

The Edmonton 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 well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We undertook an announced focussed inspection of Edmonton Medical Practice on 14 July 2016. We found the practice to be good for providing safe and well led services and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 17 December 2015. As a result of our findings during the visit, the practice was rated as good for being effective, caring and responsive, and requires improvement for being safe and well led, which resulted in a rating of requires improvement overall. We found that the provider had breached three regulations of the Health and Social Care Act 2008; Regulation 15 (1) (e) premises and equipment, Regulation 18 (2) (a) staffing and Regulation 19 (1) and (2) fit and proper persons employed.

The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements. We undertook this focussed inspection to check that the practice had followed their plan, and to confirm that they had met the legal requirements.

This report only covers our findings in relation to those areas where requirements had not been met. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for the Edmonton Medical Practice on our website at <http://www.cqc.org.uk/location/1-1245401210/reports>. Our key findings across all the areas we inspected were as follows:

- Practice recruitment policies had been updated to include the obtaining of references.
- All staff had undertaken safeguarding and infection control training.
- All portable electrical equipment had been recently tested.
- All staff who undertook chaperone duties had been trained and received a Disclosure and Barring Service (DBS) check.
- All patient group directions (PGD's) were up to date and appropriately signed.

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.

- All staff were up to date with their mandatory training including infection control and safeguarding.
- All staff on the practice chaperone list had been trained and received a Disclosure and Barring Service (DBS) check.
- Recruitment processes had been revised to include the obtaining of employment references.
- The practice had adopted Performance Group Directives (PGD's). These were up to date and appropriately signed.

Good



Are services well-led?

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

- Practice policies had been updated to include specific practice information. For example external contact details for safeguarding concerns.
- Induction procedures had been updated to include training in safeguarding and infection control.
- Staff training processes had been developed to ensure ongoing training for all staff.

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. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

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). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

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. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



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). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



The Edmonton Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out an announced, focused inspection of this service on 14 July 2016 under Section 60 of the Health and

Social Care Act 2008 as part of our regulatory functions. This is because the service was not meeting some legal requirements during our previous visit on 17 December 2015.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our announced, focused inspection on 14 July 2016, we reviewed a range of information provided by the practice. We spoke with the practice manager.

Are services safe?

Our findings

Overview of safety systems and processes

At our inspection on 17 December 2015 we found that the practice did not have a system in place to ensure staff were appropriately trained. Non-clinical staff had not received safeguarding or infection control training. Those staff on the chaperone list had not been trained and had not received a Disclosure and Barring Service (DBS) check. The recruitment policy did not include a section on obtaining references and no references were on file for staff. PGD's were not up to date or appropriately signed. Portable electrical testing had not been carried out.

During this inspection we found:

- A system had been put in place to track training needs and to ensure that all staff remain up to date. We were provided with evidence that staff had undertaken infection control and safeguarding training.
- All staff that were on the practice chaperone list had undertaken training and had received a Disclosure and Barring Service (DBS) check.
- The practice nurse's PGD's were up to date and appropriately signed.
- Portable electrical appliance testing had been carried out in March 2016.

Are services well-led?

Good 

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

Our findings

Governance arrangements

During the previous inspection on 17 December 2015 we found that some practice policies were missing information and were in need of revising. There were gaps in the induction and staff training programme. A staff training process was in need of development and staff were found to have not received safeguarding and infection control training.

During this inspection we found that:

- Practice policies had been reviewed and updated to include practice specific information. For example the safeguarding lead and external contact details were added to the safeguarding policy.

A staff induction and ongoing training process had been developed to ensure all staff remain up to date with necessary training to carry out their job roles. All staff were up to date with their training. Safeguarding and infection control training had been included in the induction training programme.