

The Paradise Road 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	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Paradise Road Practice on 9 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and most were well managed, however, in some cases there was no evidence that the practice had taken action to mitigate risks identified.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance, however, the practice was in the process of transitioning to a fully computerised patient record system, and we had concerns about their ability to provide effective care to patients whilst they were operating a dual system.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand.
- Information about how to complain was available, but only directed patients to speak to the practice manager about their complaint.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice was actively exploring ways to seek feedback from patients; it had effective ways to seek feedback from staff, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We found one area where the provider must make improvements:

Summary of findings

- They must take action to ensure that all patient information is stored in an accessible format to ensure that the planning and delivery of patient care is safe and effective.

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

- Review their complaints process to ensure that it is clear and accessible to all patients.
- Consider the recommendations made as a result of the Legionella risk assessment and take necessary action.
- Seek ways to encourage patient feedback.
- Advertise the availability of the language interpretation service.
- Review their appointment system to ensure that where necessary patients are given longer appointments.
- Review their systems for recording information such as staff training, patient complaints, and safeguarding concerns to ensure early detection of areas where action needs to be taken.
- Review the security arrangements for medicines kept at the practice.
- Ensure that they are meeting the needs of patients who are identified as carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed, however, they had not taken action to mitigate the risk of Legionella being present in the water supply.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had been below average for the locality for the 2014/15 reporting year. The practice had previously used a mixture of electronic and paper patient notes, which limited their ability to capture and report on patient outcomes. The practice's most recent QOF achievement showed significant improvement which put them in line with local and national averages for most of the clinical indicators.
- At the time of the inspection the practice had started using the electronic patient records system exclusively to record patient information. However, they had not arranged for some of the information from the paper notes to be transferred to the electronic system, and whilst they did refer to paper records where necessary, we could not be assured that processes were in place to ensure that patient information was used to provide safe and effective care to all patients.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, having identified that there was a high instance of A&E attendance amongst children under 5 years and adults over 75 years registered at the practice, they had changed their appointment booking process to provide additional same-day appointments for children under five and adults over 75 and as a result had significantly reduced the number of A&E attendances for these groups.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information was available to help patients understand the complaints system, however, the literature directed patients to speak with the practice manager if they had a complaint, with no option of putting a complaint in writing should patients feel more comfortable doing this. Learning from complaints was shared with staff, however, the practice did not maintain a log which would enable them to easily identify trends in the complaints they were receiving.

Summary of findings

Are services well-led?

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

- The principal GP had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this, however, not all staff were clear about the strategy.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on, however, they were having difficulty establishing a patient participation group.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/15 showed that outcomes for patients for conditions commonly found in older people were below CCG and national averages. For example, 69% of patients with hypertension were recorded as having well controlled blood pressure, compared to a CCG average of 83% and national average of 84%, however, the practice had had some challenges in recording and reporting data, which had been resolved at the time of the inspection.
- Longer appointments were available for older people when needed.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's overall recorded performance in relation to long-term conditions for the reporting year 2014/15 was below CCG and national averages. However, they had experienced challenges in recording and reporting data, which had been resolved at the time of the inspection. We saw evidence that their year-to-date performance for 2015/16 was comparable to CCG and national averages. For 2014/15 QOF achievement for the percentage of patients with hypertension who had well controlled blood pressure was 69%, the CCG average was 83% and the national average was 84%. For asthma the practice achieved 93% of the overall QOF points available, compared with a CCG and national average of 97%. The practice had recorded having carried-out a review in the preceding 12 months of 88% of patients with chronic obstructive pulmonary disorder (COPD), which was below the CCG average of 92% and national average of 90%.

Summary of findings

- The practice's overall performance in relation to diabetes indicators for 2014/15 was below CCG and national averages at 74% of the total QOF points available, compared with a CCG average of 90% and national average of 89%. In particular, the number of diabetic patients who had well controlled blood pressure was 65% (CCG average was 79% and national average was 78%); and the proportion with a record of a foot examination and risk classification in the preceding 12 months was 68% (CCG average 90%, national average 88%). The percentage of diabetic patients who had received influenza immunisation was 87% (CCG average 90% and national average 94%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP, and a proportion of these patients who were most at risk of unplanned hospital admission had a care plan in place and received a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, and these patients were discussed in the monthly multi-disciplinary meeting. Immunisation rates were slightly below average for some standard childhood immunisations; however, this was likely to be due to parents choosing for their children to receive these privately or having received them abroad before moving to the practice.
- The practice had recorded having carried-out an asthma review in the last 12 months for 70% of asthmatic patients, which was comparable to the CCG average of 72% and national average of 75%.
- Cervical screening had been carried-out for 82% of women registered at the practice aged 25-64, which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Summary of findings

