

Hampton Medical Centre - Lewis

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

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 at Hampton Medical Centre on 17 March 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and were mostly well managed, however, there were gaps in the monitoring of risks to patients and staff with regards to infection control.
- In most areas staff had the skills, knowledge and experience to deliver effective care and treatment; however, some staff had not received training on infection prevention and control and in the Mental Capacity Act.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance; however,

we saw evidence that as a result of an audit, the practice had identified that in some cases prescribing alerts were being ignored, but no action had been taken to address this.

- Patient feedback about their treatment was mixed. Most of the patients we spoke to and most of the CQC comment cards we received were positive about the care received and patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, this did not align with the feedback received from the national GP patient survey, which scored the practice below average for these areas.
- Information about services and how to complain was available, however, some of the information was unclear or misleading.
- Patients we spoke to during the inspection told us that access to a named GP was not always available quickly, which some felt could impact on the continuity of care, but that urgent appointments were

Summary of findings

usually available the same day; however, the practice was in the process of designing a new appointments system in order to address patients' concerns about access to GPs.

- 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; however, there was limited evidence of action being taken to address the outcome of the National GP Patient Survey.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice was undertaking extensive building works in order to extend and develop their premises and had a clear vision and plans for developing the service provided to the community once the building was complete.

The areas where the provider must make improvement are:

- They must ensure staff receive training in infection prevention and control (IPC), and that staff with specific IPC responsibilities have sufficient time to perform this role.
- They must ensure that newly introduced protocols for the cleaning of clinical equipment are adhered to, and that records are kept to demonstrate this.
- They must ensure that all staff maintain up to date skills and knowledge relevant to their role.

In addition, they should take action to address the following:

- They should ensure that they consider and act on patient feedback.
- They should consider whether computer system prescribing alerts are being adhered to, and take appropriate action to ensure safe prescribing.
- They should advertise the availability of translation services to patients.
- They should ensure that all complaints received are recorded and that they provide patients with complete information regarding the complaints procedure.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- In most cases risks to patients who used services were assessed and systems and processes were in place to address these risks. However, the practice did not have robust processes in place with regards to infection prevention and control.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Overall staff assessed needs and delivered care in line with current evidence based guidance and we saw evidence of the effective use of care plans and of innovative use of the appointment system in order to plan patient care. However, we saw some evidence which suggested that in some cases system alerts were being ignored.
- Clinical audits demonstrated a reactive approach to improvement, however, there was little evidence of systemic change resulting from issues highlighted by audits.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example,

Good



Summary of findings

66% of patients described their overall experience of the surgery as good, compared to a CCG and national average of 85%, and 54% of patients said they would recommend the practice to someone new to the area compared with a CCG average of 81% and national average of 78%. However, we noted that the practice had recently made changes to its appointment system and was planning on making further improvements in this area. Most patients we spoke to during the inspection said they were happy with the practice and that they would recommend it, and this was echoed in the comments we received via the CQC comments cards.

- The percentage of patients at the practice who said that the last GP they saw was good at giving them enough time was 83%, compared to a CCG average of 86% and national average of 87%. Eighty-three percent of patients said the last GP they saw was good at listening to them, compared to a CCG and national average of 89%. Seventy-eight percent of patients at the practice said that the last GP they saw was good at explaining tests and treatments, compared to a CCG average of 87% and national average of 86%. Most patients we spoke to during the inspection told us that they were happy with the care provided by clinical staff; however, some patients told us that there were certain GPs who they would not be happy to see.
- The majority of patients said they were treated with compassion, dignity and respect; however, not all felt listened to. The National GP Patient Survey results showed that 64% of patients felt the last GP they saw involved them in decisions about their care compared to a CCG average of 80% and national average of 82%.
- 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?

The practice is rated as requires improvement for providing responsive services, as there were area where improvements should be made.

