

# Dr Philip Matthewman

## 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?

Good



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 of Dr Matthewman's practice on 15 January 2018, undertaken in accordance with our published process to re-inspect a proportion of practices previously rated as good or outstanding. In August 2016, we had carried out a follow up inspection when the practice rating had improved to good.

The practice is now rated as requires improvement overall and for providing effective and well-led services. It remains rated as good for the key questions of safe, caring and responsive.

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. We have rated the practice as requires improvement overall and for the key questions of effective and well-led. The concerns which led to these ratings apply to everyone using the service. Accordingly, the population groups are rated as follows:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

At this inspection we found:

- Published data showed the practice performance was below local and national averages in some areas of care and had fallen slightly since our last inspection, following gradual improvement over the preceding few years. Performance in relation to diabetes care and cervical cancer screening remain significantly lower than average. However, steps were being taken to improve this.
- There were governance processes to identify, understand, monitor and address current and future risks, but these were not sufficiently robust to ensure that services were delivered in accordance with the fundamental standards of care.

# Summary of findings

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.
- There was evidence that clinical audit drove improvement.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to use the appointment system and told us they could access care when they needed it. Patient feedback was particularly positive regarding the walk-in surgery which operated each morning.
- Data from the GP patient survey showed that patient satisfaction was generally comparable with local and national averages in relation to caring aspects of the service and above average regarding the responsiveness of the service.

The areas where the practice **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, introducing robust

systems for monitoring patients' two-week referrals; for conducting records searches when drugs alerts are received; to monitor uncollected prescriptions; and the monitoring and recording of emergency equipment and medication.

In addition, the areas where the practice **should** make improvements are:

- Continue with planned action to improve the practice's overall QOF results; for improving the outcomes of patients with long term health conditions, particularly diabetes, and to increase the uptake of cervical screening tests.
- Ensure that patients are aware that chaperone services are available.
- Review the availability of information regarding services in languages other than English, together with easy read material, and an induction loop for patients with hearing impairment.

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

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Requires improvement</b>	
<b>People with long term conditions</b>	<b>Requires improvement</b>	
<b>Families, children and young people</b>	<b>Requires improvement</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b>	

# Dr Philip Matthewman

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist adviser.

## Background to Dr Philip Matthewman

Dr Philip Matthewman (the provider) is a sole practitioner, whose practice operates at 87-89 Prince of Wales Road, London NW5 3NT. The provider is part-owner of the premises which are shared with another provider of healthcare services. There are good transport links with Tube and Overground stations nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to 2,050 patients. The patient list had increased by 200 patients (10%) in the six months prior to our inspection. The practice is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 35 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury. The patient profile for the practice has an above-average working age population, between the ages of 20 and 49 years and fewer than average children and teenagers and older patients, aged over-50. The locality has a higher than average deprivation level. Over a third of the practice area population is of black and minority ethnic background.

The practice's clinical team is led by the provider, who works nine clinical sessions per week. A female locum GP

works one clinical session per month – a Monday afternoon. A male long-term locum GP works occasional sessions to cover the provider's absence. A female specialist nurse works at the practice once a month, running a diabetes clinic. There are two administrator / receptionists.

The practice reception operates during the following times –

Monday 9.00 am – 12 noon 3.00 pm – 5.00 pm

Tuesday 9.00 am – 12 noon 3.30 pm – 6.00 pm

Wednesday 9.00 am – 12 noon 4.00 pm – 7.30 pm

Thursday 9.00 am – 12 noon Closed

Friday 9.00 am – 12 noon 4.00 pm – 6.30 pm

A walk in clinic operates between 9.00 am and 11.30 am, Monday to Friday, for which no appointment is needed. Between 11.30 and 12.00 noon, the provider is available for telephone consultations with patients. Patients can book appointments for the afternoon clinics, which operates during the following times –

Monday 3.00 pm – 5.00 pm

Tuesday 4.00 pm – 6.00 pm

Wednesday 5.00 pm – 7.30 pm

Friday 4.30 pm – 6.30 pm

The practice is closed on Thursday afternoons.

Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider is able to carry out home visits for patients whose health condition prevents them attending the surgery.

## Detailed findings

In addition to the extended hours operated by the practice on Wednesday evening, the CCG has commissioned an extended hours service, which operates between 6.30 pm and 8.00 pm on weeknights and from 8.00 am to 8.00 pm at weekends at four “Hub” locations across the borough. Patients may book appointments with the service by contacting the practice.

The practice has opted out of providing an out-of-hours service. However, the provider is frequently available outside usual surgery hours, with the practice’s phone line being routed to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed are connected with the local out-of-hours service provider via NHS 111.

We previously inspected the practice in August 2016 as a follow up visit, when we revised the overall rating and in respect of the five key questions to Good. The inspection report can be accessed at the following page of our website – [www.cqc.org.uk/provider/1-199730452](http://www.cqc.org.uk/provider/1-199730452) We carried out this comprehensive inspection of the practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out this inspection on 15 January 2018 in accordance with our published process to re-inspect a proportion of practices previously rated as good or outstanding.

# Are services safe?

## Our findings

**We rated the practice as good for providing safe services.**

### Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice had a range of safety policies which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The induction process provided staff with safety information and on-going training was provided. Staff had received safeguarding training to the levels appropriate to their roles. We saw evidence that the practice provided urgent safeguarding reports in case reviews.
- The practice worked with other agencies to support patients and to protect them from neglect and abuse. The practice took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. 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.
- Staff knew how to identify and report concerns had received up-to-date refresher training appropriate to their role. The two members of the administrative team who acted as chaperones were trained for the role and had received a DBS check. Patients' notes recorded when a chaperone had been present at a consultation. We noted that no notices informing patients of the availability of chaperones were posted in the consultation rooms. We discussed this with the provider, who stated that space was limited. However, after the inspection the provider confirmed that additional notices would be posted in the consultation rooms.
- Staff had received refresher training in infection prevention and control (IPC). The practice's IPC policy had been reviewed in January 2018 and an IPC audit had been carried out in September 2017. One of the administrative staff also undertook general cleaning, carried out in accordance with written specification, last

reviewed in January 2018 and cleaning logs were maintained. The practice also maintained logs to confirm that medical equipment was cleaned regularly and maintained according to manufacturers' instructions. A risk assessment in respect of legionella, a bacterium which can contaminate water systems in buildings had been carried out.

- The practice had an up to date health and safety policy and statement. Since our last inspection, the upper floors have been refurbished and occupied; the first floor by another healthcare service and the top floor as a caretaker's flat. An annual fire risk assessment was carried out by a competent person in January 2018, which included a review of these new arrangements together with the inspection and servicing of fire fighting equipment. The fire alarm had been serviced in October 2017 and new emergency lighting installed. We saw evidence that fire drills were conducted at times when all occupants were present at the premises. Electrical equipment had been PAT tested in March 2017 and medical equipment had been checked and calibrated. Fixed wiring and the premises gas supply had been inspected and certified. We saw the practice had a business continuity plan in place, with arrangements to relocate to a nearby practice should the premises be unusable.

### Risks to patients

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

- The practice had an induction process for new staff, who were subject to a three month probationary period. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff members were up to date with training in basic life support. The anaphylaxis protocol had been reviewed in January 2018. The provider told us that emergency equipment, such as the defibrillator and oxygen supply, and emergency use drugs were monitored every six months, but this was not recorded. We discussed more frequent monitoring, for example monthly, and that the checks should be recorded. The provider stated that this would be reviewed and discussed at the next practice meeting. The provider confirmed after the inspection that the monitoring would be done on a monthly basis and logged. At the time of the inspection a new battery for

# Are services safe?

the defibrillator was on order and the provider later confirmed one had been delivered. Following discussion, the provider agreed to obtain stocks of two additional emergency drugs. We received confirmation after the inspection that the drugs had been obtained.

- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis, in accordance with guidelines issued by the National Institute for Health and Care Excellence (NICE).

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- There were systems for minimising risks in relation to managing medicines, including vaccines. However, there was no process for monitoring uncollected prescriptions. The provider agreed to review the issue and implement a process whereby reception staff would monitor the prescription box on a monthly basis and report to the provider any which had not been collected by patients. No controlled drugs were kept at the premises.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Data showed that the practice's antibacterial prescribing was

very low. All the medicines we checked were within date. The cold chain policy had been reviewed in January 2018. The practice's vaccines fridges had been obtained since our last inspection and their temperatures were monitored and recorded. Each had one thermometer and the provider agreed to introduce a process to check and calibrate these with a second external thermometer on a regular basis.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. There had been no significant events recorded in the past 12 months and none in 2016 / 17. There had been five in 2015 / 16 and eight in 2014 / 15. We saw from practice meeting agendas and minutes that that should any events occur they would be discussed and reviewed.
- Safety alerts were received via the Department of Health's Central Alerting System and reviewed by the provider. We saw two recent examples, relating to oxygen cylinders and sodium valproate (used to treat epilepsy) which can be problematic for pregnant women. With regard to that latter, the provider told us he was familiar with the patient list and knew there were no patients affected, but the practice would conduct a records search to identify female patients of childbearing age being prescribed the drug and review them as appropriate. However, there was no formal process for dealing with alerts, for example triggering a records search for patients affected by drugs alerts, should the provider be absent.



# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services across all population groups**

### Effective needs assessment, care and treatment

The practice had systems to keep up to date with current evidence-based practice. We reviewed 24 sets of patients' medical records and saw that patients' needs were fully assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. This included their clinical needs and their mental and physical wellbeing. The practice had access to guidance including that issued by the National Institute for Health and Care Excellence (NICE).

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people

Services for this population group was rated good because:

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) was 73.9%, compared with the CCG average of 81.6% and the national average of 83.4%.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) was 100%, compared with the CCG average of 87.3% and the national average of 88.4%.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- We saw evidence of effective liaison with other healthcare professionals including the local care co-ordinator, and staff participated in integrated network meetings held every fortnight.

- Of the patients prescribed 10 or more medicines, 179 (99%) had receiving a structured annual medication review.

#### People with long-term conditions

Services for this population group was rated as requires improvement because:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) was 60%, compared with the CCG average of 77.6% and the national average of 79.5%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) was 68.5%, compared with the CCG average of 77.9% and the national average of 78.1%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) was 66%, compared with the CCG average of 81.2% and the national average of 80.1%.
- The practice had carried out 44 foot checks (84%) for patients with diabetes.
- Since our last inspection, when a slight improvement in diabetes care was noted, the practice's diabetes register has increased from 35 to 60 patients.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions (01/04/2016 to 31/03/2017) was 84.3%, compared with the CCG average of 75.9% and the national average of 76.4%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) was 83.9%, compared with the CCG average of 91.6% and the national average of 90.4%.
- All seven patients on the heart failure register had had an annual medicines review.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

# Are services effective?

## (for example, treatment is effective)

- Those staff who were responsible for reviews of patients with long term conditions had received specific training. These included a specialist diabetes nurse who ran monthly clinics at the practice.
- In addition, a COPD specialist doctor had worked a monthly clinic at the practice until a few months prior to our inspection; and a nurse specialising in hypertension and chronic kidney disease had been based at the practice under local arrangements. The service had now been transferred elsewhere, but the practice was able to referred patients to it.

Families, children and young people

Services for this population group was rated good because:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above for all four sub-indicators.
- All mothers with new born babies were offered double appointments for post-natal checks.
- We saw evidence of signposting young people towards sexual health clinics or offering extra services / contraception.
- Patient feedback was positive regarding staff's interaction with children.

