

The Miller 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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at The Miller Practice on 14 October 2016. The overall rating for the practice was good. Within that overall rating the practice was rated as requires improvement for providing safe services. This was because it was not meeting legal requirements in relation to some aspects of:

- Learning from significant events and patient safety alerts.
- Legionella, hazardous substances, and fire safety.
- Pre employment checks on staff.
- Emergency medicines.

The full comprehensive report of the October 2016 inspection can be found at www.cqc.org.uk/location/1-542499627.

This inspection on 12 July 2017 was an announced focused inspection and was carried out to confirm that the practice had completed their plan to meet the legal

requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 October 2016. This report covers our findings in relation to those requirements.

Overall the practice is rated as good.

Our key findings were as follows:

- The practice had put in place systems that provided assurance that action taken in light of a significant event prevented reoccurrence of the event, and that the practice had acted on patient safety alerts.
- The practice was managing risks identified in its legionella and COSHH risk assessments. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The provider had put in place a fire safety policy.
- The practice had put in place a system to ensure all the information required in respect of persons employed by the practice was maintained for staff recruited since the last inspection. It had also completed DBS checks on all non-clinical staff and had photographic proof of identity on record for all staff.

Summary of findings

- The practice had strengthened its system for maintaining the stock of emergency medicines.

The practice had also acted on recommendations we made at our previous inspection and implemented additional improvements:

- The practice had reviewed its systems for complaints documentation, for example it was taking care to include information about the Parliamentary and Health Service Ombudsman in all written responses to complaints.
- A system for staff appraisal had been implemented to formalise arrangements for identifying and meeting staff development needs.

At our previous inspection on 14 October 2016 we rated the practice as requires improvement for providing safe services because actions following significant events and safety alerts were not being evaluated, not all risks to the health and safety of service users were being managed and mitigated, and there were gaps in the information the provider maintained in respect of some of the staff it employed. At this inspection we found these shortfalls had been remedied. Consequently, the practice is rated as good for providing safe services.

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.

- Assurance was provided that effective action was taken to prevent reoccurrence when something went wrong, and in response to safety alerts.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety in respect of legionella, hazardous substances, and fire safety, and pre employment checks for new staff.
- The practice had a system in place to maintain stocks of emergency medicines.

Good



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 practice is rated as good for the care of older people.

The rating was given following the comprehensive inspection in October 2016. A copy of the full report following the October 2016 inspection is available on our website at www.cqc.org.uk/location/1-542499627.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

The rating was given following the comprehensive inspection in October 2016. A copy of the full report following the October 2016 inspection is available on our website at www.cqc.org.uk/location/1-542499627.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

The rating was given following the comprehensive inspection in October 2016. A copy of the full report following the October 2016 inspection is available on our website at www.cqc.org.uk/location/1-542499627.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

The rating was given following the comprehensive inspection in October 2016. A copy of the full report following the October 2016 inspection is available on our website at www.cqc.org.uk/location/1-542499627.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The rating was given following the comprehensive inspection in October 2016. A copy of the full report following the October 2016 inspection is available on our website at www.cqc.org.uk/location/1-542499627.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The rating was given following the comprehensive inspection in October 2016. A copy of the full report following the October 2016 inspection is available on our website at www.cqc.org.uk/location/1-542499627.

Good



The Miller Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was made up of a CQC Inspector.

Background to The Miller Practice

The Miller Practice is situated within the NHS Islington Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services (GMS) contract to approximately 11,200 patients and the practice premises are within a two storey Grade 2 listed building.

The practice provides a full range of enhanced services including extended hours, minor surgery, child and travel vaccines, and family planning including coil fitting. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures, and diagnostic and screening procedures.

The staff team at the practice includes four GP partners, (three female working a total of 21 sessions, and one male working seven sessions per week), two salaried GPs (both female working a total of 14 sessions per week), a part time female Assistant Practitioner (Senior HCA), two part time female practice nurses (working a total of 11 sessions per week), one female health care assistant working 10 sessions week, a full time practice manager, and a team of reception and administrative staff working a mixture of full time and part time hours. All GP partners provide training for trainee GP specialists.

The practice's core opening hours are between 8:00am to 6:30pm every weekday. GP appointments are from 8:00am to 6:30pm and include home visits, telephone consultations and online pre-bookable appointments. The doors close between 1:00pm and 2:00pm but emergency lines stay open. Urgent appointments are available for patients who need them. The practice provides an extended hours service from 8:00am to 1:00pm Saturdays and 6:30pm to 7:30pm Mondays. Further (off-site) extended hours are provided through a hub network of local practices Monday to Saturday from 6:30pm to 8:00pm and 8:00am to 8:00pm at weekends. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The Information published by Public Health England rates the level of deprivation within the practice population group as five 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 relatively low percentage of people over 65 years of age (10% compared to 17% nationally). The average male and female life expectancy for the practice is 79 years for males (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 84 years for females (compared to 83 years within the Clinical Commissioning Group and 83 years nationally).

Why we carried out this inspection

We undertook a comprehensive inspection of The Miller Practice on 14 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, and within that overall rating it was rated requires improvement for providing safe services. This was because the practice

Detailed findings

was not meeting some legal requirements. The full comprehensive report following the inspection in October 2016 can be found at www.cqc.org.uk/location/1-542499627.

We undertook a follow up focused inspection of The Miller Practice on 12 July 2017. This inspection was carried out to review 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 on 12 July 2017 we reviewed information provided by the practice and spoke with GP, practice manager and healthcare assistant staff.

Are services safe?

Our findings

At our previous inspection on 14 October 2016 we rated the practice as requires improvement for providing safe services. This was because there were shortfalls in the practice's arrangements in respect of significant events, patient safety alerts, some health and safety risks, pre employment checks and emergency medicines.

These arrangements had significantly improved when we undertook a follow up inspection on 12 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- We reviewed significant event records and reports, and minutes of meetings where significant events had been discussed. The practice carried out a thorough analysis of the significant events and had built in whole practice reviews of significant event action plans to ensure effective action had had been taken to prevent reoccurrence of adverse events.
- We reviewed safety alert records and minutes of meetings where safety alerts had been discussed, for example a patient safety alert issued in April 2017 about supporting the safety of girls and women who are being treated with valproate (a medicine used to treat epilepsy and bipolar disorder). The practice's system for dealing with safety alerts demonstrated the practice had taken effective action in response to the alert.

Overview of safety systems and processes

The practice had put in place a policy to complete a DBS check on every new starter whatever their role and had carried out DBS checks on all existing non clinical staff. 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. We reviewed three personnel files found appropriate recruitment checks had been undertaken prior to employment for staff recruited since our previous inspection, including proof of identification, evidence of satisfactory conduct in previous employment, and the appropriate checks through the DBS. We also found DBS checks had been carried out on existing non-clinical staff and photographic proof of identity was available for all staff.

Monitoring risks to patients

- Works had been commissioned in response to a legionella risk assessment carried out on 31 October 2017, and were due to start on 17 April 2017. The practice had decided on this course of action as part of its longer term strategy to renew and expand its premises.
- Data sheets were available for hazardous substances kept on the premises, for example professional cleaning products, providing information on handling, storage and emergency measures in case of accident.
- The practice had put in place a fire policy, formalising its fire safety procedures and providing clear guidance to staff on their roles and responsibilities.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to ensure emergency medicines were available. It had changed its system so that expiring medicines were ordered two months in advance instead of one month, and the medicines were placed in the emergency bag as soon as they were received.