

# Mildmay Medical Practice

## Quality 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 service

Good



Are services safe?

Good



Are services effective?

Good



Are services well-led?

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 Mildmay Medical Practice on 25 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Mildmay Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 19 July 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 25 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Safety alerts were logged, reviewed and shared with staff.

- All staff had received appropriate safeguarding, child protection and basic life support training.
- All staff had received a disclosure and barring service (DBS) check.
- Fire safety systems had been reviewed and all fire prevention monitoring systems were up to date.
- The practice had purchased a defibrillator and all staff were trained in its use.
- A staff induction plan had been implemented and included topics such as safeguarding, basic life support and fire safety awareness.
- Consent was being monitored and audited.
- Failsafe systems for the cervical screening programme were in place.
- Staff were aware of the vision and values of the practice and it was on display in the practice.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- The practice had an active patient participation group.

# Summary of findings

**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 a safe service.

Good



- Safety alerts were logged, reviewed and shared with staff.
- All staff had received appropriate safeguarding, child protection and basic life support training.
- All staff had received a disclosure and barring service (DBS) check.
- Fire safety systems had been reviewed and all fire prevention monitoring systems were up to date.
- The practice had purchased a defibrillator and all staff were trained in its use.

### Are services effective?

The practice is rated as good for providing an effective service.

Good



- A staff induction plan had been implemented and included topics such as safeguarding, basic life support and fire safety awareness.
- Consent was being monitored and audited.
- Failsafe systems for the cervical screening programme were in place.

### Are services well-led?

The practice is rated as good for providing a well led service.

Good



- Staff were aware of the vision and values of the practice and it was on display in the practice.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- The practice had an active patient participation group.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 25 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 25 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 25 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 25 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 25 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 25 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Mildmay Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a lead CQC inspector.

## Background to Mildmay Medical Practice

The Mildmay Medical Practice is situated within the NHS Islington Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services (GMS) contract to approximately 6,450 patients. The practice has car parking and is located within a two storey purpose built premises with all clinical rooms and patient facilities located on the ground floor. The practice provides a full range of services including child and travel vaccines, extended hours and family planning including coil fitting. It is registered with the Care Quality Commission to carry out the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, and diagnostic and screening procedures.

The staff team at the practice includes two GP partners (one male working six sessions per week and one female working ten sessions per week), a long term regular male locum GP working 5.5 sessions per week, two regular locum GPs (one male and one female working a total of six sessions per week), a female practice nurse working eight sessions per week, a practice manager working 35 hour per week, and a team of reception and administrative staff working a mixture of part time and full time hours.

The practice's opening hours are 8.30am to 6.30pm every weekday except Thursday when it opens from 8.30am to 2pm, its doors and telephone lines remain open

throughout these periods. GP appointments are available from 8.30am to 12.30pm and 3.30pm to 6.30pm every weekday except Thursday when the last appointment is at 12.45pm. Home visits are available and telephone consultations including during lunch time periods. Online pre-bookable appointments and urgent appointments are available for patients who need them. The practice provides extended hours from 6.30pm to 7.15pm on Mondays and Tuesdays and from 6.30pm to 7pm on Wednesdays and Fridays. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider. Additional out-of-hours appointments are available via a network of local practices called I:HUB from 6.30pm to 8pm every week day, and 8am to 8pm on Saturday and Sunday.

The information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice area has a higher percentage than national average of people whose working status is unemployed (9% compared to 5% nationally), and a lower percentage of people over 65 years of age (8% compared to 17% nationally). The average male and female life expectancy for the practice is 78 years for male (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 83 years for females (which is the same within the Clinical Commissioning Group and nationally). The practice told us its patients demographic was approximately one third recorded as "British/mixed British", and a further third as "Other White" many of whom were Turkish non-English speaking, and that registrations from black and other ethnic minority groups were increasing.

# Detailed findings

## Why we carried out this inspection

We undertook a follow up focused inspection of Mildmay Medical Practice on 19 July 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

During our visit we:

- Spoke with a range of staff (GP and practice manager).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 26 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of fire safety procedures and training, and lack of disclosure and barring service (DBS) checks for locum GPs were inadequate. The practice had no defibrillator and had not risk assessed the need for one. There was also no system in place to confirm that safety alerts were appropriately followed up.

These arrangements had significantly improved when we undertook a follow up inspection on 19 July 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

A policy and procedure had been developed for the review of safety alerts. This included logging of alerts on a monthly data sheet and reviewing and disseminating of alerts to relevant staff by a member of the clinical team. We were provided with evidence of where alerts were discussed in clinical meetings.

### Overview of safety systems and process

Systems and processes had been put in place to keep patients safe and safeguarded from abuse:

- All clinical and non-clinical staff had received safeguarding and child protection training with GPs trained to level 3 child protection and practice nurse to level 2. Non-clinical staff had been trained to level 1 child protection.

- The practice had obtained all appropriate pre-employment checks for staff including a 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. The locum pack had been updated to ensure all relevant checks were obtained before employment.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

### Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents.

- The practice had purchased a defibrillator and all staff had been trained to use it.
- All staff were up to date with basic life support training.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 25 November 2016, we rated the practice as requires improvement for providing effective services as there were gaps in staff induction training, the process for seeking consent was not being monitored and there was no failsafe system for cervical screening.

These arrangements had significantly improved when we undertook a follow up inspection on 19 July 2017. The practice is now rated as good for providing effective services.

### Effective staffing

The practice had implemented a new induction programme which covered such topics as confidentiality, safeguarding and infection control. Only one new member of staff had been employed since the last inspection and we were shown evidence of the completed induction

programme. All staff had received refresher training especially in the area of safeguarding, basic life support and fire safety awareness to ensure that they were up to date with current procedures.

### Consent to care and treatment

We were shown evidence of the protocol and systems used for monitoring consent which included pro forma's for reception staff to complete. Since the last inspection the practice has undertaken audits in relation to the obtaining of consent for both cervical smear tests and IUCD (intrauterine contraceptive device used for fitting coils).

### Supporting patients to live healthier lives

The practice audited patients who had undertaken cervical screening every three months and we were shown evidence of the failsafe systems used by the practice to ensure all results were received for all samples sent to the laboratory.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 25 November 2016, we rated the practice as requires improvement for providing well-led services as staff were unaware of the vision of the practice, there were gaps in the governance arrangements and the patient participation group was inactive.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 19 July 2017. The practice is now rated as good for being well-led.

### Vision and strategy

The vision of the practice was on display in the waiting area and on the main reception board. It was also displayed on the practice website. Staff we asked were able to demonstrate awareness of the vision and how it impacted their work.

### Governance arrangements

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Patient records were being stored in the reception area that was secured when not in use.
- The practice had a stable staffing team and enough staff to cover absence.

### Seeking and acting on feedback from patients, the public and staff

The practice had re-established the patient participation group (PPG) which held its first meeting in December 2016. The PPG are due to meet again in August 2017 where they will discuss the improvements that they wish to see in the practice. The practice are continually looking for new members for the group and have a poster displayed within the reception area.