

The Paradise Road 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 effective?

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 The Paradise Road Practice 9 March 2016. A breach of legal requirements was 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 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection we found that the practice had failed to ensure that a complete and contemporaneous record in respect of each service user was kept. We also identified areas where improvements should be made, which included reviewing their complaints process to ensure that it is clear and accessible to all patients; taking necessary action as recommended in their Legionella risk assessment; encouraging patient feedback; advertising the availability of the language interpretation service; reviewing their appointment system to ensure that longer appointments are given to patients who need them; reviewing their systems for recording information such as staff training, complaints and safeguarding concerns; reviewing the safety arrangements of medicines kept at the practice; and ensuring that they are meeting the needs of patients who are carers.

We undertook this focussed desk-based inspection on 6 December 2016 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation

to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Paradise Road Practice on our website at www.cqc.org.uk.

Overall the practice was rated as good following the comprehensive inspection. They were rated as requires improvement for providing effective services. Following the focussed inspection the practice remained as requires improvement for providing an effective service.

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

- The practice displayed information in the waiting area about how to make a complaint, including information about the Patient Advice and Liaison Service. We saw evidence that complaints were discussed with staff during practice meetings and that learning was shared.
- At the time of the initial inspection, we found that the practice had had a Legionella risk assessment completed by a plumber, but that they had not completed the water testing that was recommended. When we re-inspected, we saw evidence that the practice had put in place arrangements to monitor water temperatures and we viewed their records relating to this.
- The practice was actively developing its Patient Participation Group, and we saw evidence that they

Summary of findings

had advertised the group to patients and that they had written to patients to invite them to join. We were told that a Chair had been identified, and that the practice was in the process of arranging for the group to meet.

- The practice displayed information about the availability of language translation in the patient waiting area.
- The practice provided longer appointments for patients who needed them. A flag was put on the appointment system for relevant patients to alert reception staff of the need to book an extended appointment.
- The practice had processes in place to record and monitor staff training.
- In order to ensure the security of medicines, the practice had applied “tamper tape” to the emergency medicines box, and we were told that they had begun to lock the nurse’s room where medicines were kept when it was not in use.
- At the time of the previous inspection the practice had identified 28 carers, which represented less than 1% of their patient list, and the practice had recently placed

cards in the waiting area for carers to complete to identify themselves. At the time of the re-inspection the practice had identified a further five carers, which brought the total to 33 (approximately 1% of the patient list). The practice offered an annual health check to carers and we saw evidence that 16 carers (48%) had attended for this during the past year.

There was one area of practice where the provider must make improvements:

- They must ensure that all patient records are transferred onto the electronic record system.

In addition, there were two areas where the practice should make improvements:

- They should review and address areas where they remain outliers for the Quality Outcomes Framework.
- They should continue to develop their PPG to ensure that they can gather input from patients.

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 requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, and demonstrated a considerable improvement compared to the 2014/15 reporting year when some data had not been captured due to some patient consultations being recorded manually using hand-written records.
- The practice was in the process of arranging for an external company to scan written patient records so that they could be saved to the electronic system; however, this had not yet been completed.

Requires improvement



The Paradise Road Practice

Detailed findings

Why we carried out this inspection

We undertook a desk-based focussed inspection of The Paradise Road Practice on 8 December 2016. This is because the service had been identified as not meeting one of the legal requirements 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 (Good governance) was identified.

During the comprehensive inspection carried out on 9 March 2016, we found that the practice had failed to ensure that a complete and contemporaneous record in respect of each service user was kept. We also identified areas where

improvements should be made, which included reviewing their complaints process to ensure that it is clear and accessible to all patients; taking necessary action as recommended in their Legionella risk assessment; encouraging patient feedback; advertising the availability of the language interpretation service; reviewing their appointment system to ensure that longer appointments are given to patients who need them; reviewing their systems for recording information such as staff training, complaints and safeguarding concerns; reviewing the safety arrangements of medicines kept at the practice; and ensuring that they are meeting the needs of patients who are carers.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 9 March 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

During the comprehensive inspection on 9 March 2016 we found that the practice had not had all patient records transferred to their electronic patient record system. The GP principle used the electronic patient recording system, while the previous GP, who retired in 2015 had worked exclusively from hand written patient records. Therefore, the practice worked from a mixture of electronic and hand-written patient records.

Effective needs assessment

Following the initial inspection, the practice submitted an action plan which outlined their intention to transfer all patient records onto the electronic system by 31 December 2016. During the follow-up inspection, the practice explained that they had identified 1449 patient records which were in need of scanning, and had completed the scanning of approximately 100 of these internally. Having realised that they did not have the staff resource to complete the scanning internally, they had identified an external company to complete this task and at the time of the follow-up inspection they were in the process of liaising with the company about the arrangements for this.

Management, monitoring and improving outcomes for people

During the initial inspection we found that the practice's Quality Outcomes Framework (QOF) achievement was below Clinical Commissioning Group (CCG) and national averages. The practice explained that the reason for this was that they had been unable to accurately capture data due to some patient records not being electronic.

For the 2014/15 reporting year, the practice's overall QOF achievement had been 88%, compared to a national average of 95%, and their exception reporting rate had been 12%, compared to a national average of 9%. Data from the 2015/16 reporting year showed that the practice had achieved 94% of the total QOF points available, compared to a CCG average of 96% and national average of 95%. Their exception reporting rate was 9%, which was comparable to the CCG average of 7% and national average of 10%. The practice's performance for each of the individual indicators was comparable to local and national averages with the exception of mental health indicators, where they were outliers for the following areas:

- The practice had achieved the target of reviewing patients with a new diagnosis of depression between 10 and 56 days following diagnosis for 48% of eligible patients, compared to a CCG average of 86% and national average of 83%.
- The practice had a record of blood pressure for patients with schizophrenia, bipolar affective disorder and other psychoses in 71% of cases compared to a CCG average of 88% and national average of 89%; and had a record of alcohol consumption for these patients in 65% of cases, compared to a CCG average of 87% and national average of 89%. However, the practice had a 0% exception reporting rate for these indicators compared to a CCG average of 6% and national average of 9% for blood pressure recording, and a CCG average of 7% and national average of 10% for alcohol consumption recording.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that a complete and contemporaneous record in respect of each service user was kept; specifically, they had failed to transfer all patient records to their electronic system by the deadline date that they had previously set.</p> <p>This was in breach of Regulation 17 (2)(c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>