

# Mayfield Surgery

## Quality Report

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Date of inspection visit: 9 May 2017

Date of publication: 15/06/2017

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 at Mayfield Surgery on 15 September 2016. The overall rating for the practice was good; however the safe domain was rated as requires improvement as;

- Actions identified in infection prevention and control audits had not been addressed to provide infection prevention and control training for all staff;
- Emergency medicines were not stored securely and regular checks were not thoroughly conducted or recorded;
- Patient specific directions (PSD) from a prescriber for the healthcare assistant (HCA) to administer influenza vaccines in a flu clinic were not clearly documented;
- Blank prescriptions were not managed or stored to maintain their security.

The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Mayfield Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 9 May 2017 to confirm that the practice had carried out

their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 September 2016. This report covers our findings in relation to those requirements and also any additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had provided infection prevention and control training for all staff.
- The practice had reviewed and changed arrangements to securely store emergency medicines and blank prescription forms and had systems in place for providing and recording appropriate checks.
- The practice ensured patient specific directions for influenza vaccines include the dose, route and frequency to be administered to a named patient and a record that the prescriber has assessed the patient on an individual basis.

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?

At our previous inspection on 15 September 2016, we rated the practice as requires improvement for providing safe services as;

- Actions identified in infection prevention and control audits had not been addressed to provide infection prevention and control training for all staff;
- Emergency medicines were not stored securely and regular checks were not thoroughly conducted or recorded;
- Patient specific directions (PSD) from a prescriber for the healthcare assistant (HCA) to administer influenza vaccines in a flu clinic were not clearly documented;
- Blank prescriptions were not managed or stored to maintain their security.

When we undertook a follow up inspection on 9 May 2017 we found these arrangements had improved. The practice is now rated as good for providing safe services.

Good



# Mayfield Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector carried out this desk based review.

## Background to Mayfield Surgery

Mayfield Surgery provides primary medical services in Wandsworth to approximately 6,000 patients and is one of 44 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice population is in the fourth more deprived decile with income deprivation affecting children and adults higher than national averages.

The practice operates from purpose built premises over two floors with off street car parking facilities. The practice has step free access into the ground floor which comprises reception and waiting areas, staff and patient accessible facilities including baby change facilities and space available for breast feeding mothers. The ground floor has seven clinical rooms and practice management facilities. The first floor comprises a large meeting room, offices and a staff kitchen.

The practice clinical team consists of two male and two female GP partners together providing 22 sessions per week, two female and one male salaried GPs together

providing 13 sessions per week, and one female GP registrar providing 10 sessions per week. The practice employs one part time female nurse practitioner and one part time female healthcare assistant. The practice non-clinical team consists of one practice manager and six administrative and reception staff.

The practice opens between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.30am and 6.30pm Monday to Friday.

Appointments are available in one morning and one afternoon session daily. Extended hours are available on Monday, Wednesday and Thursday evenings from 6.30pm until 8.00pm and on Saturday mornings from 9.00am until 11.00am for pre booked appointments.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.00am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures, family planning, diagnostic and screening procedures, and maternity and midwifery services.

## Why we carried out this inspection

We undertook a comprehensive inspection of Mayfield Surgery on 15 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in the safe domain. The full comprehensive report following the inspection on 15 September 2016 can be found by selecting the 'all reports' link for Mayfield Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up inspection of Mayfield Surgery in the form of a desk based review on 9 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a desk-based focused inspection of Mayfield Surgery on 9 May 2017. This involved reviewing evidence that:

- The practice had provided infection prevention and control training for all staff.
- The practice had reviewed and changed arrangements to securely store emergency medicines and blank prescription forms and had systems in place for providing and recording appropriate checks.
- The practice had ensured patient specific directions for influenza vaccines included the dose, route and frequency to be administered to a named patient and a record that the prescriber has assessed the patient on an individual basis.

# Are services safe?

## Our findings

At our previous inspection on 15 September 2016, we rated the practice as requires improvement for providing safe services as;

- Actions identified in infection prevention and control audits had not been addressed to provide infection prevention and control training for all staff;
- Emergency medicines were not stored securely and regular checks were not thoroughly conducted or recorded;
- Patient specific directions (PSD) from a prescriber for the healthcare assistant (HCA) to administer influenza vaccines in a flu clinic were not clearly documented;
- Blank prescriptions were not managed or stored to maintain their security.

These arrangements had significantly improved when we undertook a follow up inspection on 9 May 2017. The practice is now rated as good for providing safe services.

### Overview of safe systems and processes

- We saw evidence in training logs and certificates that all staff had completed infection prevention and control training relevant to their role. Training included both online e-learning modules as well as face to face training from the practice nurse.
- Processes had been put in place to monitor the use of blank prescription forms and pads including a log of

prescription pad use with names, dates and serial numbers. The practice had also put in place a recorded system for actions when the practice closed including ensuring all prescription pads and individual forms including those in printers were secured.

- The practice had reviewed the arrangements for managing emergency medicine and equipment. We saw evidence of daily emergency medicines checks and evidence that emergency medicines were secured when the practice was closed as part of the practice closing actions. Daily emergency medicines checks were supported by monthly checks of emergency medicines and equipment by a GP partner. These checks included evidence of action to order new stock and replace items nearing expiry including defibrillator pads and medicine used to treat suspected heart attack.
- We saw evidence that Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber and that this instruction was now clearly documented with regards to influenza vaccination. PSDs were in the form of written instructions from a qualified and registered prescriber for a medicine and included the dose, route and frequency the medicine was to be supplied or administered, named the patient and the prescriber had documented they had assessed the patient on an individual basis.