Working age people (including those recently retired and students)

Services for this population group was rated requires improvement because:

- The practice's uptake for cervical screening was 44.3%, compared with the CCG average of 55.2% and the national average of 71.9%. The practice was continuing to work to improve the figure, for example by phoning patients with reminders and by employing a female sessional locum GP, whose attendance was highlighted on the practice website. We noted that the website also gave information about alternative arrangements patients could make to have their screening tests carried out elsewhere.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable

Services for this population group was rated good because:

- End of life care was delivered in a coordinated way which took into account the needs of those 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.
- Homeless people could register using the practice's address for healthcare related correspondence.
- The practice maintained a learning disabilities register of three patients, two of whom had received an annual follow up and had their care plans reviewed.
- Double appointments were available for patients with learning disabilities.

People experiencing poor mental health (including people with dementia)

Services for this population group was rated good because:

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) was 100%, compared with the CCG average of 87.45% and the national average of 83.7%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) was 100%, compared with the CCG and national averages of 90.3%.
- The percentage of patients experiencing poor mental health who had received had their alcohol consumption recorded in the last 12 months (01/04/2016 to 31/03/2017) was 85.7%, compared with the CCG local average of 90% and national average of around 90.7%.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results were those for 2016 / 17, which showed the practice achieved 76.1% of the total number of points available, being 19.8% below the CCG average and 19.9% below the national average. The overall

# Are services effective?

## (for example, treatment is effective)

exception reporting rate was low at 4.7%, being 2.2% below the CCG average and 5.3% below the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate. The achievement figure of 76.1% represents a drop of 2.8% from 2015 / 16, when we had rated the effectiveness of the service as good. The figure had been rising year on year since 2013 / 14. The practice showed us evidence that its QOF achievement for 2017 / 18 at the date of the inspection was 310 points of the 432 available for the year, amounting to 71.5%. The practice planned much work over the coming quarter, including recalls for patients with long term conditions and opportunistically with others, which was likely to increase this figure substantially.

The practice used information about care and treatment to make improvements, for example by clinical audit. There had been five clinical audits had been carried out in the past 12 months, including two three competed cycle or annual audits. We looked at these they had highlighted improvements in clinical performance. For example, an audit of Vitamin D prescribing showed a slight increase over the past two years; and an annual audit of benzodiazepine prescribing (use for sleeping problems and anxiety) had reduced. An audit of patients with COPD using steroid inhalers had resulted in two patients being given advice on improving their inhaler use; three having their inhaler types changed; and one having their inhaler discontinued as ineffective.

The practice ran records searches every three months in respect of patients being given two-week referrals for secondary appointments in cases of suspected cancer, to identify any failed attendance. We discussed with the provider a process whereby patients might be given guidance to contact the practice if they had not heard from the secondary care provider within the two-week period. The provider agreed to review this with staff at the next practice meeting and to consider if the practice might phone the patients to check on the referral's progress. After the inspection, the provider confirmed that the practice would increase the frequency of the monitoring to monthly, rather than quarterly, and that patients would be given appropriate written guidance.

### Effective staffing

The provider and staff had the skills, knowledge and experience to carry out their roles.

- The practice understood the learning needs of staff and provided and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The practice had arranged for specialist staff to carry out roles relating to patients with long term health conditions. It had employed female locum GPs to meet the preferences of female patients.
- We reviewed three staff files and saw that appropriate employment documentation and training information was maintained.

### Coordinating care and treatment

Staff worked with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that appropriate staff, including those at other services, were involved in assessing, planning and delivering care and treatment. The practice shared the premises with the Camden Psychotherapy Unit, allowing for easy liaison. We saw evidence that provider participated in regular multi-disciplinary team meetings, sharing information with other healthcare professionals involved in patients 'care.
- Patients received coordinated and person-centred care. This included when they moved between services; when they were referred to, or after they were discharged from, hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

# Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and patients who were carers.
- The practice encouraged and supported patients to be involved in monitoring and managing their health.
- The practice discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop-smoking campaigns and tackling obesity, and NHS health checks and those for patients aged over-75.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) was 90.9%, compared with the CCG average of 93.8% and the national average of 95.3%.
- The practice had identified that 406 (21%) of patients aged over-16 years smoked and had provided advice to provided smoking cessation advice to 173.