- The National GP Patient Survey results showed that 16% of patients said they were usually able to see their preferred GP, compared to a CCG and national average of 59%. Patients we spoke to during the inspection told us that access to a named GP was not always available quickly, which some patients felt could impact on the continuity of care, but that urgent

Requires improvement



Summary of findings

appointments were usually available the same day. The practice was in the process of designing a new appointments system in order to address patients' concerns about access to GPs.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, however, some of the information was unclear or misleading. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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; however, the strategy had not been formalised in a written business plan. Staff were clear about the vision and their responsibilities in relation to this.
- 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; however, processes for identifying and addressing risk were not always robust.
- 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 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; however, there was limited evidence to show that they acted on feedback from other sources, such as the NHS Patient Survey. The patient participation group had recently been revived and the practice was in the process of liaising with members to establish what their role would be.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care to patients in several local nursing homes. We saw examples of high quality care plans for elderly patients, which included a single sheet summary of their recent care for the benefit of any clinician attending to the patient in an emergency.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was mixed. Overall the practice achieved 91% of the total QOF points available, compared with an average of 90% locally and 89% nationally. The number of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 68%, which was below the CCG average of 79% and national average of 78%, the proportion with a record of a foot examination and risk classification in the preceding 12 months was 93% (CCG average 91%, national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 86% (CCG average was 90% and national average was 94%).
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had recorded having carried-out an asthma review in the last 12 months for 73% of asthmatic patients, which was comparable to the CCG average of 72% and national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening had been carried-out for 77% of women registered at the practice aged 25-64, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



Summary of findings

- The practice provided extended hours appointments for patients who were not available to attend during the day, and made use of the CCG's seven-day opening hub, where appointments could be arranged between 8am and 8pm every day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Appointments for care reviews were available on Saturday mornings.
- The practice regularly worked with multi-disciplinary teams in the 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, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had 173 patients diagnosed with dementia and 76% had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG and national average of 84%.

Requires improvement



Summary of findings

- The practice had 114 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 94% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below local and national averages. Two hundred and sixty six survey forms were distributed and 118 were returned. This represented less than 1% of the practice's patient list.

- Forty-nine percent of respondents found it easy to get through to this surgery by phone compared to a national average of 73%.
- Sixty-six percent were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- Sixty-five percent described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.
- Fifty-six percent said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were largely

positive about the standard of care received. Patients commented that the care they received from staff at the practice was caring and compassionate and that they generally were able to see their preferred doctor without having to wait too long.

We spoke with eight patients during the inspection. The feedback we received from these patients was mixed. All eight patients said that they received a good standard of care and that their GP was approachable and caring, however, some said that this was only because they chose to see a specific GP and that they felt that they would not receive such a high level of care were they to see other GPs at the practice. Most patients said that they were able to get an appointment when they needed one, but that they often had to try on several occasions before getting through to the practice by telephone, and some said that by the time they got through to the practice there were no appointments remaining for that day and that they would therefore have to wait until the following day to try to get an appointment; however, patients acknowledged that this was probably due to them wanting to see a particular doctor.

Hampton Medical Centre - Lewis

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 Hampton Medical Centre - Lewis

Hampton Medical Centre provides primary medical services in Hampton to approximately 12,500 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 10%, and for older people the practice value is 12%, which is higher than the CCG average of 11%. The age distribution of the practice population is largely in line with local averages. Of patients registered with the practice, the largest group by ethnicity are white (86%), followed by asian (8%), mixed (3%), black (2%) and other non-white ethnic groups (1%).

The practice operates from premises which had been altered and extended several times and at the time of the inspection the practice was preparing to start a major extension and renovation project. The practice is a short walk from Hampton train station and car parking is available on the surrounding streets. All patient facilities are on the ground floor. The first floor is used as an

open-plan office for administrative staff and has a meeting room for staff. The practice has access to seven doctors' consultation rooms and two nurse consultation rooms. The practice team at the surgery is made up of three male GPs (two part time and one full time) and two part time female GPs who are partners, three part time female salaried GPs and one full time male salaried GP; in total 62 GP sessions are available per week. In addition, the practice also has one full time female nurse and one part time female nurse, and a full time female healthcare assistant. The practice team also consists of a practice manager (who was on maternity leave at the time of the inspection and having her role covered by a locum practice manager), secretary (also on maternity leave at the time of the inspection), and nine reception/administrative staff.

The practice operates under a General Medical Services (GMS) 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 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm every morning, and 2pm to 6pm every afternoon. Extended hours surgeries are offered between 6.30pm and 8.15pm on Thursdays, and the practice is open for care reviews on Saturday mornings between 9am and 12pm. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day, including weekends.

