

GP AT HAND

Quality Report

The Medical Centre
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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 21 April 2016 at Dr Jefferies & Partners, The Medical Centre, 139 Lillie Road (now re-named GP at Hand). The practice was rated as good for providing effective, caring, responsive and well led services and requires improvement for providing safe services. The overall

rating for the practice was good. The full comprehensive report for the inspection on 21 April 2016 can be found by selecting the 'all reports' link for GP at Hand on our website at www.cqc.org.uk.

We undertook this announced focused inspection on 21 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation

Summary of findings

to the breach in regulation that we identified in our previous inspection on 21 April 2016. This report covers our findings in relation to those requirements. The practice was not rated as part of this inspection.

Since the previous inspection on 21 April 2016 some adaptations had been made at the practice with a change of name, change to some GP managing partners and implementation of a new model of care with digital technology service provision. The digital element of service provision was not inspected as part of this focused inspection on 21 November 2017.

Our key findings were as follows;

The practice had addressed the concerns identified during the previous inspection and now complies with the regulation.

- The practice had on site access to an automated external defibrillator (AED) to respond to a medical emergency.

- A fire alarm system had been installed at the premises and additional fire safety arrangements had been implemented.
- The patient waiting area had been refurbished including the replacement of fabric chairs with seating to address potential infection control risks.

We also reviewed the actions taken since the last inspection where we identified areas that the practice should make improvements.

Our findings were as follows;

- A portable hearing loop had been installed to assist patients with hearing impairment.

The areas where the provider should make improvement are;

- Arrange for non-clinical staff to undertake annual basic life support training.

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 was not rated as part of this inspection as the safe key question was not re-inspected in full. The rating remains as requires improvement for providing safe services.

The practice had addressed the concerns identified during the previous inspection and now complies with the regulation.

- The practice had on site access to an automated external defibrillator (AED) to respond to a medical emergency.
- A fire alarm system had been installed at the premises and additional fire safety arrangements had been implemented.
- The patient waiting area had been refurbished including the replacement of fabric chairs with seating to address potential infection control risks.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Arrange for non-clinical staff to complete annual basic life support training.

GP AT HAND

Detailed findings

Our inspection team

Our inspection team was led by:

This focused follow up inspection was conducted by a CQC inspector, two GP specialist advisors and a practice manager specialist advisor.

Background to GP AT HAND

GP at Hand (previously named Dr Jefferies and Partners) is located at The Medical Centre, 139 Lillie Road in the London Borough of Hammersmith & Fulham. The practice lies within the administrative boundaries of NHS Hammersmith & Fulham Clinical Commissioning Group (CCG) area and is a member of the GP locality Southern Network. The current CQC registered provider Dr Jefferies and Partners also provides primary medical services from a neighbouring GP practice at 292 Munster Road and operate a centralised call centre at adjacent premises for processing telephone calls for both practice sites.

GP at Hand provides primary medical services to approximately 2,500 patients living within Hammersmith and Fulham and holds a core General Medical Services (GMS) contract. (GMS is a contract between NHS England and general practices for delivering general medical services). Recently the practice substantially changed its model of care and now has an additional list of approximately 7,500 patients. These patients are registered for a service whereby their first contact is online. They may be treated using online services or may have a face to face consultation. The face to face consultations are offered at five locations across London.

The practice population of 2,500 patients registered for general GP services is ethnically diverse and includes a higher than the national average number of patients aged

between 25 and 39 years of age and lower than the national average number of patients 50 years plus. The practice area is rated in the third most deprived decile of the national Index of Multiple Deprivation (IMD). Data from Public Health England 2015/16 demonstrates that the practice profile has a higher percentage of patients with a long-standing condition compared to CCG and England averages (56%, 42%, and 53% respectively).

Practice staff work across both practice sites and are rotated according to need. The whole practice team comprises nine GPs, two Advanced Nurse Practitioners (ANPs), a clinical pharmacist, three practice nurses, four health care assistants, two business managers, a patient services manager and twelve administrative staff. The practice team at 139 Lillie Road is typically staffed by four salaried GPs who collectively work a total of nine clinical sessions per week and two salaried GPs provide three hours of telephone consultations a week.

