

Lambton Road Medical Partnership

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?

Requires improvement



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 Lambton Road Medical Partnership on 12 April 2016. 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 timely access to mandatory training specifically safeguarding training, fire safety training and basic life support training. The full comprehensive report can be found by selecting the 'all reports' link for Lambton Road Medical Partnership on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 14 December 2016 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 12 April 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 however, the practice remains as requires improvement for providing safe services.

Our key findings were as follows:

- Most staff had completed the appropriate level of safeguarding training; however, we found two members of clinical staff completed this after the inspection.
- All staff had completed role appropriate training including basic life support.
- All staff had completed fire training; however we found two members of clinical staff completed this after the inspection.
- The practice had a significant event and incident reporting procedure policy.
- The practice had a duty of candour policy.
- Thorough recruitment checks had been undertaken.
- There was an effective system in place to identify and support all patients acting as carers.
- There was an effective system in place to monitor vaccine refrigerator temperatures if they had fallen outside of range.
- Staff working across two provider organisations had signed confidentiality agreements.
- The practice had reviewed its complaints policy and an effective systems was in place to improve quality of care from complaints received.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Ensure they maintain and monitor records of staff training to identify training needs effectively.

At our previous inspection on 12 April 2016, we rated the practice as requires improvement for providing safe services due to staff not receiving timely access to mandatory training specifically safeguarding training, fire safety training and basic life support training. At this

inspection we found that safeguarding training and fire training were still not up to date for some staff. Consequently, the practice is still rated as requires improvement for providing safe services.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Lambton Road Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Lambton Road Medical Partnership

Lambton Road Medical Partnership provides primary medical services in Merton to approximately 17500 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG).

The practice population has grown steadily from 14000 patients in 2013, when two local practices merged to form Lambton Road Medical Partnership. The practice population is in the least deprived decile in England. The practice population has a lower than average representation of income deprived children and older people. The practice population of children and the number of older people registered at the practice is in line with local and national averages. The practice population of those of working age is also in line with local and national averages at 67%, however of those of working age, specifically patients between the ages of 30-44 are higher than local and national averages. Of patients registered with the practice, approximately 80% are White or White British, 14% are Asian or Asian British and 6% are Black or Black British.

The practice operates from purpose built health centre that opened in 2013. The Practice is based on the first floor with lift access. All consulting rooms and patient areas are

wheelchair accessible. The practice has access to 12 doctors' consultation rooms, four nurses' consultation rooms and one treatment room. The practice also has some administrative offices on the second floor.

The practice team at the surgery is made up of two part time female GPs who are partners, one part time male GP who is a partner, nine part time female salaried GPs and one part time male salaried GP. The total number of GP sessions per week is 54. The nursing team consists of three part time female practice nurses, one part time male practice nurse and a part time female health care assistant. The non-clinical team includes a practice manager and an assistant practice manager supported by an office manager, five administrative staff and 18 reception staff members. The practice team also includes an IT support worker, an operations manager and a pharmacist who work between Lambton Road Medical Partnership and another provider organisation linked to the partnership in a neighbouring CCG.

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 GPs and provides teaching for medical students.

The practice reception and telephone lines are open from 8am to 8pm Monday to Thursday, 8am to 6.30pm on Friday and 9am to 1pm on Saturday. Appointments are available between 8.30am and 12pm every morning and 3pm and 5.30pm every afternoon. Extended hours surgeries are offered from 6.30pm to 8pm Monday to Thursday and 9am

Detailed findings

to 1pm on Saturday. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and at weekends and directs patients to the out-of-hours provider for Merton CCG.

The practice is registered as a partnership of seven partners with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning services, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. The seven partners are also registered with the Care Quality Commission as another provider organisation to provide regulated activities in another CCG area and the two partnership organisations are linked.

Why we carried out this inspection

We undertook a comprehensive inspection of Lambton Road Medical Partnership on 12 April 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. The full comprehensive report following the inspection on 12 April 2016 can be found by selecting the 'all reports' link for Grafton Medical Partners on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Lambton Road Medical Partnership on 14 December

2016. 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 inspection of Lambton Road Medical Partnership on 14 December 2016. This involved reviewing evidence that:

- Staff had access to regular mandatory training relevant to their role, including safeguarding, annual basic life support training and fire safety training.
- Systems were in place for reporting and recording significant events and systems for monitoring actions taken to improve safety in the practice.
- Medicines management procedures were effective.
- Recruitment arrangements were in place and included all necessary employment checks for staff.
- Policies and procedures had been updated.
- Effective processes were in place for patient confidentiality for staff working between organisations.

Are services safe?

Our findings

At our previous inspection on 12 April 2016, we rated the practice as requires improvement for providing safe services due to staff not receiving timely access to mandatory training specifically safeguarding training, fire safety training and basic life support training. Basic life support training was up to date when we undertook a follow up inspection on 14 December 2016; however, safeguarding training and fire safety training for two clinical members of staff were still not up to date. Consequently, the practice is still rated as requires improvement for providing safe services.

Safe track record and learning

- Since our last inspection the practice had introduced a significant event and incident reporting procedure policy. Staff were aware of the significant event policy as it had been circulated to them and discussed in the all staff meeting.

Overview of safety systems and process

- Most staff had received the appropriate level of safeguarding training; however we found two members of clinical staff completed this after the inspection.
- Appropriate recruitment checks had been undertaken prior to employment for example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring

Service. (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.)

Documentation missing in the last inspection were now in place for example, photo identification, and signed confidentiality agreements. Since the last inspection eight members of staff had been recruited, we reviewed four files, three clinical and one non-clinical and found appropriate check had been completed.

- The practice employed a small number of staff working across two provider organisations owned by the partners, including Lambton Road Medical Partnership, we saw signed confidentiality agreements in place for these staff.

Monitoring risks to patients

- All staff had received fire safety training, however this was completed after the inspection.
- A health and safety risk assessment and a fire risk assessment had been carried out 18 May 2016 after the comprehensive inspection, by an external company.
- The practice now had a system and policy in place for two week/urgent referrals.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training and we saw certificates to confirm this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: <ul style="list-style-type: none">The provider did not ensure that records of training were kept up to date. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.