St Margaret's Medical Practice

Quality Report

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Date of inspection visit: 10 October & 1 November 2016
Date of publication: 27/03/2017

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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of St Margaret's Medical Practice on 27 January 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breaches of regulation 12 (Safe care and treatment), 13 (Safeguarding services users from abuse and improper treatment), 17 (Good governance), and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook an unannounced focussed inspection on 10 October 2016 to check that the practice had followed their plan and to confirm that they now met the legal requirements. During this inspection we found that some areas had been addressed but that some actions had not yet been put in place; we also found some further areas of concern, which required further investigation. Therefore, the decision was made to extend the focussed inspection to a full comprehensive inspection, and we returned to the practice for an announced visit on 1 November 2016 in order to consider the areas which had not been covered during the focussed inspection and to look in further detail into the further areas of concern we had noted. This report covers our findings from both follow-up inspections on 10 October 2016 and 1 November 2016. You can read the report from the initial comprehensive inspection by selecting the 'all reports' link for St Margaret's Medical Practice on our website at www.cqc.org.uk.

Overall the practice was rated as requires improvement following the initial comprehensive inspection on 27 January 2016. They were rated as requires improvement for providing safe and effective services and for being well led. Following the re- inspection we found the practice to be requires improvement for providing a safe service and good for providing an effective service and for being well led.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. During the initial inspection we found that reviews and investigations

Summary of findings

into significant events were not thorough enough and there was a lack of evidence that lessons learned were discussed and shared. During the re-inspection we saw evidence that significant events were well recorded and that they were discussed with staff at all levels as appropriate.

- Risks to patients were assessed and well managed. At the time of the initial inspection in January 2016 we found areas where the practice had failed to adequately mitigate risks to patients and staff; for example, they did not have means to raise the alarm in the event of a fire (at the time they were about to commence an extensive building programme which included the installation of a fire alarm; they had put some interim arrangements in place to address the risk of fire), they could not provide evidence to show that all members of staff had been trained in child safeguarding to the required level, they failed to ensure that necessary pre-employment checks had been completed on staff, and failed to ensure that staff had completed mandatory training. When we returned to the practice for the follow-up inspection in October and November 2016, we found that all of these issued had been addressed.
- At the time of the initial inspection the provider had not ensured the correct legal authorisations were in place for staff to carry out their roles safely, specifically, they had not put Patient Specific Directions in place to allow their healthcare assistant to administer medicines. These were in place when we returned to the practice in November 2016.
- Overall, staff assessed patients' needs and delivered care in line with current evidence based guidance. When we initially inspected the practice we found that they did not have an effective system for recording and acting on medicines updates and safety alerts. We also found that the practice had failed to ensure that a complete and contemporaneous record was kept in respect of each service user, they did not have care plans in place for all patients who needed them, and there was a lack of evidence that the outcome of assessments of capacity to consent were recorded in patient records. When we returned for the follow-up inspection we saw evidence that the practice was appropriately recording and acting on safety alerts and that care plans were in place. However, we found evidence that in some cases consultations were still not being adequately recorded. All of the examples we saw were the responsibility of one member of staff, and we were aware that issues relating to this individual's performance were being addressed externally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. The practice had recently trained two members of staff as repeat prescribing clerks and face to face training sessions had been provided to these members of staff by one of the GPs, that covered which medicines they were allowed to issue prescriptions for; however, written guidance was not in place.
- Data showed patient outcomes were below the local and national average in some areas; however, results from the Quality Outcomes Framework showed the practice's performance had improved during the 2015/16 reporting year compared to the previous year, and the practice had introduced measures to further improve during the current reporting year.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. At the time of the initial inspection we found that the provider had failed to ensure that every member of staff had received an appraisal. During our re-inspection on 1 November 2016 we found that appraisals had been completed for all staff.

Summary of findings

There was one area where the provider must make improvement:

- They must put arrangements in place to ensure that all staff are making complete and contemporaneous records of patient consultations.