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

Detailed findings

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.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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. We carried out an announced visit on 17 March 2016. During our visit we:

- Spoke with a range of staff including GP partners, nursing staff, administrative and reception staff, and the practice manager, and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, it was noted that in some cases correspondence was being scanned and saved to the incorrect patient record. The scanning process was semi-automated, and therefore, GPs were advised that when they received a scanned letter, they must check that it was saved to the correct patient record.

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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 and the nurses to level 2.
- 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 had

received a Disclosure and Barring Service check (DBS check). (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).

- We observed the premises to be clean and tidy. The practice nurse had recently taken on the role of infection prevention and control (IPC) clinical lead. There was an IPC protocol in place and staff we spoke to were able to describe IPC processes relevant to their role; however, there was no evidence that staff received regular formal training. At the time of the inspection an IPC audit had not been undertaken in the preceding 12 months; however, we received evidence that an audit was completed shortly after the inspection. The practice had a schedule in place for the general cleaning of the premises undertaken by the cleaner. At the time of the inspection there were no schedules for the cleaning of clinical equipment such as the nebuliser and spirometer; however, the nurse we spoke to was able to describe the process for this and shortly after the inspection the practice put in place a comprehensive decontamination procedure and cleaning schedule. We noted that the nurse responsible for IPC only had one hour set aside per week when she was not seeing patients.
- Overall, arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing and security) in the practice kept patients safe.
- The practice reviewed their prescribing rates annually with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. 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). However, we found that the healthcare assistant had been administering medicines without the correct legal authorisations in place to do so. The practice were made aware of this issue during the inspection and we saw evidence that immediately afterwards they had put the necessary documentation in place.

Are services safe?

- We reviewed two personnel files and found 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.
- There were systems in place to ensure that when abnormal cervical screening results were received, patients were referred to a GP for review.

Monitoring risks to patients

In some cases risks to patients were assessed and well managed but there were gaps in the monitoring of risks to patients and staff.

- There were some 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. The practice had up to date fire risk assessments and carried out regular fire drills. Checking of electrical equipment to ensure the equipment was safe to use had been completed. Clinical equipment was checked to ensure it was working properly. The practice had a legionella risk assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and had assessed the risk of a variety of other hazards on the premises. At the time of the inspection the practice did not have a risk assessment for control of substances hazardous to health (COSHH), however, a comprehensive risk assessment and mitigation plan was produced following the inspection.

- 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.

- 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 sufficient emergency medicines and equipment available to respond to an emergency on the premises. All the medicines we checked were in date and fit for use. Emergency medicines and equipment were accessible to staff; however, we noted that some of the emergency medicines and the defibrillator and oxygen were kept in the computer server room which was kept locked with a combination lock, and that there was no paediatric mask kept with the oxygen cylinder; other emergency drugs were kept separately in the nurse's room.

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.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We were told that all relevant updates were discussed in the practice's weekly educational meeting.
- The practice monitored that these guidelines were followed through risk assessments and audits; however, we noted that it had been identified via one of the practice's audits that prescribing system alerts were not always adhered to, and there was no evidence that this had been further considered or addressed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 95% of the total number of points available, with 8.4% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed. Overall the practice achieved 91% of the total QOF points available, compared with an average of 90% locally and 89% nationally. The number of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 68%, which was below the CCG average of 79% and national average of 78%, the proportion with a record of a foot examination and risk classification in the preceding 12

months was 93% (CCG average 91%, national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 86% (CCG average was 90% and national average was 94%).

- The percentage of patients with hypertension who had a record of well controlled blood pressure in the past 12 months was 83%, which was comparable to the CCG average of 83% and national average of 84%.
- Performance for mental health related indicators was mixed. The practice had documented a care plan for 95% of patients with schizophrenia, bipolar affective disorder and other psychoses, compared to a CCG average of 92% and national average of 88%. They had carried-out face to face reviews of 75% of patients with dementia, compared to a CCG and national average of 84%, they also had high exception reporting for this indicator (17% compared to a CCG average of 10% and national average of 8%). They explained that a large proportion of their patients with dementia resided in care homes and therefore their care needs were met by staff at the home.