The practice opening hours are from 9am to 1pm and from 3pm to 6.30pm Monday to Thursday and 9am to 1pm on Friday. Appointments in the morning are from 9am to 12.30pm and in the afternoon from 3pm to 6.30pm Monday to Thursday and 9am to 12.30pm on Friday. Extended hour appointments are available for patients registered for general GP services to access at the other practice site at 292 Munster Road from 6.30pm to 8pm Monday to Friday and from 8am to 5pm on Saturday. Patients from other GP practices within NHS Hammersmith & Fulham CCG can also access extended hour appointments provided at this location as part of the Out of Hospital Weekend Plus Service. Telephone consultations are offered daily and pre-bookable appointments can be booked four weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

Detailed findings

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity and midwifery, surgical procedures and treatment of disease disorder & injury. The practice was previously inspected under the new methodology on 21 April 2016 and achieved an overall rating of good but required improvement for providing safe services.

The changes in the service and partnership arrangements will require a new application to register to provide the regulated activities.

Why we carried out this inspection

We undertook a comprehensive inspection of GP at Hand on 21 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, although the key question safe was rated as requires improvement. The full comprehensive report following the inspection on 21 April 2016 can be found by selecting the 'all reports' link for GP at Hand on our website at www.cqc.org.uk.

We carried out a focused follow up inspection of GP at Hand on 21 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the concerns that we identified in our previous inspection on 21 April 2016 had been addressed.

How we carried out this inspection

We carried out a focused follow up inspection of GP at Hand on 21 November 2017. Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share what they knew. We carried out an announced visit on 21 November 2017. During our visit we:

- Spoke with a range of staff, including GP partners, non-clinical partner, practice nurses, pharmacist and administration staff.
- Reviewed practice documents and files.

Are services safe?

Our findings

At our previous inspection on 21 April 2016, we rated the practice as requires improvement for providing safe services as the systems and processes in respect of managing risks were not effectively assessed, monitored and mitigated across all areas. This specifically related to aspects of infection and prevention control, fire safety arrangements and emergency provision.

These arrangements had improved when we undertook a follow up inspection on 21 November 2017. The practice had addressed the concerns identified during the previous inspection and now complied with the regulation. However, the practice was not rated as part of this inspection as the safe key question was not re-inspected in full. The rating remains rated as requires improvement for providing safe services.

Overview of safety systems and process

At our last inspection on 21 April 2016 the practice standards of cleanliness and hygiene required improvement. This specifically related to the seating facilities in the practice waiting area which the state of repair posed a potential infection control risk. The practice had identified this issue as part of an infection control audit undertaken in December 2014 however, action to address improvements had not been completed.

At this inspection we saw the patient waiting area had been refurbished including the replacement of fabric chairs with wipe-clean seating. We observed the whole practice premises to be visually clean and tidy.

Monitoring risks to patients

At our last inspection on 21 April 2016 although risks to patients who used services were assessed, the systems and

processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice had a fire risk assessment carried out on 27 January 2016 however, the recommendations from this assessment had not been completed and there was no fire alarm system within the practice.

At this inspection the practice had completed the recommendations made as a result of the fire risk assessment and a fire alarm system had been installed in the practice.

Arrangements to deal with emergencies and major incidents

At our last inspection on 21 April 2016 the practice had some arrangements in place to respond to emergencies and major incidents. The practice did not have an automated external defibrillator (AED) on site for use in a medical emergency and had not undertaken a risk assessment for the decision not to have one.

At this inspection we saw that the practice had access to an AED for use in a medical emergency. We observed that the practice did not retain a paediatric pulse oximeter with the emergency kit, although we were informed that one was available on site. The practice had oxygen driven nebuliser masks, an oxygen cylinder and nebulised medications available in the emergency kit in place of a nebuliser.

Basic Life Support (BLS) training was not undertaken annually by non-clinical staff. Post inspection the practice informed us that the frequency of BLS training for non-clinical staff had been changed to an annual requirement.