

# Grafton Medical Partners

## Quality Report

Upper Tooting Surgery  
219 Upper Tooting Road  
London  
SW17 7TG

Tel: 020 3458 5600

Website: [www.uppertootingsurgery.nhs.uk](http://www.uppertootingsurgery.nhs.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 of Grafton Medical Partners on 19 April 2016 where the practice was rated good overall. However, breaches of regulation 17(1)(2) (Good governance) and 19(2)(3) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified, and we rated the practice as requires improvement for providing safe services.

The specific concerns from the previous inspection related to safety were:

- Not all staff had received thorough recruitment checks prior to employment.
- There was no clear system in place for reporting and recording significant events.
- There was no clear system in place to identify action taken as a result of safety alerts.
- There was no clear system in place to adequately monitor and manage assessed risks including those relating to health and safety, control of substances hazardous to health and Legionella.
- Staff did not have access to regular mandatory training to be able to respond to emergencies, including annual basic life support training and fire safety training.

In addition to this, we found not all staff had received an annual appraisal and that multidisciplinary and clinical

meetings were not always documented. Systems were not effective in identifying carers, and bereavement support information was not displayed in the waiting area. The complaints system needed to be reviewed to ensure it was clear for patients and staff, and in line with contractual obligations. The staffing structure, including roles and responsibilities were not clearly defined.

After the comprehensive inspection, the practice wrote to us with an action plan which outlined what they would do to meet the legal requirements in relation to the breaches of regulation.

We undertook this desk-based focussed inspection on 1 December 2016 to check that the practice had followed the action plan provided 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 Grafton Medical Partners on our website at [www.cqc.org.uk](http://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.

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

- Adequate recruitment checks were undertaken prior to employment.

# Summary of findings

- The practice had a clear system in place for reporting and recording significant events.
- There was a clear system in place to identify action taken place as a result of safety alerts.
- There was a clear system in place to adequately monitor and manage assessed risks including those relating to health and safety, control of substances hazardous to health and Legionella.
- All staff had completed regular mandatory training to be able to respond to emergencies, including annual basic life support training and fire safety training.

**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.

- There was evidence that lessons were learned from significant events and actions taken were communicated widely enough to improve safety in the practice.
- Risks to patients were assessed and well managed, including role specific training for all staff, and recruitment checks. The practice had effective systems in place to enable them to respond to emergencies.

**Good**



# Grafton Medical Partners

## Detailed findings

### Why we carried out this inspection

We undertook a desk-based focussed inspection of Grafton Medical Partners on 1 December 2016. 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 during our inspection of 19 April 2016. 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. We had found that some of these requirements had not been adhered to. Specifically:

- Not all staff had received thorough recruitment checks prior to employment.
- There was no clear system in place for reporting and recording significant events.
- There was no clear system in place to identify action taken as a result of safety alerts.

- There was no clear system in place to adequately monitor and manage assessed risks including those relating to health and safety, control of substances hazardous to health and Legionella.
- Staff did not have access to regular mandatory training to be able to respond to emergencies, including annual basic life support training and fire safety training.

In addition to this we found, not all staff had received an annual appraisal, multidisciplinary and clinical meetings were not always documented. Systems were not effective in identifying carers, bereavement support information was not displayed in the patients in the waiting area. The complaints system needed to be reviewed to ensure it was clear for patients, staff and in line with contractual obligations. Staffing structure, including roles and responsibilities were not clearly defined.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 19 April 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice had a significant event and incident reporting procedure policy. All staff were aware of incident reporting processes for the practice.
- The practice carried out analyses of significant events, these were recorded adequately.
- There was evidence that action was taken as a result of significant events to improve safety in the practice, these were shared effectively with staff.
- We saw evidence that safety alerts and updates were cascaded to clinical staff and a clear system was in place to demonstrate any action that was taken as a result; for example an EMIS search was conducted for diabetes patients who used Trueyou blood glucose strips and patients contacted if required.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

Appropriate recruitment checks were undertaken prior to employment. The practice provided us with a list of checks undertaken prior to staff commencing employment for example, we saw employment history, references, Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where

they may have contact with children or adults who may be vulnerable.) Signed confidentiality agreements and proof of ID. They were able to demonstrate the process as they had recruited two new staff members since the comprehensive inspection.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- All staff had received fire safety training.
- The practice had a legionella risk assessment in place which identified the practice as high/medium risk. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Actions from the risk assessment were carried out, to include flushing of water outlets and water outlet temperature recording carried out by a reception team member. Lead staff received a flow chart detailing whose responsibility it was to carry out these checks. A policy was circulated to all staff, and the risk assessment and actions were discussed at the all staff meeting.
- The practice had a control of substances hazardous to health (COSHH) policy in place, they had a number of data sheets for COSHH products used and these products were stored securely, COSHH risk assessment had been carried out.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training.