

Wallington Family Practice

Inspection report

Jubilee Health Centre West
Shotfield
Wallington
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Date of inspection visit: Site visit and staff interviews
15 September 2023, Records review 21 September
2023, Interview with partners 28 September 2023
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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 location	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Wallington Family Practice on 15, 21 and 28 September 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive - requires improvement

Well-led - requires improvement

Following our previous inspection on 9 September 2016, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Wallington Family Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection following a review of information we held. We inspected all of the key questions.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A shorter site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- There were gaps in systems to assess, monitor and manage risks to patient safety.

Overall summary

- Most patients received effective care and treatment that met their needs, but processes to ensure patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance were not always effective.
- The practice did not have a consistent and effective system to learn and make improvements when things went wrong.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patient satisfaction with access to appointments was in line with other practices nationally. The practice had made changes to how it organised and delivered services to try to better meet patients' needs. Information as to the impact was incomplete, and it had not assessed whether the changes had made it harder for some patients to access services.
- There was considerable quality improvement activity, but it had not always been co-ordinated to ensure that it led to improvements in the quality of care.
- Staff treated patients with kindness, respect and compassion. Feedback from patients was generally positive about the way staff treated people, with above average satisfaction with healthcare staff recorded on the National GP Patient Survey.
- There was evidence that some governance systems had not worked effectively, particularly those to manage risk, and there was no effective overall oversight mechanism.

We found breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should also**:

- Continue to monitor and take action on areas of below average/below target performance in childhood immunisation and cervical screening.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit, with another CQC inspector. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Wallington Family Practice

Wallington Family Practice provides primary medical services to approximately 16,550 patients in Wallington, in the London borough of Sutton. The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice population has a deprivation score of 8 out of 10, meaning that deprivation is lower than average. The majority (over 77%) of patients are white, the largest other ethnicity is Asian (nearly 12%) with smaller numbers of Black, Mixed and Other ethnicities.

There are 4 GP partners, and 6 salaried GPs (some male and some female), 2 practice pharmacists and two physician associates. There are 4 practice nurses and a healthcare assistant. There was also a physiotherapist, a physician associate, a pharmacist, a paramedic and a mental health practitioner employed through a national scheme.

The practice is managed and supported by a team including prescribing clerks and staff trained to act as care navigators.

Wallington Family Practice operates from a purpose built health centre, shared with another GP Practice and local NHS services such as X-Ray and ultrasound facilities. The building is managed and maintained centrally.

The practice utilises space on all three floors of the building. There is a shared reception waiting area on the ground floor with disabled access facilities, other patient facilities and clinical consulting and treatment rooms. There are two lifts each serving the first and second floors. The first floor has further consultation and treatment rooms, patient facilities and waiting areas. The second floor is used for staff facilities, meeting rooms, a library and practice management offices.

There is limited parking available to the front of the health centre, parking is also available through local car parks and there are good transport links. The main reception area displays local bus and train times for patients. The property is wheelchair accessible with step free access throughout.

The practice opens between 8am and 6.30pm Monday to Friday. Telephone lines are open between the hours of 8am and 6.30pm Monday to Friday, and with lines open for appointment requests at 8am or 2pm. Extended hours are available on Wednesday evenings from 6.30pm to 7.30pm and Saturday mornings from 8.30am until 11.30am for pre booked appointments.

The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services, family planning, treatment of disease, disorder or injury and diagnostic and screening procedures.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to:</p> <ul style="list-style-type: none">• Assess, monitor and improve the quality and safety of the services being provided. In particular:<ul style="list-style-type: none">■ ensuring that contemporaneous records were kept of learning from significant events and that agreed actions were completed and were effective■ co-ordinating quality improvement activity to ensure it led to improved care.• Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: risks related to:<ul style="list-style-type: none">■ medicines■ follow up of test results■ emergency medicines■ fire■ premises safety and■ infection prevention and control.• Evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:<ul style="list-style-type: none">■ the management of complaints.• Maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:<ul style="list-style-type: none">■ evidence of required recruitment checks■ evidence of the prescribing competence of non-medical prescribers and■ evidence of the competence of other staff employed in advanced clinical practice.• Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

Requirement notices

- seeking patient feedback on the changes to appointment booking
- timely discussion of national survey data with the PPG.
- Ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:
 - ensuring consultation records were complete
 - ensuring patients were correctly coded and
 - ensuring the practice complied with the Accessible Information Standard.

There was additional evidence of poor governance. In particular:

- Meeting minutes did not function as an effective governance record.
- Some policies had not received regular review to ensure they were still in line with national guidance.
- Until recently some policies were not in line with national guidelines, or lacked useful detail, and there was not an effective mechanism to ensure that policies were consistently followed.
- Governance documents were not stored in an effective way.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.