

Highbury Grange Medical Practice

Quality Report

Highbury Grange Health Centre
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London N5 2QB

Tel: 020 7226 2462

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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 carried out an announced comprehensive inspection of Highbury Grange Medical Practice on 18 July 2017. We rated the practice as good for providing effective, caring, responsive and well-led services and the overall rating was good. We rated the practice as requires improvement for providing safe services, as we had concerns relating to infection prevention and control, medicines management and fire safety training for staff.

We served a requirement notice relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The full comprehensive report on the July 2017 inspection can be found by selecting the 'reports' link for Highbury Grange Medical Practice on our website at

<http://www.cqc.org.uk/location/1-543975260>. After the inspection, the practice sent us a plan of actions it intended to take to ensure it was able to meet the legal requirements under the key question, Safe.

This inspection was an announced focussed inspection carried out on 24 October 2017 looking at the issues previously identified and to check and confirm that the practice had carried out its plan to meet the legal requirements. We found that the practice had taken appropriate action to meet the requirements of the regulations relating to providing a safe service, with regard to the safety issues we had identified. Accordingly, we have revised the practice's rating in respect of providing a safe service to good.

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 provider had fully implemented the action plan following our inspection in July 2017.
- A further deep clean had been carried out; written cleaning schedules had been introduced and logs were now being maintained. Infection prevention and control policies and guidance had been revised and updated and all staff had received refresher training.
- All Patient Group Directions had been completed correctly and were in order.
- All staff had been given annual fire awareness training.

Good



Highbury Grange Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC inspector.

Background to Highbury Grange Medical Practice

The Highbury Grange Medical Practice (the practice) operates at Highbury Grange Health Centre, 1-5 Highbury Grange, London N5 2QB. The health centre occupies the ground floor of a residential block which is owned by the local authority. They are leased by the local NHS trust, with a number of rooms sublet to the practice. Various other healthcare services run by the trust operate from the same location. The trust is responsible for cleaning and maintenance. There are good transport links nearby with bus services connecting with Highbury and Islington and Finsbury Park stations.

The practice provides NHS services through a General Medical Services (GMS) contract to 8,978 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 34 general practices. The practice is registered with the Care Quality Commission as a partnership of three GPs, two male and one female, to carry out the following regulated activities - Treatment of disease, disorder or injury; Maternity and midwifery services and Diagnostic and screening procedures. The patient profile has a higher than average population of younger children, below 10 years, and adults aged between 25 and 44. There are slightly fewer than average teenagers

and adults aged between 45 and 54 and considerably fewer older adults aged above 55 years. The deprivation score for the practice population is in fifth “most deprived decile”, indicating a mid-range deprivation level among the patient population.

The clinical team is made up of three partner GPs, two of whom work six clinical sessions a week with the lead partner working two clinical. There are three regular locum GPs, two male and one female, working between eight and ten weekly clinical sessions. The GPs share responsibility for daily duty, dealing with enquiries and triaging appointments. There is a practice nurse, who works three full days a week, and a trainee, who works two and a half days. In addition, regular locum nurses work a full day each week. The healthcare assistant works two days a week. The administrative team comprises the practice manager, finance manager and reception manager, together with a medical secretary, an administrator and five receptionists.

The practice reception operates between 9.00 am and 1.00 pm each weekday morning and from 2.00 pm to 6.30 pm on Monday, Tuesday, Thursday and Friday. The practice is closed on Wednesday afternoon, but will take phone calls. It operates extended hours for pre-booked appointments with GPs and nurses on Thursday evening between 6.30 pm and 9.00 pm. Pre-booked appointment with nurses are also available on Saturday morning between 9.00 am and 1.00 pm. In addition, the CCG has commissioned the “IHub” service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends at three sites across the borough. Appointments can be booked by patients contacting their own general practice. There is also a walk in service available to all patients at a central location. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are

Detailed findings

connected with the local out-of-hours service provider. On Wednesday afternoons, the calls are passed back to the practice. Information about the out-of-hours provider, NHS 111 service and the IHub service is given in the practice leaflet and on the practice website.