In addition, they should make improvements in the following areas:

- They should ensure that written guidance in put in place for the issuing of repeat prescriptions.
- They should ensure that they are regularly checking uncollected prescriptions and that arrangements are in place to contact vulnerable patients who have not collected their prescription.
- They should take further action to ensure that carers are identified and supported.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- The practice did not have processes in place to ensure that a complete and contemporaneous record was kept of each patient consultation.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were below the local and national average in some areas; however, results from the Quality Outcomes Framework showed the practice's performance had improved during the 2015/16 reporting year (compared to the previous year), and the practice had introduced measures to further improve during the current reporting year.
- Staff assessed needs and delivered care in line with current evidence based guidance; however, in some cases, adequate records of consultations with patients were not being kept.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice hosted the CCG's weekend opening hub on one weekend in four. They also offered additional services such as acupuncture and phlebotomy on the premises.
- Overall, patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Good

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

The practice is rated as good for the care of older people.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below CCG and national averages. For example, 74% of patients with hypertension were recorded as having well controlled blood pressure, compared to a CCG average of 82% and national average of 83%.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. In order to address areas where the practice's performance in managing patients with long-term conditions had been below average, they had appointed a second nurse on a long-term locum basis who had responsibilities relating to monitoring these patients.
- The practice's overall performance in relation to long-term conditions was below the CCG and national averages in some areas; however results from the Quality Outcomes Framework showed the practice's performance had improved during the 2015/16 reporting year (compared to the previous year), and the practice had introduced measures to further improve during the current reporting year.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

Summary of findings

- Immunisation rates were comparable to the CCG average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 at the practice who had received cervical screening in the past 5 years was 75%, which was below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence that the practice regularly met with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Early morning and evening appointments were available so that patients could attend before or after work.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice held regular multi-disciplinary team meetings in order to ensure effective case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns. A safeguarding policy was in place which listed contact information for relevant agencies, and this was available to all staff on the practice's computer system.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- During the 2015/16 reporting year, 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting, which was comparable to local and national averages and showed an improvement compared to the previous year when the practice achieved 72% for this indicator. However, the practice's overall exception reporting rate for dementia indicators was 49% compared to a CCG average of 26% and national average of 21%.
- During the 2015/16 reporting year, 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting, which was better than local and national averages and showed an improvement compared to the previous year when the practice achieved 82% for this indicator. However, the practice's overall achievement for mental health indicators was below average at 80% compared to a CCG average of 91% and national average of 93%.
- We were told by carers that the practice involved them in the care planning for patients with dementia, and we saw evidence that care plans were in place for these patients and saved to the patient records system.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 2 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixteen survey forms were distributed and 111 were returned. This was a response rate of 35% and represented 3% of the practice's patient list.

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 72%, national average 76%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 80%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Two comment cards contained positive comments about the quality of care received but said that it was sometimes difficult to get through to the practice by phone. Several patients commented that they have been members of the practice for many years and they felt fortunate to have access to such caring GPs and nurses, and one patient who was a carer commented about the high quality of care and tailored approach offered to the person they cared for, who had mental health needs.

St Margaret's Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to St Margaret's Medical Practice

St Margaret's Medical Practice provides primary medical services in Hounslow to approximately 9,500 patients and is one of 54 practices in Hounslow Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The practice population has a lower than CCG average representation of income deprived children and older people. The practice population by age is comparable to national averages but has a smaller proportion of people aged 24-34 than the CCG average. Of patients registered with the practice, the largest group by ethnicity are White (75.4%), followed by Asian (13.7%), black (4.3%), mixed (4.2%) and other non-white ethnic groups (2.4%).

The practice operates from a converted residential premises over three floors. The practice had recently completed building work to provide a further consulting room on the ground floor and an extended administrative area. The practice has two GP consulting rooms, one nurse consulting room, and one multi-use consulting room on the ground floor, and five consulting rooms and one treatment room on the first floor; the second floor is used as an administrative area. The practice team at the surgery is made up of three full time male GPs who are partners; two full time female salaried GPs; and two female registrars (one full time, one part time). In total the practice provides 48 GP sessions per week. The practice has a full time nurse, a part time long-term locum nurse, and a healthcare assistant/phlebotomist. The practice team also consists of a practice manager, reception manager, secretary, six receptionists, and an apprentice receptionist.

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 open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm every morning apart from Tuesdays when appointments start at 9am, and 3.30pm to 6pm every afternoon. Extended hours surgeries are offered between 6.30pm and 7.30pm on Mondays, between 7am and 8am on Wednesdays, between 7.30am and 8am on Thursdays.

When the practice is closed patients are directed to the local out-of-hours service.

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

Detailed findings

Why we carried out this inspection

We previously inspected this service on 27 January 2016 and found breaches of regulation 12, 17 and 18 of the Health and Social Care Act 2008, and the practice was rated as "Requires Improvement" for providing safe and effective services, and for being well led and overall. Breaches of regulation found were as follows:

Regulation 12 (safe care and treatment): The practice had no means of raising the alarm in the event of a fire being discovered; they had failed to ensure that necessary pre-employment checks had been completed on staff and failed to ensure that staff had completed mandatory training; they had failed to ensure that the correct legal authorisations were in place for staff to carry out their roles safely and they had also failed to ensure that patients' treatment was updated in a timely way following safety alerts and changes to prescribing.

