

St Margaret's Medical 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

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 at St Margaret's Medical Practice on 27 January 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. However, reviews and investigations were not thorough enough and there was a lack of evidence that lessons learned were discussed and shared.
- We saw examples of patients records not being kept up to date and lacking detail, and of formal care plans not being produced for patients who needed them.
- Risks to patients were in most cases assessed and well managed, however, we identified several areas where risks were not adequately addressed, for example, the practice could not provide evidence to show that all members of staff had been trained in child safeguarding to the required level; there were examples of new members of staff starting work

without adequate background checks; the practice did not have a fire alarm, they also did not have an adequate plan in place to ensure that they could deal with medical emergencies.

- In some cases, staff were administering medicines without the appropriate legal authorisations.
- Data showed patient outcomes were below the local and national average. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but not all staff were aware of where these were kept.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

Summary of findings

- They must ensure that records of consultations and prescriptions are made in a timely way.
- They must ensure that they identify and address poor patient outcomes and their rate of exception reporting.
- They must ensure that all necessary employment checks are carried on staff.
- They must put in place the correct and up-to-date legal authorisations required for staff to administer medicines.
- They must ensure that a fire alarm is installed.
- They must ensure that they have a system in place to record and disseminate discussions and decisions to all relevant staff.

- They must ensure that all staff have completed mandatory training to the required level.
- They must ensure that testing of electrical equipment is carried-out annually.

In addition the provider should:

- Ensure that they have put in place care plans for patients who need them.
- Put in place formal mechanisms for multi-disciplinary team working.
- Ensure that all staff are aware of how to access practice procedures.

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.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and we found insufficient evidence that lessons learned were communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were in some cases not implemented well enough to ensure patients were kept safe. For example:
 - The practice did not have a fire alarm (although one was due to be installed as part of a building project which was due to start imminently). There was no formal procedure in place that all staff were aware of which outlined what action should be taken in the event of a fire being discovered.
 - The practice provided evidence that GPs had attended training in child protection, but it was unclear whether this training was equivalent to child safeguarding level 3.
 - The practice had assessed the risk of a patient suffering cardiac arrest whilst on the premises, but had not adequately mitigated this risk. However, we saw evidence following the inspection that a defibrillator had been ordered, which would allow them to provide treatment to a patient suffering cardiac arrest within the recommended treatment window.
 - The practice had failed to follow its own recruitment procedure in some cases and had not ensured that the necessary background checks had been carried-out on staff prior to employment.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data showed patient outcomes were below locality and national averages. For example, the percentage of patients with hypertension who had well controlled blood pressure was 74% compared to a CCG average of 82% and national average of 84%. The practice had recorded having carried-out a review in

Summary of findings

the preceding 12 months of 85% of patients with chronic obstructive pulmonary disorder (COPD), compared to a CCG average of 92% and national average of 90%. The practice's overall performance in relation to managing the care of patients with diabetes was below both CCG and national averages. In particular, the percentage of diabetic patients who had a record of well controlled blood pressure was 65% (CCG average was 74% and national average was 78%); and the percentage with a record of a foot examination and risk classification in the preceding 12 months was 70% (CCG average 85%, national average 88%).

- Knowledge of and reference to national guidelines were inconsistent. We saw evidence that staff received updates, such as those from the Medicines and Healthcare Regulations Authority, and that where these indicated a change to prescribing recommendations, these were acted on when repeat prescriptions or patient medicines reviews were due, however, the practice was not pro-active in searching their records for affected patients so that their medication could be revised.
- 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.

We were told that multidisciplinary working was taking place but was generally informal and there was little evidence to show this. Multidisciplinary meetings did not take place; the practice explained that this was due to previous non-attendance by external members of staff, however, they acknowledged that there was more they could do to arrange meetings.