Routine consultations can be booked up to four weeks in advance. Morning GP appointments are 10 or 15 minutes long; afternoon appointments are 10 minutes. Longer or double appointments can be booked if patients have more than one issue to discuss or for reviews of long term health conditions. Home visits are available for patients who may be house bound. The GPs and nurses are also available for telephone consultations. Routine appointments with GPs may be booked online by patients who have previously registered to use the system. It can also be used to request repeat prescriptions.

Why we carried out this inspection

We undertook a comprehensive inspection of the practice on 18 July 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 requires improvement for providing safe services. Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. We noted that in some areas of the

premises levels of cleanliness could be improved. No cleaning schedules were available for us to inspect. Not all staff had up to date training in infection prevention and control. The locum nurses' Patient Group Directions (which allow nurses to administer medicines in line with legislation) had not been completed correctly and were therefore invalid. Not all staff had up to date fire safety training. The full comprehensive report on the July 2017 inspection can be found by selecting the 'reports' link for Highbury Grange Medical Practice on our website at <http://www.cqc.org.uk/location/1-543975260>.

We undertook a follow up focused inspection of the practice on 24 October 2017. The 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 the practice manager.
- Reviewed the practice's documentation relating to infection prevention and control, medicines management and fire safety.
- Reviewed staff training records.
- Inspected the premises.

Are services safe?

Our findings

At our comprehensive inspection on 18 July 2017, we rated the practice as requires improvement for providing safe services. We found that systems, processes and practices did not always keep people safe. We noted issues relating to infection prevention and control issues, medicines management and fire safety training for staff.

We served a requirement notice relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice sent us a plan of the action it intended to take to meet the legal requirements under the key question, Safe. This inspection was an announced focussed inspection carried out on 24 October 2017, looking at the issues referred to in our requirement notice, to check and confirm that the practice had carried out its plan to meet the legal requirements.

Overview of safety systems and processes

At our comprehensive inspection on 18 July 2017 we were told that the local NHS trust was responsible for cleaning and maintenance. We found that the common areas were generally clean and tidy, although the floor covering in the main corridor was split. We noted that the floor covering in the nurses' room was split and the floor under the sink was dirty. We discussed this with staff, who informed us that the floor had been damaged during a "deep clean" carried out by the trust the day before our inspection. In addition, there were no general cleaning schedules available for us to see. Staff told us the matters would be raised with the trust forthwith. Although an infection control audit had been carried out in September 2016, it had not highlighted issues such as the absence of purple-topped bins for clinical waste contaminated by hormones and the need for the practice's body fluid spillage policy to be updated. We also noted that there were several different and conflicting versions of guidance to be followed in the event of a needle-stick injury. Not all staff had received up to date infection prevention and control training. We saw the results of another audit done in May 2017, which mentioned arranging this training, but it had not yet been implemented. A record of staff members' Hepatitis B immunisation status was maintained on their individual records, rather than on a central log, making monitoring less easy. Staff agreed to set up a single spreadsheet, when we discussed this with them.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we found that the PGDs used by locum nurses working at the practice were not appropriately completed and were therefore invalid. Shortly after the inspection, the practice sent us a procedure document it had produced to ensure that locum nurses' PGDs were properly completed in future.

At our focused inspection in October 2017, we saw evidence that a further deep clean had been carried out in August. A works order had been issued to replace the damaged flooring strips. A written general cleaning schedule had been introduced and logs were now being maintained. There was a new communications book, which the practice manager used to raise any concerns over cleaning. The practice had introduced its own cleaning schedules and records relating to medical equipment, such as the nebuliser and ear syringe, and we saw that these had been completed fully since our July inspection. Purple-topped clinical waste bins had been obtained; the body fluid spills policy had been updated and the needle stick injury guidance had been revised and consolidated. We saw evidence confirming that all staff had received refresher training in infection prevention and control at a practice meeting two days after our July inspection. A central log had been set up to record and monitor staff members' Hepatitis B immunisation status.

We reviewed the practice's file of Patient Group Directions and noted they had been completed correctly and were in order.

Monitoring risks to patients

At our comprehensive inspection on 18 July 2017 we noted that not all staff were up to date with annual fire awareness training. However, the practice informed us that they had completed the training a few days after our inspection and we saw evidence of this at our follow up inspection in October 2017.

We found that the practice had taken appropriate action to meet the requirements of the regulations. Accordingly, we have revised the practice's rating in respect of providing a safe service to good.