Regulation 17 (good governance): The practice had failed to ensure that a complete and contemporaneous record in respect of each service user was kept, and failed to ensure that minutes were kept of staff meetings.

Regulation 18 (staffing): The provider had failed to ensure that every member of staff had received an appraisal.

Following the inspection, the practice provided an action plan, outlining the action that they had taken to address the areas where regulations had been breached. We returned to the practice on 10 October 2016 to undertake an unannounced focussed inspection to check that the regulatory breaches had been addressed. During this inspection we found that some areas had been addressed but that some actions had not yet been put in place; we also found some further areas of concern, which required further investigation. Therefore, the decision was made to extend the focussed inspection to a full comprehensive inspection, and we therefore returned to the practice for an announced visit on 1 November 2016 in order to consider the areas which had not been covered during the focussed inspection.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, and administrative staff.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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.

Requires improvement

Are services safe?

Our findings

During the initial inspection on 27 January 2016 we found that significant events were recorded by the practice, but were not communicated widely enough to support improvement. We also found that the practice had not taken sufficient action to manage risks to patients; for example, they did not have a fire alarm installed, and it was unclear whether clinical staff were trained in child safeguarding to the required level. The practice did not have the required legal paperwork in place to allow staff to administer medicines. In some cases the practice had failed to follow its own recruitment procedure.

During the re-inspection on 10 October and 1 November 2016 we found:

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Since the initial inspection in January 2016, the practice had introduced a new system for recording details of practice meetings; we saw evidence that consideration of significant events was a standing item on the agenda for clinical meetings, and we viewed examples of significant events having been discussed and learning shared. We also saw an example of a non-clinical significant event, and saw evidence that this was discussed in an administrative team meeting.
- There was evidence that staff received and took action on national patient safety alerts, and there was a log of alerts which had been relevant to general practice, and the action that had been taken in response to them. Safety alerts were sent to all members of the clinical team, and there was also a designated GP responsible for reviewing and taking action on these. We saw examples of safety alerts and updates being discussed in clinical meetings.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had some processes and practices in place to keep patients safe and safeguarded from abuse.

- A safeguarding policy and procedure was in place to safeguard children and vulnerable adults from abuse. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and staff we spoke to could describe what they would do if they had a concern. GPs were trained to child safeguarding level 3, nursing staff were trained to level 2 and non-clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and we saw evidence that the practice was in the process of completing Disclosure and Barring Service checks (DBS check) checks for non-clinical staff. (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). Following a suggestion from staff, the practice had introduced a chaperone book, where staff recorded details of each occasion where they acted as a chaperone, and a section was available for staff to record any concerns that they may have had about what they observed during the examination that they witnessed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- Overall, the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were sufficient to ensure that patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). Following an incident where the practice had been alerted to irregularities with their prescribing of a certain medicine, the practice had put measures in place to ensure that all patients who required blood tests to check that they were safe to take medicines were regularly reviewed. They practice had a system in place to ensure that action was taken in response to alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice had trained members of non-clinical staff as prescribing clerks, and whilst they had provided specific training sessions with one of the GP partners, no written guidance was in place for these members of staff to refer to.
- Prescription pads were securely stored, and following the previous inspection, the practice had put in place a system for recording the serial numbers of prescription pads and printer paper in order to monitor their use. We were told by reception staff that they periodically sorted through uncollected prescriptions; however, there was no process in place to follow-up on vulnerable patients who had failed to collect their prescriptions.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). At the time of the initial inspection in January 2016 the healthcare assistant was administering medicines without appropriate Patient Specific Directions (PSDs) being in place (PSDs 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 has assessed the patient on an individual basis). When we returned to the practice for the first follow-up inspection on 10 October 2016, these were still not in place, and it was evident that the practice had been unclear about the requirements relating to PSDs. When we returned to the practice on 1 November, we found that PSDs were in place, and saw that the content of these was appropriate.
- During the initial inspection in January 2016 we reviewed five personnel files and found all to be incomplete in relation to the recording of recruitment information; we also found that the practice's recruitment policy did not specify the number of references that should be taken prior to employing a new member of staff, and that Disclosure and Barring Service (DBS) checks were not carried-out for any of the staff whose files we saw, which included one of the practice nurses. When we returned for the follow-up inspection we found that the practice had amended its recruitment policy to clearly state what pre-employment checks they would carry-out. We also saw evidence that they had applied for DBS checks for all staff. The practice had not recruited any new staff since the intial inspection.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Overall risks to patients were assessed and well managed; however, having become aware that in some cases accurate and contemporaneous notes of patient consultations were not being kept, the practice had not been proactive in implementing safety netting systems to monitor performance in this area.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- At the time of the initial inspection, the practice did not have a fire alarm system in place, as this was due to be installed as part of building works which the practice was about to commence (although they had put some interim arrangements in place to address this risk). When we re-visited the practice for the follow-up inspection on 1 November 2016 a fire alarm system had been installed.

