

Maddock Way Surgery




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 caring?		Good	
Are services responsive to people's needs?		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 Maddock Way Surgery on 5 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report of the 5 July 2016 inspection can be found by selecting the 'all reports' link for Maddock Way Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 March 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 5 July 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:

- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

We also reviewed the areas we identified where the provider should make improvement:

- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice had translation services in place.
- The practice had introduced a website which contained relevant information about the practice, and health promotion advice.
- Meetings at the practice were minuted and decisions were clearly recorded.

However, there was an area of practice where the provider needs to make improvements.

The provider should:

Summary of findings

- Review the national patient survey where results were in some areas below national averages.

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.

- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services caring?

The practice is rated as good for providing caring services. However, the practice had not taken action to address patient feedback from the national patient survey.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had translation services in place.
- The practice had introduced a website which contained relevant information about the practice, and health promotion advice.
- Information about how to complain was available and evidence from one example reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings (which were minuted) and training opportunities.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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 provider had resolved the concerns for safety, effective and well-led identified at our inspection on 5 July 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 5 July 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 5 July 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 5 July 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 5 July 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 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Maddock Way Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This focussed inspection was carried out by a CQC inspector.

Background to Maddock Way Surgery

The Maddock Way Surgery is based in the London Borough of Southwark. The practice is run by two partners, one of whom is the lead GP and the other the practice manager. The practice is based in a purpose built building (which is part of a larger building) which is based on a single floor. The address of the practice is 10 Maddock Way, Cooks Road, London, SE17 3NH.

The practice has approximately 3,500 registered patients. The surgery is based in an area with a deprivation score of 2 out of 10 (10 being the least deprived). The practice age demographic is similar to much of the borough of Southwark in that there are a higher than average number of patients between the ages of 20 and 50 and a lower than average number of patients over the age of 60.

The practice employs one further GP. In total there are two male GPs working to an equivalent of 1.75 whole time equivalent GPs. There is one practice nurse at the practice who works 25 hours per week. There are three reception/administrative staff at the practice.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery, and diagnostic and screening procedures at one location.

The practice is open Monday to Friday 8:00am to 6:30pm. There are extended hours 6:30pm to 8:30pm on Tuesdays. There are appointments available from 9am-11am and 4pm until 5:30pm daily, plus 6:30pm until 8:15pm on Tuesdays

The practice had been inspected by the CQC in 2014 at a time when inspections were not rated. The practice was inspected under CQC's current methodology on 5 July 2016.

Why we carried out this inspection

We undertook a comprehensive inspection of Maddock Way Surgery on 5 July 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, responsive and well led domains. The full comprehensive report following the inspection of 5 July 2016 can be found by selecting the 'all reports' link for Maddock Way Surgery on our website at www.cqc.org.uk.

We undertook a follow up inspection of Maddock Way Surgery 14 March 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 GP and the practice manager.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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 5 July 2016, we rated the practice as requires improvement for providing safe services for the following reasons:

- One of the consulting rooms had a water damaged floor which was not safe.
- Staff had not received relevant training in how to keep patients safe.
- Repeat prescriptions were logged in such a way that it appeared that they had been authorised by reception staff, although this was not in fact the case.
- Signed Patient Group Directions were not in place.
- The business continuity plan did not contain relevant contact details.

These arrangements had significantly improved when we undertook a follow up inspection on 14 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, with the nurse trained to level 2.

- The practice maintained appropriate standards of cleanliness and hygiene. The damaged floor in the consulting room had been repaired such that it was no longer a patient safety risk. All staff had received infection control training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. The practice had developed protocols and policies for repeat prescribing. We reviewed 10 patient records where repeat medications had been issued and these showed as being approved by the clinician. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services caring?

Our findings

The report of 5 July 2016 rated the practice as good for caring. Notwithstanding this, the practice had not taken action to respond to patient feedback, for which we

recommended the practice should consider taking action. In the inspection on 14 March 2017 we found that the practice had not developed an action plan to address the feedback from the patient survey.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 5 July 2016, we rated the practice as requires improvement for providing responsive services for the following reasons:

- The practice did not advertise its complaints service and complaints were not all documented.
- The practice did not have a website in place.
- GPs told us that they did not use translation services.

These arrangements had significantly improved when we undertook a follow up inspection on 14 March 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice had improved services so they met patients' needs:

- The practice had developed and implemented a website which provided patients with information about the service and health promotion. Patients could request appointments and repeat prescriptions through the website.

- Translation services were available and GPs were aware of how to access them.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with notices and leaflets available at the reception area.

The practice had received one oral complaint since the inspection of 5 July 2016, relating to a late running appointment. The complaint had been documented, as had the explanation to the patient.

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 5 July 2016, we rated the practice as requires improvement for providing well led services for the following reasons:

- The practice had not monitored whether staff had received requisite training.
- Meetings were not documented in such a way that learning could be shared, and decisions relating to patient care audited.

These arrangements had significantly improved when we undertook a follow up inspection on 14 March 2017. The practice is now rated as good for providing well led services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- Discussions and decisions relating to patient care were clearly documented.
- Staff had been trained in relevant areas and the practice manager kept a training matrix to ensure that all staff were up-to-date.