

Thameside Medical Practice - Childs & Partners

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
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 of Thameside Medical Practice on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Overall, risks to patients were assessed and well managed, with the exception of the arrangements for responding to medical emergencies and the monitoring of the safe storage of vaccines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. The practice had processes in place to ensure that staff were up to date with training and professional registrations; however, this did not include their regular locum GP.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand; however, the patient information that we saw did not direct people to contact the Health Service Ombudsman if they were unhappy with the handling of their complaint. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvements are as follows:

- Put processes in place to improve quality, including carrying-out completed audit cycles.

The areas where the provider should make improvements are as follows. They should:

- Ensure processes are in place to monitor that locum staff are up to date with training and professional registrations.

- Review responses to complaints to include all the required information.
- Ensure that they are identifying carers so they can be signposted to appropriate support.
- Ensure that an action plan is in place to address issues identified by the infection control audit.

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 good for providing safe services.

Good



- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Overall, blank prescription forms and pads were securely stored by individual GPs, however, there was not a consistent approach to storage followed by all GPs. A protocol for the storage of prescription pads was implemented immediately after the inspection.
- The practice did not have a defibrillator or emergency oxygen on the premises at the time of the inspection; however, both of these were purchased immediately after the inspection.

The practice had completed an infection control audit; however, it had not implemented an action plan to address issues that arose from that audit.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been carried-out and actions had been identified and implemented as a result; however, the effectiveness of the action taken had not been measured by a re-audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Staff told us that when they started working at the practice they were given the information and training they needed in order to perform their role; however, there was no formal system in place to record and monitor the induction of new staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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.
- Most information for patients about the services available was easy to understand and accessible; however, we noted that the practice leaflet was only available in small print and contained some out of date information.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had processes in place to identify carers; however, the number identified was low.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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, they made use of the local GP seven-day opening hub, which enabled practices in Richmond to book appointments for their patients outside of normal GP opening hours.
- 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

Good



Summary of findings

quickly to issues raised. Learning from complaints was shared with staff and other stakeholders; however, formal correspondence with complainants did not contain information about patient advocacy or the Health Service Ombudsman.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 and identify risk.
- 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 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. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 practice is rated as good for the care of older people.

Good



- 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.
- Longer appointments were available for older people who needed them.
- The practice held regular multi-disciplinary meetings with the community palliative care team and community nursing team to discuss the needs of elderly patients.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall the practice had achieved 99% of the total Quality Outcome Framework (QOF) points for diabetes indicators, compared with an average of 90% locally and 89% nationally. The percentage of patients with diabetes who had a record of well controlled blood pressure in the preceding 12 months was 80%, which was comparable to the CCG average of 79% and the national average of 78%; the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 92% (CCG average 91%, national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 97% (CCG average was 90% and national average was 94%).
- Longer appointments and home visits were available when needed.
- 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.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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.
- 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.
- The practice's uptake for the cervical screening programme was 87%, which was better than 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, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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.
- 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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was higher than the CCG and national averages, with a total QOF achievement of 100% compared to a CCG and national average of 92%; and overall exception reporting for mental health indicators was also better than average at 5% (CCG average 8%, national average 11%). The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 100% (with no exceptions), compared to a CCG average of 92% and a national average of 88%.
- The practice had carried-out a face to face review in the past 12 months of 85% of patients with dementia, which was comparable to the CCG and national averages of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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 and had training in these areas.

Good



Summary of findings

What people who use the service say

The national GP patient survey results for 2014/15 were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy survey forms were distributed and 102 were returned. This represented approximately 3% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and 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 41 comment cards of which 31 were wholly positive about the standard of care received, nine were mixed and one was negative. Patients commented that staff at the practice were helpful, friendly and caring. Some of the mixed comments reported satisfaction with the quality of care but difficulties in booking appointments.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Thameside Medical Practice - Childs & Partners

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, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Thameside Medical Practice - Childs & Partners

Thameside Medical Practice provides primary medical services in Teddington to approximately 4000 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 6%, which is lower than the CCG average of 9%, and for older people the practice value is 9%, which is lower than the CCG average of 11%. The practice has a larger proportion of patients aged 0-14 years, 35-54 years, and 85+ years than the CCG average, and a smaller proportion of patients aged 15-34 and 55 to 84 years. Of patients registered with the practice, the largest group by ethnicity are white (90%), followed by asian (4%), mixed (3%), black (1%) and other non-white ethnic groups (1%).

The practice operates from the ground floor of a multi-storey purpose built premises. Some car parking is

available on the premises and in the surrounding streets. Practice facilities include a reception desk and waiting area, four GP consultation rooms (one of which was currently being used by a physiotherapist), one nurse consultation room, and a treatment room (which was also used as the healthcare assistant's consultation room). The practice team at the surgery is made up of two part time female GPs, one part time male GP who are partners, and one regular locum GP; in total 15 GP sessions are available per week. In addition, the practice also has one part time female nurse and one part time female healthcare assistant. The practice team also consists of a practice manager, four administrative/secretarial staff, and four receptionists.