Requires improvement

Are services safe?

- All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- Emergency medicines were available in a secure area of the practice and all staff knew of their location. The practice had all medicines we would expect them to stock in order to respond to a medical emergency with the exception of a medicine to treat seizures. Once the practice were made aware of this, they informed us that they would immediately place an order for the appropriate medicine. All the medicines we checked were in date and fit for use.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

During the initial inspection on 27 January 2016 we found that data showed that patient outcomes for the practice were below locality and national averages, we found that the systems in place at the practice to ensure that medicines alerts were acted on were not effective, and that clinical audit was not being used effectively to improve the service.

During the re-inspection on 10 October and 1 November 2016 we found:

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. During the initial inspection we found one example of a GP failing to monitor a patient who was being prescribed a high-risk medicine long-term. During the follow-up inspection we found that the practice had put processes in place to regularly check that patients who were prescribed medicines which required regular monitoring had received appropriate tests.

- Staff had access to guidelines from NICE, and we saw evidence that updates were discussed in clinical meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 87% of the total number of points available, which was an improvement compared to the 2014/15 results which were available at the time of the initial inspection, where the practice had achieved 81% of the total points available. The practice's exception reporting rate for 2015/16 was 9%, compared with a CCG average of 8% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Whilst the practice's performance had improved during the 2015/16 reporting year, they were still outliers for several QOF (or other national) clinical targets. The practice explained that they thought that their performance in monitoring patients with long-term conditions was better than the QOF data reflected, and that they suspected that locum GPs, who had been employed during the year to cover for a GP partner who had been on long-term absence, were not entering the necessary information into their patient records system. During the follow-up inspection the practice explained that they had a strategy in place to improve their QOF achievement going forward, which included implementing a comprehensive recall system for patients with long-term conditions to ensure that they attend for review appointments; they had also appointed a long-term locum nurse whose focus was on managing the care of patients with diabetes. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the CCG and national average. Overall the practice achieved 71% of the total QOF points available (which was an improvement on 2014/15 when they achieved 59%), compared with an average of 86% locally and 91% nationally. Data showed that 64% of patients with diabetes at the practice had well-controlled blood pressure (CCG average 74% and national average 78%), 72% of diabetic patients at the practice had well controlled blood sugar (CCG average 74% and national average 78%), and 85% of patients with diabetes had a record in their notes of a foot examination and risk classification in the preceding 12 months (CCG average 88%, national average 89%). The practice's exception reporting rate for diabetes indicators was below the CCG and national average in all but one category.
- The percentage of patients with hypertension with well controlled blood pressure was 74%, which was lower than the CCG average of 82% and national average of 83%. The practice's exception reporting rate for hypertension indicators was 3% compared to a CCG average of 3% and national average of 4%.
- Performance for mental health related indicators was broadly comparable to CCG and national averages; however, exception reporting rates for dementia indicators was higher than average at 49% (CCG average 26%, national average 21%).
- The practice had signed up to the "Out of hospital" initiative, along with other practices in the locality. This initiative set targets for managing patients with diabetes which were more challenging than those set by QOF.

Good

Are services effective?

(for example, treatment is effective)

Data relating to this initiative was reviewed during locality meetings and practices used these reviews to benchmark their performance against other practices in the locality.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits carried out in the last two years, two of which were completed audit cycles. For example, one of the audits checked that patients who were prescribed a medicine used to treat auto-immune conditions were being adequately monitored, where the re-audit showed an improvement in the monitoring of these patients. This was prompted by the practice becoming aware that a patient who had been prescribed this medicine long-term had not been adequately monitored.
- The practice participated in national benchmarking, accreditation, peer review and research. One of the partners was involved in research at Imperial College London and participated in their research framework by recruiting patients for studies.