Clinical audits and patient searches highlighted areas where guidance was not being followed or where new guidance required changes to be made to patients' treatment.

- The practice had an audit calendar which identified when audits were due. The calendar showed eight audits scheduled for the two year period from January 2014 to January 2016. Three of these were recorded as completed two-cycle audits. However, whilst it was evident that as a result of these audits affected patients' treatment was updated, audits did not in all cases include a robust action plan to improve the adherence to guidance in future. For example, the practice had reviewed patients being prescribed low dose anti-psychotic medicines to ensure that patients being prescribed these medicines as a mood-stabiliser were monitored 3-monthly as directed by guidance. The search identified 12 patients who should have been monitored but only two whose notes were correctly coded to flag that they required a 3-monthly review. The plan resulting from the audit was to update the records of the remaining 10 patients to note the need for a 3-monthly review and to re-audit annually, however, there was no action identified to ensure that in future the records of patients being newly prescribed these medicines were coded correctly.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 attending practice nurse forums. The practice nurse we spoke to received NICE guidance updates and other relevant information by email, but did not attend clinical meetings where these were discussed, as she did not work on the days that these meetings were scheduled.
- 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. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support; however, there was no evidence that staff were trained in infection prevention and control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The 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.

- This included care and risk assessments, care plans, medical records and investigation and test results. We viewed four examples of patient's medical records and four standard care plans. We also saw two examples of

care plans for nursing home patients which included a summary cover-sheet to notify any clinician providing emergency treatment of the patients' most recent medical history and capacity to consent to treatment. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, and travellers. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was below the national average of 82%. The practice did not have a policy to contact patients who had not attended for cervical screening and only reminded patients opportunistically. The proportion of the practice's

Are services effective?

(for example, treatment is effective)

eligible patients who had attended for breast cancer screening was 64% which was the same as the CCG average, however, a higher than average proportion of patients had attended for screening within six months of invitation (76% compared to a CCG average of 69%). Fifty-eight percent of the practice's eligible patients had been screened for bowel cancer, compared to a CCG average of 56%, and 57% of these patient had attended within six months of invitation, compared to a CCG average of 54%.

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 88% to 95% (compared to a CCG average range of between 82% and 94%) and five year olds from 69% to 99% (compared to a CCG average range of between 69% and 94%).

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.
- Telephone calls from patients were answered by staff in the administrative office and not by staff on the reception desk.

Most of the 11 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. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients largely felt they were treated with compassion, dignity and respect, however, the practice scored below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88%.
- 83% said the GP gave them enough time (CCG and national average 86%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 96%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 72% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients we spoke to during the inspection 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 was also positive and aligned with these views.

However, results from the national GP patient survey did not align with the feedback we received on the day. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 64% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

We discussed the results of the survey staff with the practice and were told that they felt that the reason for staff satisfaction rates being slightly lower than average was due to the individual consulting styles of some of the GPs; however, there was no evidence that action had been taken to further analyse or address the concerns identified.

Staff told us that translation services were available for patients who did not have English as a first language, however, there was no notice in reception advising patients that this was available.

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 alerted GPs if a patient was also a carer. The practice had identified 148 carers, which

Are services caring?

represented approximately 1% of the practice list. The practice had made efforts to identify carers, including asking patients when they registered at the practice whether they had any caring responsibilities.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a condolence letter.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. The CCG was providing a GP seven-day opening hub, which was funded by the Prime Minister's Challenge Fund. This enabled practices in Richmond to book appointments for their patients outside of normal GP opening hours and the practice used this service where required for its patients. The practice also made use of the CCG's rapid response team, who could be contacted to visit patients in their homes at short notice.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 8.15pm for working patients who could not attend during normal opening hours.
- The practice ran a Saturday morning clinic to carry-out patient care reviews.
- 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.
- There was a travellers' site in the area and the practice registered travellers for the time that they were staying at the site using the site pitch numbers in place of patient addresses. The practice was aware of the specific needs of this patient group and adjusted their processes to meet these needs. For example, the practice would contact these patients by telephone rather than by letter.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm every morning, and 2pm to 6pm every afternoon. Extended hours surgeries were offered between 6.30pm and 8.15pm on Thursdays, and the practice was open for care reviews