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 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- 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.
- 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. However, there was insufficient evidence to show that learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision but they did not have a clear strategy for implementing it. Not all staff were aware of the vision and their responsibilities in relation to it.
- There was a leadership structure in place and staff said that they felt supported by management. However, we observed that one 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 of the inspection).
- The practice had a number of policies and procedures to govern activity, however, not all staff knew how to access these. Governance meetings were not held regularly and were not minuted.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents, however, information about incidents was not always shared with staff and there was insufficient evidence to show that appropriate action was taken.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- All staff we spoke to reported that they had received an induction, however, the content of these was not recorded. Not all staff had received regular performance reviews or attended staff meetings and events.

Requires improvement



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, effectiveness and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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, however, some older people did not have care plans where necessary.
- Sixty-one percent of the practice's patients aged 65 and older had received a seasonal flu vaccination, which was lower than the national average of 73%.
- 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 84%.
- The percentage of people aged 65 or over who had received a seasonal flu vaccination was lower than the CCG and national averages.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, effectiveness and for well-led. 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.
- The practice's overall performance in relation to long-term conditions was significantly below the CCG and national averages. For example, QOF achievement for the percentage of patients with hypertension who had well controlled blood pressure was 74% compared to a CCG average of 82% and national average of 84%. The practice had recorded having

Requires improvement



Summary of findings

carried-out a review in the preceding 12 months of 85% of patients with chronic obstructive pulmonary disorder (COPD), compared to a CCG average of 92% and national average of 90%.

- The practice's overall performance in managing the care of patients with diabetes was lower than both CCG and national averages. In particular, the number of diabetic patients who had well controlled blood pressure was 65% (CCG average was 74% and national average was 78%); and the percentage with a record of a foot examination and risk classification in the preceding 12 months was 70% (CCG average 85%, national average 88%). The percentage of diabetic patients who had received influenza immunisation was 100% (CCG and national average 94%), however the practice had a 35% exception reporting rate for this indicator (compared to a CCG average rate of 19% and national average rate of 18%).
- Longer appointments and home visits were available when needed.

Not all of these patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

Families, children and young people

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

- There were no 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; these children would only be identified if the practice was alerted by A&E. Immunisation rates were comparable to the CCG average for all standard childhood immunisations.
- The practice had recorded having carried-out an asthma review in the last 12 months for 65% of asthmatic patients, which was lower than the CCG average of 76% 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.
- 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.

Requires improvement



Summary of findings

- We were told that GPs and nurses had good relationships with midwives and health visitors, however, no formal multi-disciplinary meetings were held. We were told that this was due to previous non-attendance by external health professionals.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, effectiveness and for well-led. 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.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, effectiveness and for well-led. 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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice did not hold 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. The practice provided evidence that GPs had attended training in child protection, but it was unclear

Requires improvement



Summary of findings

whether this training was equivalent to child safeguarding level 3. A safeguarding policy was in place which listed contact information for relevant agencies, however, not all staff knew where to locate it.

People experiencing poor mental health (including people with dementia)

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

- Seventy six patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which represented 72% of eligible patients. This was lower than then CCG and national average of 84%.
- Sixty six patients with schizophrenia, bipolar affective disorder and other psychoses had a documented care plan recorded, which represented 82% of eligible patients. This was below the CCG and national average of 88%. The practice had a record of blood pressure in the preceding 12 months of 72% of these patients (58 patients) (compared to a CCG and national average of 90%), and had recorded alcohol consumption in the preceding 12 months for 95% (77 patients) (compared to a CCG average of 92% and national average of 90%).
- No formal multi-disciplinary meetings were held to discuss the case management of patients who were experiencing poor mental health. We were told that this was due to previous non-attendance by external staff.
- We were told by carers that the practice involved them in the care planning for patients with dementia, however, we found that there was a lack of documentation to record these plans.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice did not have a system in place to follow-up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 2 July 2015. 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.

