

The Roehampton Surgery

Inspection 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 location

Good 

Are services effective?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating 27 July 2017 – Good)

The key questions at this inspection are rated as:

Are services effective? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the Roehampton Surgery on 14 April 2016. The overall rating for the practice was requires improvement and breaches in regulations were identified.

We carried out an announced focussed follow up inspection visit on 12 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our inspection on 14 April 2016. We found that the practice had made improvements and were meeting requirements in some areas, however the overall rating for the practice remained requires improvement.

We carried out an announced follow up comprehensive inspection on 27 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 12 January 2017. We found that the practice had made a number of improvements and the overall rating was good, however they remained rated as requires improvement for effective services, and a breach in regulations was identified.

The full reports for the April 2016, January 2017 and July 2017 inspections can be found by selecting the 'all reports' link for The Roehampton Surgery on our website at .

This inspection was an announced focussed follow up inspection visit on 11 September 2018 under Section 60 of the Health and Social Care Act 2008, to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 27 July 2017. This inspection was carried out in line with our next phase inspection programme. This report covers our findings in relation to those requirements and any improvements made since our last inspection. Overall the practice remains rated as good. They remain rated as good for well-led services and the practice are now rated as good for providing effective services.

At this inspection we found:

- Arrangements in respect of identifying, monitoring and managing risks to staff and service users had improved via the use of an overarching action planner, which was used to collate and manage issues identified across the practice's safety risk assessments.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had implemented a quality improvement programme in response to their performance data. Quality improvement systems included clinical audit, which showed there had been a positive impact on patient care.
- The practice had continued to make improvements in governance arrangements, including a clinical audit programme, systems to manage risk, systems to monitor and improve performance data, improved medicines management systems and improved meeting and communication systems.
- Staff felt supported and valued and demonstrated a commitment to making and sustaining improvements in the service.
- The practice had an operational patient participation group (PPG) however this was not yet fully effective in influencing changes to the service.

The areas where the provider **should** make improvements are:

- Consider how the responsibilities of staff in leadership and management roles are arranged, to assist with delivering further improvements to the quality of the service.
- Regularly review the central action planner to effectively manage risks.
- Further develop the PPG so it is used to effect and influence improvements in the service.

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

Please refer to the detailed report and the evidence tables for further information

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor.

Background to The Roehampton Surgery

The registered provider of the service is The Roehampton Surgery. The address of the registered provider is 191 Roehampton Lane, London, SW15 4HN. The practice is registered as a partnership of two partners with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning services, maternity and midwifery services and treatment of disease, disorder or injury.

Regulated activities are provided at one location operated by the provider and at a branch practice known as Ashburton Medical Practice. The practice website is .

The Roehampton Surgery provides services to approximately 5800 patients in Roehampton, London Borough of Wandsworth and is one of 44 member practices of Wandsworth Clinical Commissioning Group (CCG). The practice operates under a General Medical Services (GMS) contract.

The practice is in line with the national averages for their population of children, those of working age and those over 65. Deprivation scores are higher than local and national averages and deprivation affecting children is considerably higher than local and national averages. The practice is in the 5th most deprived decile in England. Of

patients registered with the practice, approximately 70% are White or White British, 11% are Black or Black British, 11% are Asian or Asian British, and 8% are other or mixed ethnic backgrounds.

The Roehampton Surgery operates from a converted residential property with three floors. The ground floor of the building is wheelchair accessible via a ramp. On the ground floor there is a reception area, waiting area, treatment room and two consultation rooms. There is also a patient toilet which is wheelchair accessible. On the first floor there are staff facilities, a meeting room, a room used by the local counselling service and a waiting room for their patients. The second floor of the building is not accessed by practice patients.

There are two full-time GPs who are partners and three part-time salaried GPs. Patients are able to see male or female GPs. In total the doctors provide 26 clinical session per week. The nursing team consists of a part-time practice nurse and a part-time health care assistant. The clinical team is supported by an office manager, an operations manager, an IT manager and three administrative and reception staff.

The main practice opens between 8.30am and 6.30pm Monday to Friday. Extended hours are available Monday

to Thursday from 6.30pm to 8.00pm. The branch practice is open between the hours of 8.30am and 11.30am Monday to Friday and between 4.00pm and 6.00pm on Friday.

The practice provides medical services to registered patients from two local care homes and a supported living facility.

Out of hours, patients are directed to the local out of hours provider for Wandsworth CCG via 111.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services.

At our inspection on 12 January 2017, we rated the practice as requires improvement for providing effective services as the practice performance in the quality and outcomes framework (QOF) for 2015/16 was below the local and national average for a number of clinical indicators, and there was no programme in place for quality improvement including clinical audit.

These arrangements had improved when we undertook a follow up inspection on 27 July 2017, however the unverified data showed that some clinical indicators had dropped or remained below local and national averages. A programme of clinical audits had been introduced; however audits had not been completed to demonstrate any quality improvement. The practice remained rated as requires improvement for providing effective services.