- The practice ran a monthly table tennis club for patients aged over-50 at the practice, which was well-attended. It had been set up as, in addition to the physical benefits of the activity, table tennis is thought to improve hand / eye co-ordination and mental agility.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- The provider understood the requirements of legislation and guidance when considering consent and decision making. Decisions were appropriately recorded.
- The practice supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff we spoke with had a good understanding of the Gillick Principles and Fraser Guidelines relating to children's competency to consent to treatment.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice as good for providing caring services.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Results from the GP patient survey indicated that the practice was generally comparable with local and national averages in respect of this key question. Where a need for some improvement was highlighted, the practice had taken action.
- We received 37 patient Care Quality Commission comment cards, 33 of which were positive about the service experienced. Two mentioned that the provider was sometimes a little unfriendly; one describing a consultation as stressful and another saying the patient had felt rushed. We spoke with six patients during the inspection, all of whom were positive in the feedback regarding being treated with kindness, dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed the results from the July 2017 annual national GP patient survey, based on evidence gathered between January and March 2017. There were 367 surveys sent out and 60 were returned. This represented about 3% of the practice population. The practice was slightly below average for its satisfaction scores on GP consultations. For example:

- 85% of patients who responded said the GP was good at listening to them, compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time, compared with the CCG average of 86% and the national average of 86%.

- 88% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 95% and the national average of 95%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 86% and the national average of 86%.
- 98% of patients who responded said they found the receptionists at the practice helpful, compared with the CCG average of 86% and the national average of 87%.

The provider had reviewed the results and reflected upon the caring aspects of their approach, resolving to modify their consulting style to improve patients' satisfaction levels.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpreting services were available for patients who did not have English as a first language; these could be booked for both telephone and face to face consultations. One of the reception staff was fluent in Portuguese and could therefore assist patients of that background. There was information regarding the practice available in the reception area, but this was limited to English only. After the inspection, the provider confirmed that the practice had obtained access to foreign language healthcare literature. Practitioners in British Sign Language could be booked, but we were told there was no induction loop available to assist patients with a hearing impairment. Staff told us they had to raise their voices, which might compromise patient confidentiality. After the inspection, the provider confirmed that the practice is investigating obtaining an induction loop.
- There was no accessible information, such as large print and easy read forms, regarding the practice and we discussed with the provider the availability of such material from the CCG. The provider told us the practice had a good track record over patient access to the service.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## Are services caring?

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (1.5% of the practice list).

- Information was available to carers to signpost them to advice and support groups.
- Staff told us that if families had experienced bereavement, the practice contacted them by phone 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.

Results from the national GP patient survey showed the practice satisfaction scores on GP consultations was comparable with local and national averages. For example:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments, compared with the CCG average of 86% and the national average of 86%.

- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared with the CCG average of 80% and the national average of 82%.

There was no negative feedback in the 37 patient comments card we received, or from the six patients we spoke with.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- We observed that patients' confidentiality was well-managed in the reception area. However, there was no induction loop available to assist patients with a hearing impairment. Staff told us they had to raise their voices, which might compromise patient confidentiality.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours were operated and online services such as repeat prescription requests and booking of appointments were available.
- The practice sought to improve services where possible in response to unmet needs, for example by employing sessional clinical staff specialising in long term health conditions, and female locum GPs to meet female patients' preferences.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The premises had appropriate access and facilities. There were three consultation rooms, with one having step-free access.

Older people:

Services for this population group was rated good because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

Services for this population group was rated good because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the integrated care team to discuss and manage the needs of patients with complex medical issues.