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 79%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 72%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received apart from one comment about difficulty in accessing appointments and one expressing concern about the practice offering acupuncture. Patients said that they felt that there was a family atmosphere at the practice and that staff knew them by name. We were also told that patients were able to easily access emergency appointments and that they were given sufficient time during consultations.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring and that they were involved in decisions about their own care.

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. Most of the consulting rooms are on the first floor, but there is a single consulting room on the ground floor for those unable to use the stairs. The practice team at the surgery is made up of three full time male GPs who are partners (one of whom is currently on long-term sick leave), one full time female salaried GP, and

one full time male registrar. The practice also has a vacancy for a full time salaried GP, which is currently being covered by a locum. In total the practice provides 45 GP sessions per week. The practice has a full time nurse and a healthcare assistant/phlebotomist. The practice team also consists of a practice manager, reception manager, secretary, six receptionists, and an apprentice.

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.

The practice was previously inspected on 29 July 2013 and found to be compliant in all areas.

Detailed findings

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 27 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, and administrative staff, 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents.
- The practice carried out some analysis of significant events, however, discussions relating to these were not documented and there was no evidence of lessons learned being shared with staff.

There was evidence that staff received and took action on national patient safety alerts, however, there was no formal process for recording this. Minutes of clinical meetings were taken sporadically and were brief, and therefore there was insufficient evidence that national patient safety alerts, safety records and incident reports were discussed by staff and that lessons learned were shared.

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 but they were not always robust.

- 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, although not all staff knew where to find a copy of the policy. The practice did not keep a log of safeguarding concerns and we saw no evidence that the GPs attended safeguarding meetings. We were told that GPs were trained to child safeguarding level 3, and although the practice showed us evidence that GPs had attended child protection training, they were unable to provide evidence that all GPs were trained to child safeguarding level 3. Nursing staff were trained to child safeguarding level 2.

- A notice in the waiting room advised patients that chaperones were available if required. Not 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).
- 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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were insufficient to ensure that patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). The practice had carried out a medicines audit when they had been alerted to irregularities with their prescribing of a certain medicine, however, they had not extended this to look at other medicines which require monitoring to check that prescribing guidelines were being observed. When alerts were received from the Medicines and Healthcare products Regulatory Agency (MHRA) flags were placed on the practice's system to alert GPs when completing repeat prescriptions, however, the practice did not search for affected patients, and therefore did not act on the alert prior to a repeat prescription request being received.
- Prescription pads were securely stored, however, there was no system for recording the serial numbers of prescription pads or printer paper, so the practice could not monitor their use. 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, healthcare assistants were administering vaccinations without the appropriate legal authorisation of a Patient Specific Direction (PSD) (PSDs are written instructions from a qualified and

Are services safe?

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).

- We reviewed five personnel files and found all to be incomplete in relation to the recording of recruitment information. 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 we found that one written reference had been taken in the case of three members of staff, a verbal reference for one and there was no evidence of a reference being taken for one. Evidence of the practice seeing proof of identification was recorded in four of the five files we checked. 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. Further to the inspection we have seen evidence that the practice has applied for DBS checks for all staff.
- 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

Risks to patients were assessed in most cases but were not always well managed.

- 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.
- The practice had a recent fire risk assessment, which had been completed by an external company, and were in the process of working through the highlighted actions. They did not have a fire alarm, but were due to start extensive building works within a few weeks to create a ground floor extension, and informed us that they would be installing a fire alarm to the whole building as part of that development. Smoke alarms had been fitted on all floors.
- 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, but this was not always completed annually.

- 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, however, they were kept in a locked box and the key kept in a separate room in the practice. Having been made aware of this, the practice agreed to keep the box unlocked. 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 did not have a defibrillator available on the premises at the time of the inspection and said that they would call an ambulance if a patient were to require resuscitation, however, we saw evidence that they had purchased a defibrillator following the inspection. They had completed a risk assessment regarding this, although the risks were not mitigated. Oxygen with adult and children's masks were available. 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

In most cases, 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. However, we found one example of a GP failing to monitor a patient who was being prescribed a high-risk medicine long-term. We found that once the practice had become aware of this, they checked that other patients who were being prescribed this medicine were being appropriately monitored, but they did not extend this check to patients who were being prescribed other high-risk medicines.