At this inspection we found a clear and considered quality improvement plan to improve the effectiveness of care and treatment provided, in response to performance data. There was evidence that clinical audits had resulted in a positive impact on patient care. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. From 38 records reviewed, including care plans, we saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- 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:

- The practice provided medical services to two care homes and a supported living facility.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- Data showed that the practice were prescribing higher quantities of sleeping tablets compared with local and national averages. The practice were working to address this.
- 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.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- As part of the practice's action plan to improve diabetes management, the practice nurse and a GP worked with a community specialist diabetic nurse and a consultant specialising in diabetes care, using a computer software programme, to identify and improve diabetic management of patients with uncontrolled diabetes. Unverified data and records showed that that had been a positive impact on patient care.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice were able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice were aware of the lower childhood immunisation rates. An action plan was in place to improve uptake including contacting parents via text message the day before the weekly baby clinic, to reduce non-attenders. Unverified data for 2017/18 showed that uptake rates had improved across three of the four indicators measured.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. The practice were aware of this and had developed an action plan to address issues found, including a planned evening nurse's clinic starting from October 2018 to improve accessibility for patients. Unverified data showed that uptake had improved in the current financial year 2018/19.
- The practice's uptake for breast and bowel cancer screening were in line with local and national averages.
- 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:

- 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, travellers and those with a learning disability.
- The practice actively encouraged patients who were vulnerable, including those with a learning disability, to attend for cervical screening.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice's performance on quality indicators for mental health was above local and national averages.
- The practice actively encouraged patients with a mental health disorder to attend for cervical screening.

Monitoring care and treatment

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

- The latest published overall Quality and Outcomes Framework (QOF) results showed that the practice was below local and national averages, however this had improved by almost 8% compared to published data that had been available at the previous inspection in July 2017. The overall exception reporting rate was lower than local and national averages. (Exception reporting is intended to allow practices to achieve quality improvement indicators without being penalised for patient specific clinical circumstances or other reasons beyond the practice's control.)
- Unverified data obtained from the practice for six months of the current year 2018/19 showed that QOF achievements so far were above the previous published data, in relation to diabetes management.
- The practice used information about care and treatment to make improvements. The practice had initiated projects to address key areas where performance issues were identified and had implemented action plans, particularly in relation to diabetes management, cervical screening and childhood immunisations.
- The practice was actively involved in quality improvement activity including clinical audit. There had been seven clinical audits over the last year, six of these were one cycle-audits that were planned to be re-reviewed and one was a two-cycle audit demonstrating improvements in the quality of care for patients with diabetes.

Helping patients to live healthier lives

Are services effective?

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

- 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 carers.
- The practice reported that there was a higher incidence of deprivation among their practice population and they had found it a challenge to engage patients with the national cervical screening programme and parents with the national childhood immunisation programme.
- We saw evidence that the practice had robust recall and reminder systems in place for promoting uptake for childhood immunisations and cervical screening, however uptake remained low.

- The practice had a confirmed plan to offer one evening nurse session per week to make cervical screening appointments more accessible. The practice nurse sent a text message reminder each week to parents who were due to attend the baby clinic the following day, to reduce those who did not attend for their child's immunisations.
- Unverified data showed improvements in both cervical screening and childhood immunisations rates for 2017/18.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing well-led services.

At our inspection on 12 January 2017, we rated the practice as requires improvement for providing well-led services as there was no overarching governance framework supporting the delivery of the strategy, for example with regards to risk management and monitoring and improving patient outcomes. We also recommended that the practice should re-introduce a patient participation group.

We found arrangements had improved when we undertook a follow up inspection of the service on 27 July 2017. The practice was rated as good for being well-led, however there were aspects of the service that needed a review, including a programme of quality improvement, systems for monitoring and managing risk and further actions to re-introduce the Patient Participation Group (PPG).

At this inspection we found that there were improvements in relation to the previous issues found. There was an audit plan in place to monitor and improve quality, most actions from risk assessments had been adequately monitored and completed and there was an established PPG. The practice remains rated as good for well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had realistic plans to achieve priorities.
- Staff were aware of and understood the vision, values and priorities and their role in achieving them.
- The practice priorities were in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and felt they had worked hard as a team to improve the quality of the service since the previous inspection.
- The practice focused on the needs of patients.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need and the partners encouraged this. This included appraisal and career development conversations.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Staff reported that the governance arrangements had improved since the last inspection. Structures, processes and systems to support good clinical governance and most areas of management were understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, however the governance structure for monitoring some aspects of health and safety was not always clear.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Health and safety and premises risks and actions were placed onto a central action planner spreadsheet which allowed for oversight of completed and pending actions, however it was not clear how frequently this was monitored.

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- A range of quality improvement measures including clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had initiated projects to address key areas where issues were identified from performance data and had implemented action plans. Quality improvement projects included addressing lower uptake for cervical screening and childhood immunisations and diabetes performance indicators.

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.

- There were systems to gather patients', staff and external partners' views and concerns. There was a

newly established patient participation group and a number of meetings had been held, however there was limited evidence they had influenced improvements in the service so far.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a strong focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- There were a number of examples of audits and projects to improve the quality of the service provided for practice patients.

Please refer to the evidence tables for further information.