The practice was registered to carry-out newborn baby checks on babies born at home.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice did not have a website, however, they offered online appointment booking and repeat prescription requests via a portal on the NHS Choices website.
- Early morning and evening appointments were available, and additional appointments, including weekend appointments, were available via the CCG's seven-day opening hub.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, sex workers and those with a learning disability.
- The practice did not routinely offer longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average of 84%.

Good



Summary of findings

- The practice had recorded a care plan in the past 12 months for 73% of patients with schizophrenia, bipolar affective disorder and other psychoses, which was below the CCG average of 92% and national average of 89%. The practice had experienced challenges in capturing data on care planning, which had been resolved at the time of the inspection, and year to date figures for 2015/16 showed an overall achievement of 80% for mental health indicators.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and had completed an annual care review for all of these patients. For those patients who were housebound, the review meeting was held in the patient's home.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We looked at the national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and nineteen survey forms were distributed and 91 were returned. This was a 31% response rate and represented approximately 4% of the practice's patient list.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG and national average 85%).

- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients commented that the staff were kind, caring and knowledgeable.

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

The Paradise Road Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Paradise Road Practice

The Paradise Road Practice provides primary medical services in Richmond to approximately 3000 patients, and is one of 29 practices in Richmond Clinical Commissioning Group (CCG). The practice operates under a General Medical Services contract.

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 6%, which is lower than the CCG average of 9%, and for older people the practice value is 11%, which is the same as the CCG average. The practice has a higher population of people aged between 30 and 49 years than the national average, a lower proportion of patients aged between 50 and 84 years but a higher proportion of patients aged 85 years and over. Of patients registered with the practice, the largest group by ethnicity are white (86%), followed by asian (7%), mixed (4%), black (1%) and other non-white ethnic groups (2%).

The practice operates from a converted residential premises within a short walk from Richmond train station and a large multi-storey carpark.

The premises has a reception desk, waiting room, doctor's consulting room, nurse's consulting room and healthcare assistant's consulting room on the ground floor, and a doctor's consulting room and administrative offices on the first floor.

The practice team at the surgery is made up of a full time principal GP, one part time salaried GP and one long-term locum GP. A total of 10 GP sessions are available per week. The practice also has one part time female nurse and a female healthcare assistant. The practice team also consists of a practice manager, administrator, and three members of reception staff.

The practice is open between 8:30am and 7pm Monday to Friday. A mixture of face to face and telephone appointments are available between 9am and 6:30pm every day. The practice offers extended hours appointments from 7:40am to 8:30am on Mondays and Fridays and from 6:30pm to 6:50pm on Tuesdays and Thursdays. Patients can also access appointments with a GP outside of normal surgery opening times via the CCG's seven-day opening Hub, which is hosted by several local surgeries and offers appointments from 8am until 8pm every day, including weekends.

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

The practice is registered as an individual provider with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services, and treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 March 2016. During our visit we:

- Spoke with a range of staff including the principal GP, practice manager and reception and administrative staff.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, during maintenance works at the practice a contractor had unplugged the vaccine fridge, and it had become apparent that not all staff were aware of the significance of the red electrical plugs which were used for equipment such as the vaccine fridge to signify that they should not be unplugged. In response to this, all staff were made aware of the meaning of the red plugs, clear “do not unplug” stickers were attached to all of these plugs, and the meaning of the red plugs was to be included in the initial orientation session with maintenance contractors in future.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training relevant to their role. GPs and the nurse were trained to Safeguarding level 3, the healthcare assistant to level 2 and all other staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice (including obtaining, prescribing, recording, handling, storing and security) required review, as emergency medicines were kept in the nurse's room, which was left unlocked whilst the practice was open; vaccines were also kept in this room, but were stored in a locked fridge. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Patient Specific Directions (PSDs) were in place to allow the healthcare assistant to administer medicines. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). We saw examples of these.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS), however, in some cases the practice had viewed certificates from DBS checks completed on staff in a previous employment and had decided not to complete a new check when the member of staff joined the practice. The practice used locum staff on occasion, who were employed via an agency. When they employed staff in this way they relied on the agency to have completed the necessary pre-employment checks and to ensure that the member of staff was up to date with mandatory training.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