- Staff had access to guidelines from NICE, however, we saw no evidence that the practice monitored whether staff were reading updated guidelines, and there were no records of meetings where these updates had been discussed.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF), however, there was little evidence that they used the information collected 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 were 81% of the total number of points available, with 8.1% 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 an outlier for several QOF (or other national) clinical targets. Data from 2015 showed;

- Performance for diabetes related indicators was lower than the CCG and national average. Overall the practice achieved 59% of the total QOF points available, compared with an average of 81% locally and 89% nationally. Data showed that 65% of patients with diabetes at the practice had well-controlled blood pressure (CCG average 74% and national average 78%), and 70% of patients with diabetes had a record in their notes of a foot examination and risk classification in the preceding 12 months (CCG average 85%, national average 88%). The percentage of patients with diabetes

who had received influenza immunisation was 100% (CCG and national average was 94%), however the practice had a 35% exception reporting rate for this indicator (compared to a CCG average rate of 19% and national average rate of 18%). The practice explained that they would typically send three text message reminders about attending for influenza immunisation and if the patient does not respond, they exception report for them.

- 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 84%.
- Performance for mental health related indicators was broadly comparable to CCG and national averages except in the percentage of patients with dementia who had received a face to face review in the preceding 12 months, which was 72% for the practice compared to a CCG and national average of 84%.
- We discussed the practice's year-to-date QOF achievement for the current reporting year and reviewed their figures. The practice acknowledged that there were a significant number of patients with long-term conditions who had yet to receive an annual review of their care, but that they anticipated being able to meet their QOF targets by the end of the reporting year. The practice had put measures in place to ensure that reviews would be completed, for example, they had set their electronic check-in screen so that patients with an outstanding review who attended the practice for another appointment would have to check-in with the receptionist, who could then book an appointment for them to attend the review.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, one of which was full audit cycle which 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. There had also been an initial audit of intrauterine device fitting where areas for improvement had been identified.

Are services effective?

(for example, treatment is effective)

- 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, however, there was not a record of induction saved in all of the staff files we viewed.
- 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. The administrative staff we spoke to explained that they could access support from colleagues and their manager when they needed it, however, formal one to one meetings were not scheduled. We were told that staff should receive an annual appraisal, however, of the five staff whose files we viewed, only one recorded that the staff member had received an appraisal in the past 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

In some 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.

- 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.
- We reviewed twelve patient records and found that in some cases the notes of consultations did not contain sufficient detail to ensure continuity of care. In one case we saw that notes had not been added to the system two days after a consultation had taken place.
- 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. However, formal multidisciplinary meetings did not take place. The practice told us this was due to non-attendance by external health workers to previously planned meetings.
- We were told that weekly clinical meetings were held which were attended by doctors. There was no agenda for these meetings and they were only sporadically minuted using a hand-written record book. Some of the staff we spoke with told us that they did not know where the book of minutes was kept.

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.

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives and carers. Patients were then signposted to the relevant service. Carers were identified opportunistically and whilst the practice recorded on their computer system if a patient was also a carer, this information was not available as a pop-up.
- 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%.
- Flu vaccination rates for the over 65s were 61%, and at risk groups 29%. These were below national averages of 73% and 50% respectively. The practice explained that many of their patients were receiving flu vaccinations at local pharmacies. The practice chased up patients via text message who had not attended for flu vaccinations and if patients did not attend after receiving three text messages, the practice exception reported them.
- 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, however, there was low uptake for these checks and the practice explained that they were not popular with patients. 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 were aware of the need to take precautions in order that patient confidentiality was not compromised and demonstrated how they would do this with regards to handling confidential paperwork, however, there was not an established process for providing an area for patients to speak to reception staff where they could not be overheard.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced, however, there were two cards with mixed comments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member 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. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey 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:

- 89% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 81%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).

- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

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 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:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, 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, but there was no pop-up on the system to alert GPs to this when they opened a patient's record. The practice identified carers opportunistically and had identified 22 patients which represented less than 1% of the practice population.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them, however, there was no formal

process to identify bereaved patients. 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 find a support service.

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. 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 was about to undergo 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.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 80% of patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 64% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed 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, however, we noted that the practice did not provide contact details for the Ombudsman in complaint responses.
- 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.

The practice had recorded three complaints received in the past 12 months. We looked at these in detail and found that they were dealt with in a timely way and that apologies were offered where appropriate. The practice's complaints log records lessons learned as a result of each complaint, however, there was no evidence of complaints being discussed in meetings.

Are services well-led?

Requires improvement 

(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 stated vision to deliver high quality care and promote good outcomes for patients, however, this was not always reflected in the way that the practice was run and the resulting care provided to patients.

- The practice had a statement of purpose, but this was not displayed for patients and some staff were not aware of it.
- Most staff we spoke to were aware of the practice's plans for developing the building and improving governance arrangements, however, there was no formal business plan in place.

Governance arrangements

The practice had some overarching governance arrangements in place to support the delivery of care, however, these required development. For example,

- There was a clear staffing structure and staff were aware of their own roles and responsibilities, however, particularly amongst clinical staff, this did not appear to extend to staff taking collective responsibility for patient care.
- Practice specific policies were implemented and were available to all staff, however, some staff we spoke to were not aware of how to access these.
- 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.
- There was limited evidence that the practice used performance information to drive improvements in patient outcomes.
- 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, however, the necessary mitigating actions had not been put in place in all cases.

Leadership and culture

The practice management team told us that the practice was committed to offering the best care possible for their

patients. This was evident in the way that we observed staff interacting with patients and in the feedback we received from patients and staff. However, there were several areas where this vision was not demonstrated, for example, in the inconsistent quality of record keeping, lack of assurance that safeguarding training for clinical staff was to the required level, and the absence of the correct legal documentation for staff to administer medicines.

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 of the inspection). The partners largely looked after their own patients, and we saw examples where a lack of collective responsibility and quality assurance had resulted in poor patient care.

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 had not been keeping written records of verbal interactions as well as written correspondence, however, a log book had recently been made available for reception staff to record details of verbal complaints.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular clinical meetings and weekly business meetings, however, there was no consistent minuting of these. We were told that administrative staff meetings and whole practice team meetings were held when something specific needed to be discussed, however, we saw no evidence of the content of these meetings being recorded.
- 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.

Are services well-led?

Requires improvement 

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

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 was involved in campaigning for the local authority to lift parking restrictions around the practice in order to make the practice more accessible to patients.
- 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 management team stated that they had a commitment to continuous learning and improvement, however, there was limited evidence that they used information and tools available to them to improve outcomes for patients. For example, they had taken little action to address their low QOF achievement and their high exception reporting. They had also failed to put robust quality assurance processes in place following a patient safety incident.

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.

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 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 registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider had no means of raising the alarm in the event of a fire being discovered.</p> <p>The provider had failed to ensure that necessary pre-employment checks had been completed on staff, and failed to ensure that staff had completed mandatory training.</p> <p>The provider had not ensured the correct legal authorisations were in place required for staff to carry out their roles safely. They had also failed to ensure that patients' treatment was updated in a timely way following safety alerts and changes to prescribing recommendations.</p> <p>This was in breach of Regulation 12(1)(2)(a)(b)(c)(g) 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

The provider 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.

This was in breach of Regulation 17 (2)(c)(d) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

How the regulation was not being met:

The provider had failed to ensure that every member of staff had received an appraisal.

This was in breach of Regulation 18 (2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.