Effective staffing

Staff had the skills, knowledge and experience to deliver care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. During the initial inspection in January 2016 we looked at a selection of staff files and found that there was not a record of induction saved in all of the staff files we viewed. We were unable to assess whether the practice had implemented any improvement in this are during the follow-up inspection, as the practice had not recruited any new staff in the intervening period.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Since the initial inspection in January 2016 the practice had purchased an online training package consisting of nine modules which administrative staff were working through. At the time of the initial inspection administrative staff had not received an appraisal in the previous 12 months. When we returned to the practice on 1 November 2016 all administrative staff had received a recent appraisal, which included discussions about their role and about their learning and development needs. Staff we spoke to on 1 November 2016 said that they found the appraisal useful and that the practice had been helpful in finding ways to address their learning needs.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The practice also developed and delivered in-house training sessions on subjects such as chaperoning and repeat prescribing.

Coordinating patient care and information sharing

In most cases information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system; however, this was not always the case.

- During the initial inspection in January 2016 we found that there was a lack for formal care plans for patients who needed them, such as those with dementia, those receiving palliative care, and patients at high risk of unplanned hospital admission. During the follow-up inspection we found that care plans were being completed and that these were saved to patients' notes.
- We reviewed patient records of patients seen at the practice on a single day. Of the 11 records we viewed, we found one which contained insufficient detail to explain why the patient was prescribed a certain medicine, and one example of notes not being made of a consultation. Both of these examples related to a single member of staff, whose performance was being addressed externally.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan

Good

Are services effective?

(for example, treatment is effective)

ongoing care and treatment. At the time of the initial inspection in January 2016 the practice did not have formal multidisciplinary meetings in place; during the follow-up inspection we saw evidence that members of the multidisciplinary team regularly attended the practice's clinical meetings.

- During the initial inspection we were told that weekly clinical meetings were held which were attended by doctors, but that there was no agenda for these meetings and they were only sporadically minuted using a hand-written record book. During the follow-up inspection we saw evidence that a formal process of minuting these meetings had been put in place and that an agenda was produced which contained both standing items such as discussions about safety alerts and significant events, and that additional items were added to the agenda for each meeting as necessary.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff provided examples to show that they understood the relevant consent and decision-making requirements of legislation and guidance, however, they had not completed formal Mental Capacity Act training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We were told that where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity, however, we saw no evidence that this was recorded in the records that we viewed.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives and carers. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 75%, which was slightly below the national average of 82%. There was a policy to offer text message reminders for patients who did not attend for their cervical screening test.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 93% and five year olds from 65% to 92%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. At the time of the initial inspection in January 2016 the practice had a low uptake for these checks; however, over the summer months they had completed a successful outreach initiative where they contacted patients and explained what the healthchecks included and why they were important, and as a result, they had completed a further 277 health checks.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect; however, two patients also commented that they sometimes had difficulty contacting the practice by phone.

Results from the national GP patient survey, published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 97% said the GP gave them enough time (CCG average 81%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

During the initial inspection patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received during both the initial inspection and the follow-up inspection was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%).
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 79%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language both by telephone and in person.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system recorded if a patient was also a carer. The practice identified carers opportunistically and had identified 19 patients which represented less than 1% of the practice population. Following a suggestion from the PPG, the practice had worked with them to develop a carers notice board in the waiting area, which clearly displayed information about ways in which carers could access help and support.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to

Good

Are services caring?

find a support service. The practice had a board in the reception area which listed patients who had recently died so that staff were aware when relatives contacted the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During the initial inspection on 27 January 2016 we found that there was a lack of collaborative leadership from the partnership team, we found that some staff did not know how to access practice policies and procedures, and that arrangements in place to share learning from incidents and complaints were not always effective.

During the re-inspection on 10 October and 1 November 2016 we found:

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was an out of hours "hub" and doctors from the practice provided out of hours care to patients in the borough on Saturdays and Sundays on a one weekend in four rota basis with other practices in the area.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm, on Wednesdays from 7am, and on Thursdays from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recently undergone building work to create a further ground floor consultation room for patients who were unable to access the rooms on the first floor.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning apart from Tuesdays when appointments started at 9am, and 3.30pm to 6pm every afternoon. Extended hours surgeries were offered between 6.30pm and 7.30pm on Mondays, between 7am and 8am on Wednesdays, and between 7.30am and 8am on Thursdays.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people who needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 73%.
- 72% of patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 48% patients said they always or almost always see or speak to the GP they prefer (CCG average 30%, national average 35%).

