

# Triangle Group Practice

## Inspection report

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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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Triangle Group Practice on 26 November 2019.

At this inspection we followed up on breaches of regulations identified at our last comprehensive inspection on 25 September 2018. At that inspection, we rated the practice good overall, and requires improvements for well-led. We issued a requirement notice in respect of a breaches of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The concerns related to insufficient systems and processes relating to the management of recruitment and training records for staff working at the practice. Also, policies were not reviewed effectively to ensure that they kept up to date with the way the practice operated. You can read our findings from our last inspection by selecting the 'all reports' link for Triangle Group Practice on our website at .

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 requires improvement overall and for the population groups of People with long-term conditions, Families, children and young people and Working age people (including those recently retired and students).**

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have safe arrangements for the management of patients prescribed high risk medicines.
- The practice did not have one of the recommended emergency medicines and had not undertaken a risk assessment for not having this.
- There was no paediatric pulse oximeter and the practice had not undertaken a risk assessment for not having this.

We rated the practice as **requires improvement** for providing effective services because:

- Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance.

- There was evidence of quality improvement activity.
- Staff were receiving regular appraisals.
- Effective joint working was in place. The practice held monthly multidisciplinary meetings
- There was evidence that the care of patients in the three population groups people with long-term conditions, families, children and young people and working age people (including those recently retired and students) did not meet national targets or was below average.

We rated the practice as **good** for providing caring services because:

- The practice respected patients' privacy and dignity.
- Patients we spoke with during our inspection and those who completed comments cards, spoke favourably about the practice: that the staff treated them with respect, that they felt listened to and that they had observed improvements in the practice.
- Patient feedback from the GP patient survey results were in line with local and national averages.

We rated the practice as **good** for responsive services because:

- Complaints were managed in a timely fashion and detailed responses were provided.
- Feedback from the patient survey indicated that respondents' ease of access care and treatment was in line with local area and national averages.
- The practice was continually reviewing and adjusting the appointment system to cater to the needs of patients and had introduced online consultations to improve access.

We rated the practice as **requires improvement** for providing well-led services because:

- There were clear and effective processes for managing issues and performance. However, the practice did not have proper effective arrangements for identifying, managing and mitigating risks.
- The practice had made improvements since our inspection on 25 September 2018 and had addressed the concerns we found at our previous inspection
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

# Overall summary

These concerns we found in providing effective and responsive services affected all population groups, so we rated all population groups as requires improvement.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Continue to monitor staff training needs, including dementia.
- Review the annual basic life support training staff undertake to assure it is adequate.
- Review the need and documenting the use for a chaperone when undertaking invasive procedures.
- Review the undertaking learning disability health checks.

**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

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

## Our inspection team

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

## Background to Triangle Group Practice

Triangle Group Practice is based in Lewisham, south east London, close to Ladywell railway station. There is public car parking available opposite the practice and the area is well served by public transport.

The practice operates from premises that were converted in 1990. There is step free access into the premises and to all floors.

The surgery is based in an area with a deprivation score of 3 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the average English GP practice, slightly more patients are unemployed.

There are approximately 7400 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 59, and fewer patients aged 60+ than at an average GP practice in England.

Four doctors work at the practice: two male and two females. Three of the doctors are partners and there is one salaried GP (who is female). There is one locum GP who works one day a week at the practice. The practice provides 28 GP sessions per week.

At the time of our last inspection the practice did not have a practice nurse in post. At this inspection a new practice nurse had been recruited. There is a Minor Surgery clinic once a week which offers joint injections, incision and drainage and the removal of moles, skin tags and other lesions. Other services provided by Lewisham Clinical Commissioning Group (CCG) include a counsellor who visits the practice once a week, a dietician who visits once every two weeks and a bereavement counsellor who attends the practice as and when required.

The practice offers GP services under a General Medical Services contract in the Lewisham Clinical Commissioning Group area. The practice is registered with the CQC to provide surgical procedures, diagnostic and screening procedures, family planning, treatment of disease, disorder or injury and maternity and midwifery services.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met.</b></p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none"><li>• Child immunisation rates were below the World Health Organisation target.</li><li>• People with long-term conditions, families, children and young people and working age people (including those recently retired and students) did not meet national targets or was below average.</li></ul> <p><b>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	<b>Warning notice: The proper and safe management of medicines</b>
Maternity and midwifery services	<b>•The practice did not have safe arrangements for the management of patients prescribed high risk medicines.</b>
Surgical procedures	<b>•No International Normalized Ratio (INR) recorded for warfarin.</b>
Treatment of disease, disorder or injury	<b>•No evidence recorded of medicine reviews within the last 12 months.</b>
	<b>•Patients were being issued with prescriptions, when they had not had blood test results documented in the previous three months.</b>
	<b>•Recommended medicines for treating medical emergencies were not all stocked.</b>
	<b>•There was no paediatric pulse oximeter.</b>