

Grand Drive Surgery

Quality Report

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Date of inspection visit: 18 October 2017

Date of publication: 23/11/2017

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 of Grand Drive Surgery on 10 January 2017. The overall rating for the practice was good. However, the practice was rated as requires improvement for providing safe services. This was because not all staff had received annual basic life support training or mental capacity act training in line with their roles. The provider had not ensured that fire drills were regularly carried out.

The full comprehensive report can be found by selecting the 'all reports' link for Grand Drive Surgery on our website at www.cqc.org.uk.

This inspection was an announced desk-based follow up inspection carried out on 18 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation 12 Safe care and treatment, that we identified in our previous inspection on 10 January 2017. This report covers our findings in relation to those requirements and also where additional improvements have been made since our last inspection.

Overall the practice is rated as good. Specifically the practice was now found to be good for providing safe services.

Our key findings were as follows:

- The practice had carried out six monthly fire drills and maintained a record of these.
- All staff had received annual basic life support training.
- All doctors had received Mental Capacity Act training. The practice nurses had undertaken mental capacity act training as part of safeguarding adults training.
- Significant events were discussed with relevant staff.
- The practice had implemented a clear system for monitoring and acting on medicines and safety alerts.
- The practice had a clear system to monitor uncollected prescriptions.
- Failsafe thermometers had been installed on all refrigerators used to store medicines.
- The practice had an improved system in place to ensure all staff had received or had yearly appraisals booked.
- The practice had put in place a process to ensure that patients with a learning disability received an annual health check.

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?

During the inspection on 18 October 2017, we found that the practice had addressed the issues found at the comprehensive inspection on 10 January 2017. As a result, the practice is now rated as good for providing safe services.

Staff had received basic life support training and clinical staff had received Mental Capacity Act training. Regular fire drills were now undertaken. The practice had improved their systems for dealing with medicines and safety alerts, significant events and monitoring uncollected prescriptions. There was a system in place to monitor vaccine refrigerator temperatures.

Good



Grand Drive Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Grand Drive Surgery

Grand Drive Surgery provides primary medical services in Merton to approximately 9000 patients and is one of 23 practices in Merton Clinical Commissioning Group (CCG). The practice population is in the least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children is below the CCG and national averages and the practice population of working age people is in line with the CCG and above the national average; the practice population of older people is in line with the local and above national averages. Of patients registered with the practice for whom ethnicity data was recorded 72% are White British and 28% others.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to six GP consultation rooms and one nurse and one healthcare assistant consultation room on the ground floor.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee doctors and GPs.

The clinical team at the surgery is made up of four female GPs who are partners, two female salaried GPs, two female practice nurses and one female healthcare assistant. The non-clinical practice team consists of practice manager, assistant practice manager and 10 administrative and reception staff members. The practice provides a total of 35 GP sessions per week; in addition seven sessions are provided by GP trainees.

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. Appointments are available from 8am to 6.30pm Monday to Friday. Extended hours surgeries are offered on Wednesdays to Fridays from 7.30am to 8am and on Thursdays from 6.30pm to 8.30pm. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Merton CCG.

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

Why we carried out this inspection

We undertook a comprehensive inspection of Grand Drive Surgery on 10 January 2017 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 they were rated as requires improvement for providing safe services. A requirement notice was issued in relation to a breach of regulation 12 of the Health and Social Care Act

Detailed findings

2008 (Regulated Activities) Regulations 2014. The full comprehensive report following the inspection on 10 January 2017 can be found by selecting the 'all reports' link for Grand Drive Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk-based inspection of Grand Drive Surgery on 18 October 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 follow- up inspection of Grand Drive Surgery on 18 October 2017.

This involved reviewing evidence that:

- Fire drills were regularly undertaken.
- All staff had undertaken annual basic life support training and that all clinical staff had undertaken Mental Capacity Act training.
- Systems were in place to ensure that significant events were widely discussed with all staff and medicines and safety alerts were managed effectively.
- A thermometer was installed on all the refrigerators that are used to store medicines.
- There was a clear system to monitor prescriptions that had not been collected.
- The practice had an improved system in place to ensure all staff had received or had yearly appraisals booked.
- The practice had put in place a process to ensure that patients with a learning disability received an annual health check.

Are services safe?

Our findings

At our previous inspection on 10 January 2017, we rated the practice as requires improvement for providing safe services as the provider had not ensured that fire drills were regularly undertaken and the provider had not ensured that all staff had annual basic life support training and all clinical staff had Mental Capacity Act training relevant to their role.

Additionally we found that significant events were not always widely discussed with all staff and there was no clear system for handling medicines and safety alerts. We also found that the practice did not have a backup thermometer on all the refrigerators that are used to store medicines. Also, the practice did not have a clear system to monitor prescriptions that had not been collected.

During the inspection on 18 October 2017, we found that the practice had addressed the issues found at the previous inspection. As a result, the practice is now rated as good for providing safe services.

Safe track record and learning

The practice had a system in place for discussing and disseminating significant events. We saw evidence that significant events were discussed in the practice meeting with GPs and the team meeting with administrative staff. The practice also held significant event meetings with the practice manager and clinical staff. We saw an example of a significant event concerning an urgent referral letter that had not been sent promptly. This was discussed at the practice meeting, the significant events meeting and directly with staff members involved.

The practice had put a system in place for monitoring medicines and patient safety alerts. We saw the practice had a policy in place and had identified a lead GP. The policy set out clear guidance for the practice on dealing with alerts and categorising them in order of priority for

action. We saw evidence that a medicines alert was discussed in minutes of May 2017 where two patients had been identified as a result of a search and had been contacted to receive a review.

Overview of safety systems and process

The practice had ensured that clinical staff received Mental Capacity Act training relevant to their role. We saw evidence that all GPs had attended Mental Capacity Act training. The practice nurses and health care assistant received this training as part of Safeguarding Adults training to level 2.

Medicines management systems were safe. We saw evidence that all three of the vaccine refrigerators now had a backup thermometer installed to ensure the practice had a failsafe system for monitoring refrigerator temperatures. The practice shared their repeat prescribing policy which had been updated in January 2017 after the last inspection. It was practice policy that the prescription clerks performed monthly checks of uncollected prescriptions and discuss these with the relevant GPs.

Monitoring risks to patients

The practice had implemented a system of six monthly fire drills. Since the comprehensive inspection in January 2017, two fire drills had been undertaken; in February 2017 and September 2017. These had been recorded on a log with additional notes such as time taken to evacuate to the designated meeting point.

Arrangements to deal with emergencies and major incidents

We saw evidence that all nine clinical and 12 non-clinical staff members had received annual basic life support training since the last inspection. The practice had updated their training requirements so that non-clinical staff received basic life support training annually rather than every three years.