On the day of the follow-up inspection we noted that there was good appointment availability, with the next pre-bookable appointment for a doctor available within two days, and the next nurse appointment available the following day.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England; however, we noted during the initial inspection that the practice did not provide contact details for the Ombudsman in complaint responses. We looked at responses to two complaints during the follow-up inspection, and noted that these also did not contain contact details for the Ombudsman; however, before the end of the follow-up inspection, the practice had amended their complaint response template to include these details.
- 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. Information about how to complain was available on the practice's website and posters were displayed in the waiting area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had recorded three written complaints and one verbal complaint received in the past 12 months. We looked at details of one written complaint and the verbal complaint and found that they were dealt with in a timely way and that apologies were offered where appropriate. We saw evidence that these complaints had been discussed in practice meetings.

Are services well-led?

Good

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

Our findings

The practice had a vision to deliver high quality care and promote good outcomes for patients. At the time of the initial inspection in January 2016, evidence we collected suggested that this was not always reflected in the way that the practice was run and the resulting care provided to patients. When we returned to the practice for the follow-up inspection in October and November 2016, we found that the practice had both addressed the areas of regulatory breach that were identified during the initial inspection, and implemented processes to enhance the safety and effectiveness of the practice.

Governance arrangements

The practice had overarching governance arrangements in place to support the delivery of care, and these were largely successfully followed.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. At the time of the initial inspection, some staff we spoke with were not aware of how to access these; however, during the follow-up inspection we were shown that the practice had installed a computer server and each member of staff had a folder installed on their desktop which contained practice policies and protocols. This folder also allowed staff to share information, including learning materials collected during training sessions.
- At the time of the initial inspection, the practice's position in terms of performance was not understood by all relevant staff, for example, some clinical staff were not aware of the practice's position in relation to QOF performance. During the follow-up inspection, we found the management team at the practice was aware of their position with regards to QOF performance, they knew the reasons behind areas of below-average performance, and a plan was in place to improve performance for the current year.
- There was evidence of clinical audit being carried-out in response to issues and incidents, however, there was no evidence that a programme of continuous clinical audit was in place.
- There were arrangements in place for identifying, recording and managing risks and implementing mitigating actions.

However, having looked at a sample of patient records, we were concerned about one individual's record keeping. The partners were aware of these concerns, and explained that they were being addressed externally, but they had received little communication from the external organisation about action they should take within the practice.

Leadership and culture

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice acknowledged that delivering this vision had been challenging at the time of the initial inspection. At that time, we observed that one GP partner took the lead in the management of the practice, with limited input from the other (the third partner was on long-term sick leave at the time). At the time of the follow-up inspection the practice had returned to having a full complement of clinical staff, and we observed that the partnership team was working collaboratively to run the practice, with the support of the practice manager. We also found the practice had put measures in place to improve their performance in optimising outcomes for patients with long-term conditions.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

- When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.
- At the time of the initial inspection the practice had been keeping records of written complaints but not of verbal interactions with patients who wished to complain. When we returned to the practice for the focussed inspection, we found that a template for recording verbal complaints had been introduced, and that this sheet was then used as the basis for discussions about the complaint at staff meetings.

There was a clear leadership structure in place and staff felt supported by management.

Are services well-led?

Good

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

- Staff told us the practice held regular clinical meetings and administrative meetings, and we saw examples of minutes of these meetings. Administrative meetings were held monthly on a rotating day of the week to ensure that part time staff who did not work every day were all able to attend meetings every few months. Staff we spoke with said that they felt able to raise issues relating to the running of the practice at these meetings, and we were shown that a sheet was kept at reception for staff to add issues that they wanted adding to the agenda for the next meeting.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues as they arose and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested introducing an information board for carers in the waiting area, and had helped the practice to set this up.
- Staff we spoke to said that the practice manager and partners were approachable and that they would feel confident in raising concerns and making suggestions.

Continuous improvement

There was a strong focus on teaching at the practice. They trained registrars and medical students and had two GP accredited trainers (one partner and one salaried GP). In addition, one of the partners had a leadership role at a local medical school. They had also taken on an apprentice from a local college who worked as part of the reception team.

The practice team was part of local pilot schemes to improve GP access for patients in the area. For example, they were part of a GP federation and one of the partners was a member of the federation steering group. The practice was a "hub" for out of hours services and was on a rota with three other local practices to provide out of hours appointments on Saturdays and Sundays.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had failed to ensure that a complete and contemporaneous record in respect of each service user was kept. This was in breach of Regulation 17 (2)(c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.