharmacist. The non-clinical practice team consists of three practice managers and 15 administrative or reception staff members.

The provider was registered with the Care Quality Commission as a partnership to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance to fundamental standards of care.</p> <p>The provider did not ensure staff undertook the training appropriate to their role.</p> <p>The provider did not have a clear system in place for the management of significant events. They did not always discuss incidents at meetings and learning from significant events was not always shared with all relevant staff.</p>