

# St Margaret's Medical Practice

## Quality Report

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

## Ratings

Overall rating for this service

Good 

Are services safe?

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 St Margaret's Medical Practice on 27 January 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breaches of regulation 12 (Safe care and treatment), 13 (Safeguarding services users from abuse and improper treatment), 17 (Good governance), and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook an unannounced focussed inspection on 10 October 2016 to check that the practice had followed their plan and to confirm that they now met the legal requirements. During this inspection we found that some areas had been addressed but that some actions had not yet been put in place; we also found some further areas of concern, which required further investigation.

Therefore, the decision was made to extend the focussed inspection to a full comprehensive inspection, and we returned to the practice for an announced visit on 1 November 2016 in order to consider the areas which had not been covered during the focussed inspection and to look in further detail into the further areas of concern we had noted.

Following the further inspections, the practice submitted an action plan, outlining the further actions that they would carry-out to address the additional issues identified. On 23 August 2017 we contacted the practice and asked them to send us evidence that they had followed their action plan, in order for us to undertake a focussed desk-based inspection. This information was received on 25 September 2017. This report covers our findings from the desk-based inspection of 25 September 2017. You can read the reports from the previous inspections by selecting the 'all reports' link for St Margaret's Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice was rated as requires improvement following the initial comprehensive inspection on 27 January 2016. They were rated as requires improvement for providing safe and effective services and for being well led. Following the re- inspection in October & November 2016 we rated the practice as good overall. We rated them as requires improvement for providing a safe service and good for providing an effective service and for being well led. The inspection of 25 September 2017 looked only at the safe domain and rated this as good.

### Our key findings were as follows:

- The practice had been pro-active in identifying patients with caring responsibilities, in order to

# Summary of findings

provide these patients with additional support. Since the last inspection in October and November 2016, the practice had begun using a carers' template which helped staff to record all relevant details about patients with caring responsibilities on the practice's patient database. They had also started to ask patients whether they were a carer when they registered with the practice, and provided a box in reception where patients could leave their details to identify themselves as a carer. As a result of these measures, the practice had increased the number of carers from 19 to 80 (0.8% of the patient population).

- During the previous inspection in October and November 2016 we found that the practice had failed to ensure that a complete and contemporaneous record was kept in respect of each service user. The practice was aware of performance issues in this area in respect of one member of staff, which were being addressed externally; however, in the meantime they had failed to put measures in place to assure themselves that patients were not being put at risk as a result of this. When we re-inspected in September 2017, we were shown evidence of the systems put in place to support the member of staff and monitor and review their patient consultation notes which demonstrated improvements.

- During the previous inspection we found that two members of staff had received training to be repeat prescribing clerks, but that written guidance was not in place. When we re-inspected we found that the practice's prescribing policy had been updated to include guidance for administrative staff.
- Data showed patient outcomes were below the local and national average in some areas; however, results from the Quality Outcomes Framework showed the practice's performance had improved during the 2015/16 reporting year compared to the previous year, and the practice had introduced measures to further improve during the current reporting year.

The areas where the provider should make improvement are:

- They should continue to pro-actively identify patients with caring responsibilities in order to ensure that these patients receive the support they need.
- They should continue to monitor and improve their performance in relation to patient outcomes.

**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?

**During the follow-up inspection in October & November 2016 we found that the practice had failed to put in place processes to ensure that accurate and contemporaneous notes of patient consultations were being kept by all staff. This was a breach of regulation 17 (good governance) for the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a requirement notice was issued. Following that inspection the practice was rated as requires improvement for providing safe services.**

Good



The practice is now rated as good for providing safe services.

- During the previous inspection in October and November 2016 we found that the practice had failed to ensure that a complete and contemporaneous record was kept in respect of each service user. The practice was aware of performance issues in this area in respect of one member of staff, which were being addressed externally; however, in the meantime they had failed to put measures in place to assure themselves that patients were not being put at risk as a result of this. When we re-inspected in September 2017, we were shown evidence of the systems put in place to support the member of staff and monitor and review their patient consultation notes which demonstrated improvements.

# St Margaret's Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The desk-based focussed inspection was carried-out by a CQC Lead Inspector.

