

# Thameside Medical Practice - Childs & Partners

## Quality Report

Thameside Medical Practice

Thames House

180 High Street

Teddington

Middlesex

TW11 8HU

Tel: 020 8614 4930

Website: [www.thamesidemedicalpractice.co.uk](http://www.thamesidemedicalpractice.co.uk)

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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 effective?

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 the practice on 13 April 2016. A breach of regulation 17 (2)(a)(e) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found, as the practice had not completed any full-cycle audits. After the comprehensive inspection, the practice submitted evidence to show that they were now meeting the requirements of regulation 17.

During the initial inspection we also found areas where the practice should make improvements. We found that they had processes in place to monitor that all permanent staff were up to date with professional registrations and essential training, but this did not include long term locum staff; the practice responded promptly to all complaints, but did not include information about advocacy organisations or the Health Service Ombudsman in their responses; the practice had identified 28 patients who were carers, which represented less than 1% of their practice list; the practice had completed an infection control audit, but had not produced an action plan to address areas identified for improvement.

We undertook this desk-based focussed inspection on 19 December 2016 to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial

inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Thameside Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice was rated as Good following the comprehensive inspection, however they were rated as requiring improvement for effective services. Following the desk-based review we found that the practice is now rated as good for providing effective services.

### Our key findings across all the areas we inspected were as follows:

- The provider had completed two full cycle audits, which demonstrated improvements in the care provided to patients.
- The practice had processes in place to monitor that all staff, including locum staff, were up to date with training and professional registrations.
- The practice ensured that their responses to patient complaints included contact details for the NHS complaints advocacy organisation and for the Health Service Ombudsman.
- The practice had identified seven further carers, bringing the total number of carers to 35; whilst this was an improvement, the proportion of carers identified was still less than 1% of the total patient list.
- The practice had undertaken and recent infection control audit and had addressed the areas identified for improvement.

The areas where the practice should make improvement are:

# Summary of findings

- They should continue to identify patients with caring responsibilities.

**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 effective?**

The practice is rated as good for providing effective services.

- Clinical audits had been carried-out and actions had been identified and implemented as a result. The effectiveness of the action taken had been measured by a re-audit.
- Processes were in place to monitor that all staff, including long-term locum staff, had valid professional registrations and were up to date with essential training.

**Good**



# Thameside Medical Practice – Childs & Partners

## Detailed findings

### Why we carried out this inspection

We undertook a desk-based focussed inspection of Thameside Medical Practice on 19 December 2016. This is because the service had been identified as not meeting one of the legal requirements and regulations associated with the Health and Social Care Act 2008. From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, a breach of regulation 17 (2)(a)(e) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

We carried out an announced comprehensive inspection of the practice on 13 April 2016. A breach of regulation 17

(2)(a)(e) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found, as the practice had not completed any full-cycle audits. After the comprehensive inspection, the practice submitted evidence to show that they that they were now meeting the requirements of regulation 17.

During the comprehensive inspection carried out on 13 April 2016, we found that the practice had completed clinical audits and had put improvements in place as a result, but had not measured the impact of these improvements by completing re-audits.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 April 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service effective.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Management, monitoring and improving outcomes for people**

During the comprehensive inspection in April 2016, we found that the practice had carried out four clinical audits in the past two years, but none of these were completed two-cycle audits where the impact of the improvements identified following the initial audit were measured. We identified this as a breach of regulation 17 (2)(a)(e) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of the desk-based inspection undertaken on 19 December 2016 the practice provided evidence that they had completed the audit cycle for two of their previous audits. Both of these audits measured the practice's adherence to prescribing guidelines, and both showed that improvements in the practice's performance had been achieved.

For example, the practice had conducted an audit of its adherence to guidance in the diagnosing and treating of urinary tract infections. Their initial audit found that 60% of

diagnoses complied with the diagnostic guidance, and that antibiotics were prescribed in accordance with the prescribing guidance in 53% of cases. Following this audit, it was agreed that all GPs would read the relevant guidance documents and that these documents should be made more readily available for GPs. The re-audit found that 84% of diagnoses complied with the diagnostic guidance, and that antibiotics were prescribed in accordance with the prescribing guidance in 93% of cases.

### **Effective staffing**

During the comprehensive inspection in April 2016, we found that the practice had processes in place to ensure that staff were up to date with essential training and that professional registrations were in date; however, this did not include their regular locum GP.

During the desk-based re-inspection on 19 December 2016 the practice provided evidence that their regular locum GP had been included on their staff training spreadsheet, which allowed them to monitor that this member of staff was up to date with all required training and had a valid professional registration.