- Patients could book longer appointments for health reviews.

Families, children and young people:

Services for this population group was rated good because:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

Services for this population group was rated good because:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours were operated on Wednesday evenings.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice encouraged patients to register for online access to book appointments and request repeat prescriptions. Approximately 10% of patients had done so.

People whose circumstances make them vulnerable:

Services for this population group was rated good because:

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- Double appointments could be booked for patient with learning disabilities or for those needing an interpreter.

People experiencing poor mental health (including people with dementia):

Services for this population group was rated good because:

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice provided patients with access to various services and support groups.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- There was a walk-in session each morning and the afternoon appointment system was easy to use. There was online access to book appointments.

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

- 84% of patients who responded were satisfied with the practice's opening hours, compared with the CCG average of 72% and the national average of 76%.
- 100% of patients who responded said they could get through easily to the practice by phone, compared with the CCG average of 75% and the national average of 71%.
- 91% of patients who responded said that the last time they wanted to speak to a GP they were able to get an appointment, compared with the CCG average of 83% and the national average of 84%.
- 92% of patients who responded said their last appointment was convenient, compared with the CCG average of 78% and the national average of 81%.

- 97% of patients who responded described their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.
- 79% of patients who responded said they don't normally have to wait too long to be seen, compared with the CCG average of 56% and the national average of 58%.
- 73% of patients usually wait 15 minutes or less after their appointment time to be seen, compared with the CCG average of 63% and the national average of 64%.

We saw the practice's results for the Friends and Family Test, over the past 10 months. These showed that all 78 patients who had responded would recommend the practice.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information was available about how to make a complaint or raise concerns and the practice encouraged patients to raise any concerns directly.

The complaints policy and procedures were in line with recognised guidance. There had been one written complaint and three verbal complaints submitted to the practice in past 12 months. These were appropriately recorded and satisfactorily handled in a timely way. The complaints showed no particular trends. We saw that complaints were discussed at practice meetings so that learning points could be shared.



# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice as requires improvement for providing a well-led service.**

### Leadership capability and capacity

The provider had the skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### Vision and strategy

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

- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of quality sustainable care.

- Staff stated they felt respected, supported and valued and were positive regarding their work experience. They said staffing levels were generally adequate and that administrative roles were interchangeable allowing for appropriate cover when needed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals in the last year.
- The practice promoted equality and diversity.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks, but these were not

sufficiently robust to ensure patient safety. For example, the infrequent monitoring of emergency equipment and the lack of formal systems to monitor uncollected prescriptions and patients' two-week referrals,

- The practice had processes to manage current and future performance. The provider had had oversight of MHRA alerts, incidents, and complaints. However, there was no formal process to ensure that records searches were run to identify patients who might be affected by drugs alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- There were formal monthly staff meetings, as well as ad hoc daily discussions, to ensure that information regarding the service was shared.
- The provider worked closely with a large nearby practice, attending weekly clinical meetings, to keep apprised of, and to discuss, general healthcare and local issues.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

# Are services well-led?

Requires improvement 

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

understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- The practice's business continuity plan had been reviewed and identified a buddy practice to provide emergency support.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a suggestions box in the waiting area and the practice operated a Facebook page to keep patients informed of issues relating to the service and to allow them to give feedback. We noted that the facility had been used to inform patients of late surgeries on Wednesdays, the availability of flu immunisations and that a female locum GP was working at the practice.

- The provider had reviewed the results of the GP patient survey and acted to modify their consulting style in response to the survey results.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the practice. We saw evidence that the provider had attended various learning events throughout the past 12 months.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had installed a WiFi system which patients could use in the waiting area.

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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice did not have effective systems for monitoring patients' two-week referrals; for conducting records searches when drugs alerts are received; to monitor uncollected prescriptions; and the monitoring and recording of emergency equipment and medication.</li></ul>