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 8:00am and 1:00pm, and between 2:00pm and 6:30pm Monday to Friday. Appointments are from 8:30am to 1:00pm every morning and from 2:00pm to 6:30pm every afternoon. Extended hours appointments are offered from 6:30pm to 7:20pm on Mondays and from 7:40am to 8:30am on Tuesdays. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day.

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.

The practice had not been inspected previously.

Why we carried out this inspection

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 13 April 2016. During our visit we:

- Spoke with a range of clinical 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 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw evidence that one patient was contacted with an apology and explanation following a delayed referral that the patient would not otherwise have been aware of.
- The practice carried out a thorough analysis of the significant events and we saw evidence that these events and the resulting action plans were discussed in practice meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident was recorded where an adult dose of a vaccine was administered to a 15 year-old child. As a result of this incident the patient's parent was immediately contacted and reassured based on advice from the manufacturer. The practice subsequently improved the system for the administration of vaccines, which included stipulating that prepared syringes should be placed in separate trays for each patient.

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. These arrangements

reflected relevant legislation and local requirements. 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 permanent staff had received training on safeguarding children and vulnerable adults relevant to their role; however, the practice had not collected evidence to assure themselves that the GP who worked as a regular locum was up to date with their training. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All members of staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 but no action plan was in place to address any issues identified as a result. We viewed the cleaning schedule for the general cleaning of the premises; however, we noted that the cleaner did not make a record of cleaning completed. There was also a cleaning schedule for the clinical equipment, which was carried-out by the healthcare assistant.
- Overall, the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had procedures in place for ensuring the safe storage of medicines, and these had been tested during an incident where the vaccine fridge broke and the practice had liaised with the vaccine manufacturers to establish which vaccines would still be safe to use and then arranged for these to be transferred to a fridge at a nearby practice. However, we saw

Are services safe?

evidence that not all staff were aware of their responsibilities in relation to the cold chain process, as we noted three occasions where the recorded temperature in the vaccine fridges had gone above the guideline temperature to a maximum of 11°C but where there was no record of action having been taken; having raised this with the practice during the inspection, we were informed that relevant staff were made aware of their responsibilities in relation to ensuring that the cold chain was maintained.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Overall, blank prescription forms and pads were securely stored by individual GPs, however, there was not a consistent approach to storage followed by all GPs. We also found that blank prescription forms had been left in the printer tray in the consulting room used by the physiotherapist. We raised this with the practice and saw evidence that immediately following the inspection a protocol for the secure storage of prescription pads was implemented.
- Patient Group Directions (PGDs) 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). The Health Care Assistant had recently been trained to administer vaccines; however, Patient Specific Directions (PSDs) had not been put in place (PSDs are written instructions from a qualified and 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) and instead, the healthcare assistant had been added to the PGDs used by the nurse. We raised this with the practice during the inspection and noted that they immediately produced a template PSD.
- We reviewed five 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.

Monitoring risks to patients

Risks to patients were assessed and 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 up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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, 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 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 were manually operated switches 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.
- At the time of the inspection there was no defibrillator or oxygen on the premises, but following feedback during the inspection, we saw evidence that both had been purchased.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a 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 patients' needs.

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 were 99% of the total number of points available. The practice's overall clinical exception rate was 7%, which was the same as the CCG average. (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 2014/2015 showed:

- Performance for diabetes related indicators was above average. Overall the practice had achieved 99% of the total points available, compared with an average of 90% locally and 89% nationally. The percentage of patients with diabetes who had a record of well controlled blood pressure in the preceding 12 months was 80%, which was comparable to the CCG average of 79% and the national average of 78%; the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 92% (CCG average 91%, national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 97% (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 preceding 12 months was 89% compared to a CCG average of 83% and national average of 84%.
- Performance for mental health related indicators was higher than the CCG and national averages with a total QOF achievement of 100% compared to a CCG and national average of 92%; and overall exception reporting for mental health indicators was also better than average at 5% (CCG average 8%, national average 11%). The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (with no exceptions), compared to a CCG average of 92% and a national average of 88%.
- The practice had carried-out a face to face review in the past 12 months of 85% of patients with dementia, which was comparable to the CCG and national averages of 84%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, although none of these were completed two cycle audits.
- The audits carried out were prompted by analysis of significant events and prescribing data within the practice, ensuring that they were both relevant and that the findings would be used to improve the service. For example, the practice had been alerted to errors in faxed prescription requests from pharmacies. They therefore reviewed prescriptions which contained errors and identified that a significant number came from one pharmacy. They discussed the issue with all of the pharmacies that they dealt with, and the practice's prescribing lead approached the pharmacy with the greatest number of errors in particular to discuss the reasons for the errors and the implications of these. They had scheduled a re-audit for September 2016 to assess the effectiveness of their intervention and whether any further work needed to be done with the pharmacies.
- The practice participated in national benchmarking and accreditation.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- Staff told us that when they started working at the practice they were given the information and training they needed in order to perform their role; however, there was no formal system in place to record and monitor the induction of new staff.
- 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. Nursing staff in the practice had received training in consent and dementia care, as well as attending monthly nurse forums.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the healthcare assistant.