on Saturday mornings between 9am and 12pm. Patients could also access appointments via the CCG's seven-day opening Hub, which offered appointments from 8am until 8pm every day, including weekends. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 54% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 48% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 13% of patients said they always or almost always see or speak to the GP they prefer (CCG and national average of 36%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice explained that they had previously put a telephone triage system in place which involved the GP partners consulting with patients by phone initially and then arranging for the patient to be seen by a doctor if necessary. They had experienced some success with this system and it had proved popular with some patients, however, it had become untenable once one of the partners left the practice and had begun to impact the remaining partners' ability to carry-out long-term care and monitoring. The practice had therefore returned to its previous system of booking same-day appointments on a first-come-first-served basis. This system also presented challenges, as patients reported that they could not always get a same-day appointment on the day they needed one. The practice had recently appointed a new partner, and was keen to re-introduce the triage system now that they had the resource to staff it. They were in the process of refining the system in order to ensure that they made the most efficient use of resources.

During the inspection, we asked patients how easily they could make an appointment with their GP of choice. We were informed that there were certain GPs who had been at the practice for many years, and many patients preferred to

Are services responsive to people's needs?

(for example, to feedback?)

see these GPs, as they felt that they had built a relationship with them. These GPs worked at the practice part-time and, therefore, did not have capacity to see all the patients who expressed a preference to be seen by them.

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.
- 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, for example, a poster was displayed in the reception area and information about making a complaint was available on their website; however the information available was not always consistent, for example, the information on their website stated that complaints could only be made in writing and that verbal complaints would not be accepted; however, we saw evidence of verbal complaints being recorded on the practice's complaints log.

- The practice had a record of both written and verbal complaints; however, this did not appear to be comprehensive, as we noted that there were two verbal complaints which had been discussed in a practice meeting but were not recorded on the practice's complaints log.

We reviewed summaries of 20 complaints received in the last 12 months, which included both verbal and written complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was received from a patient who had contacted the practice in order to be referred for maternity checks. The receptionist had not realised that this was an urgent request, and had therefore failed to pass the message to the duty doctor. Following this complaint, reception staff were reminded that all messages should be passed to the duty doctor for action. We saw evidence of complaints being discussed at practice meetings and resulting actions and learning also being discussed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy for developing their premises and service, however, there was no formal business plan outlining how this would be implemented.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the clinical performance of the practice was maintained; however, there was limited evidence to show that feedback about the patient experience was analysed and addressed.
- A programme of continuous clinical and internal audit was used to monitor quality; however, there was limited evidence of changes being made to improve future practice.
- The practice made full use of its appointments system by using it as a calendar so that following consultations with patients, staff could schedule reminders for future review, rather than relying on patients to make return appointments.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however, there were some gaps in the monitoring of risks to patients and staff.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. It was unclear whether the practice held regular administrative team meetings, as we were told by some staff that 6-weekly meetings were held, but others told us that these did not happen consistently. The permanent practice manager was on maternity leave at the time of the inspection and her role was being covered by a locum, which could account for some inconsistencies in the frequency of meetings.

- Regular clinical meetings were held, and we saw minutes of these. We were told that weekly educational meetings were also held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did. We noted that whole practice meetings were held every six months.
- 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 feedback from patients, the public and staff; however, it did not always act on patient feedback.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had recently been revived and had had one meeting so far. At this early stage it was unclear exactly what role they

Are services well-led?

Good 

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

would have in developing the practice; however, the PPG members that we met during the inspection told us that they felt the practice was keen to engage with and learn from its patients.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us that they had been asked to carry-out administrative tasks which they had not been fully trained for, and that they had felt

confident to inform their manager that they required additional training before taking on these tasks. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was about to start an extensive building extension project and had plans for developing and expanding the service they provided once they had the facilities to do so.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to act on patient feedback in order to improve their service.</p> <p>This was in breach of regulation 17 (1)(2)(a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The provider did not have in place comprehensive arrangements to assess the risk of, prevent, detect and control the spread of infections.</p> <p>The provider had not ensured that all staff had the skills and knowledge in order to carry-out their role.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12 (1)(2)(c) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.