## Background to St Margaret's Medical Practice

St Margaret's Medical Practice provides primary medical services in Hounslow to approximately 9,500 patients and is one of 54 practices in Hounslow Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The practice population has a lower than CCG average representation of income deprived children and older people. The practice population by age is comparable to national averages but has a smaller proportion of people aged 24-34 than the CCG average. Of patients registered with the practice, the largest group by ethnicity are White (75.4%), followed by Asian (13.7%), black (4.3%), mixed (4.2%) and other non-white ethnic groups (2.4%).

The practice operates from a converted residential premises over three floors. The practice had recently completed building work to provide a further consulting room on the ground floor and an extended administrative area. The practice has two GP consulting rooms, one nurse consulting room, and one multi-use consulting room on the ground floor, and five consulting rooms and one treatment room on the first floor; the second floor is used

as an administrative area. The practice team at the surgery is made up of three full time male GPs who are partners; two full time female salaried GPs; and two female registrars (one full time, one part time). In total the practice provides 48 GP sessions per week. The practice has a full time nurse, a part time long-term locum nurse, and a healthcare assistant/phlebotomist. The practice team also consists of a practice manager, reception manager, secretary, six receptionists, and an apprentice receptionist.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm every morning apart from Tuesdays when appointments start at 9am, and 3.30pm to 6pm every afternoon. Extended hours surgeries are offered between 6.30pm and 7.30pm on Mondays, between 7am and 8am on Wednesdays, between 7.30am and 8am on Thursdays.

When the practice is closed patients are directed to the local out-of-hours service.

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

# Detailed findings

## Why we carried out this inspection

We previously inspected this service on 27 January 2016 and found breaches of regulation 12 (Safe care and treatment), 13 (Safeguarding services users from abuse and improper treatment), 17 (Good governance), and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice was rated as “Requires Improvement” for providing safe and effective services, and for being well led and overall.

Following the inspection, the practice provided an action plan, outlining the action that they had taken to address the areas where regulations had been breached. We returned to the practice on 10 October 2016 to undertake an unannounced focussed inspection to check that the regulatory breaches had been addressed. During this inspection we found that some areas had been addressed but that some actions had not yet been put in place; we also found some further areas of concern, which required further investigation. Therefore, the decision was made to extend the focussed inspection to a full comprehensive inspection, and we therefore returned to the practice for an announced visit on 1 November 2016 in order to consider the areas which had not been covered during the focussed inspection.

Following the further inspections, the practice submitted an action plan, outlining the further actions that they would carry-out to address the additional issues identified. On 23 August 2017 we contacted the practice and asked them to send us evidence that they had followed their action plan, in order for us to undertake a focussed desk-based inspection. This information was received on 25 September 2017.

## How we carried out this inspection

We carried out a desk-based focused inspection of St Margaret’s Medical Centre on 25 September 2017. This involved reviewing evidence that:

- The practice had taken action to ensure that notes are made of each patient consultation and that these are of an acceptable standard.
- The practice had put in place written guidance for the issuing for repeat prescriptions.
- Processes were in place to manage uncollected prescriptions.
- The practice is pro-actively identifying and supporting carers.
- The practice has taken action to improve their Quality Outcomes Framework achievement.

# Are services safe?

## Our findings

**During the follow-up inspection in October & November 2016 we found that the practice had failed to put in place processes to ensure that accurate and contemporaneous notes of patient consultations were being kept by all staff. This was a breach of regulation 17 (good governance) for the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a requirement notice was issued. Following that inspection the practice was rated as requires improvement for providing safe services.**

When we conducted the further follow-up inspection in September 2017 we found:

### **Monitoring risks to patients**

During the inspection in October & November 2016 we found that the practice had failed to ensure that in all cases an accurate and contemporaneous record was being kept of patient consultations. During the inspection we

viewed 11 examples of patient records relating to consultations held on a single day and found that one record contained insufficient detail to explain why the patient was prescribed a certain medicine, and one example of notes not being made of a consultation. Both of these examples related to a single member of staff whose performance was being addressed externally; however, in the meantime, having become aware of the issue, the practice had failed to prioritise patient safety by omitting to implement safety netting systems to monitor performance in this area.

When we re-inspected in September 2017, we were informed by the practice that the member of staff involved had been assigned an external mentor, who was working with them to improve the quality of note keeping. The practice explained that the mentor was conducting ongoing reviews of consultation notes and providing them with feedback. As part of the inspection evidence, we received a report from the mentor, outlining the progress that had been made in addressing this issue.