The practice's uptake for the cervical screening programme was 87%, which was better than the national average of 82%. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Their uptake for these tests was better than CCG and national averages, for example, of patients registered at the practice 73% of women aged 50-70 had been screened for breast cancer in the preceeding 3 years, and of those, 74% had

Are services effective?

(for example, treatment is effective)

been screened within the target period (compared to a CCG average uptake of 65% (69% of those screened within the target period), and national average uptake of 72% (73% of those screened within the target period)).

Childhood immunisation rates for the vaccinations given were in line with and above the CCG and national averages. For example, childhood immunisation rates for the

vaccinations given to under two year olds ranged from 81% to 98% (national averages ranged from 82% to 94%) and five year olds from 81% to 95% (national averages ranged from 69% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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.

Most of the 41 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, listened to them and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). 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 they 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 or comparable to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the compared to the CCG average of 86% and national average of 85%.

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. One patient spoken to during the

Are services caring?

inspection told us they had received a letter from their doctor during a time of serious illness, offering an appointment at any time and stating that “the door is always open”.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers, which represented less than 1% of the practice list, however, it is of note that the practice has a comparatively small number of elderly patients. The practice had a notice board in reception with information for carers, and new

patient registration forms sought to identify carers. Patients who were carers had been referred to the website of the local Clinical Commissioning Group (CCG) for further support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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. One patient spoken to during the inspection told us they felt they had received excellent care during a time of bereavement, which included liaison between the practice and the local hospital to arrange bereavement counselling.

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 offered a 'Commuter's Clinic' on a Monday mornings and Tuesday evenings for working patients who could not attend during normal opening hours.
- We saw evidence of longer appointments being available and used by patients with a learning disability and older patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- 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.
- In response to feedback about availability of appointments, changes to the appointment booking system had been made allowing telephone triage and telephone appointments for medicines reviews, or where no physical examination was needed.

Access to the service

The practice was open between 8:00am and 1:00pm, and between 2:00pm and 6:30pm Monday to Friday. Appointments were from 8:30am to 1:00pm every morning and from 2:00pm to 6:30pm every afternoon. Extended hours appointments were offered from 6:30pm to 7:20pm

on Mondays and from 7:40am to 8:30am on Tuesdays. Patients could also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day. In addition to pre-bookable appointments that could be booked up to six 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 comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

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.
- 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 and this was on display in the reception area.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, demonstrating openness and transparency with dealing with the complaint, however, the practice's responses did not provide information about patient advocacy or signpost patients to the Health Service Ombudsman. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 did not have a written mission statement; however, from speaking to staff on the day of the inspection, it was clear that staff knew and understood the values of the practice and felt involved in the delivery of high quality care.
- The practice has been without a practice manager for a number of months. As part of the process of recruiting a new practice manager (who had been in post for only a week at the time of the inspection), the partners had considered the specific areas in which the management team required development and expertise and had taken care to recruit a candidate who had the skills and experience to meet these requirements.
- A practice leaflet was available for patients but the format of the leaflet made it difficult for some patients to read as the text was very small, and the surgery times listed were not up to date.
-

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; however, some policies we saw were out of date and some were not specific to the practice. For example, the clinical governance policy did not include a named lead from the practice and the whistleblowing policy does not signpost to CQC.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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.

- Staff told us the practice held regular team meetings and we saw minutes of staff team meetings taking place every four to six weeks.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. One member of the administrative team told us that a GP partner had acted on concerns she had raised about a vulnerable patient.
- Staff said they felt respected, valued and supported 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 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

Are services well-led?

Good 

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

surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements had been made to the online system for repeat prescriptions following feedback from the PPG. Patients had also fed back that they would like staff to wear name badges. The practice had acted on this feedback and on the day of the inspection we observed all staff wearing name badges.

- The practice had gathered feedback from staff through team meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff had suggested improvements to the

prescription arrangements for new patients in the practice and these had been acted on. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, they had reviewed their medicines management arrangements and as a result had recruited a medicines management assistant who was responsible for the administration of all repeat prescribing and for taking action in response to medicines alerts.

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 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 ensure that it assessed, monitored and improved the quality and safety of services; in particular, it had not completed any full-cycle audits.</p> <p>This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>