In most cases risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The most recent Legionella risk assessment

was completed in 2015 and the practice subsequently had their boiler replaced, which addressed many of the issues highlighted during the risk assessment, however, at the time of the inspection they had not completed a re-assessment (we were informed that this had been arranged following the inspection). At the time of the inspection the monthly water testing recommended following the risk assessment was not being carried-out, however, a process for this was put in place following the inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was a panic alarm system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had made arrangements to ensure that they could continue to offer a service in the event of major incidents such as power failure or building damage, however, these arrangements had not been formalised in a written business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice had a policy of conducting medicines reviews at least annually for patients receiving long-term treatment.
- The practice had previously used a mixture of electronic and paper patient notes. At the time of the inspection the practice had started using the electronic patient records system exclusively to record patient information. However, they had not arranged for some of the information from the paper notes to be transferred to the electronic system, and whilst they did refer to paper records where necessary, we could not be assured that processes were in place to ensure that patient information was used to provide safe and effective care to all patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available, with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for several QOF (or other national) clinical targets. Data from 2014/15 showed:

- The practice's overall performance in relation to diabetes indicators was below CCG and national averages at 74% of the total QOF points available, compared with an average of 90% locally and 89% nationally. In particular, the number of diabetic patients

who had well controlled blood pressure was 65% (CCG average was 79% and national average was 78%); the proportion with well controlled blood sugar levels (IFCC-HbA1c 59mmol/mol or less) was 85%, compared to a CCG average of 71% and national average of 70%; and the proportion with a record of a foot examination and risk classification in the preceding 12 months was 68% (CCG average 90%, national average 88%). The percentage of diabetic patients who had received influenza immunisation was 87% (CCG average 90% and national average 94%).

- The percentage of patients with hypertension who had well controlled blood pressure was 69%, the CCG average was 83% and the national average was 84%.
- Performance for mental health related indicators was below the CCG and national average. Eighty-two percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG and national average of 84%. The practice had recorded a comprehensive care plan for 73% of patients with schizophrenia, bipolar affective disorder and other psychoses, compared to a CCG average of 92% and national average of 88%.

During the inspection we discussed the practice's performance in detail with the principal GP. The GP explained that the practice's previous QOF performance was in a large part due to difficulties in capturing data due to the use of paper records rather than the electronic system, which had resulted in a proportion of patient outcomes not being included in the QOF total. This had been changed and the practice was now using electronic patient records exclusively. We viewed the practice's year-to-date QOF results, which at the time of the inspection (11 months into the reporting year), showed that they had achieved 93% of the overall QOF points available.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits undertaken in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an initial audit of antibiotic prescribing in feverish children, the practice began a programme of educating parents about the circumstances under which antibiotics were appropriate through discussions in consultations and by

Are services effective?

(for example, treatment is effective)

promoting the Royal College of General Practitioners' booklet "When should I worry?". A re-audit found that antibiotic prescribing for 0-5 year olds reduced from 44 courses (out of 153 patients in the age group, a rate of 29%) prescribed in winter 2014 to 39 courses prescribed in winter 2015 (out of 157 eligible patients, a rate of 25%).

- The practice kept lists of patients who were vulnerable or who may be at risk of developing a long-term condition, and had taken action to ensure that all relevant patients appeared on the appropriate list. For example, they had identified that the proportion of patients with chronic obstructive pulmonary disease (COPD) at the practice was low, and had therefore interrogated their patient records system to identify patients who had presented with symptoms or had been treated for illnesses which may put them at risk of developing COPD. They had then put a flag on their system to alert any clinician treating the patient that they should be screened for COPD. As a result seven patients were diagnosed with COPD, raising the practice's prevalence from 0.55% to 0.75%.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by accessing on-line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had, until recently, been using a combination of electronic patient records and paper records. At the time of the inspection they had begun to use their electronic system exclusively for recording new details of consultations with patients, however, clinical staff still had to refer to both electronic and paper notes to gather a complete history of each patients' care.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We viewed three patient care plans and found these to be sufficiently detailed.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We saw an example of this which showed clear and accurate recording.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The healthcare assistant provided smoking cessation advice, and information sheets regarding healthy eating were provided to patients where necessary. The practice only had one patient on their palliative care register and they explained that a large proportion of their patients paid privately for treatment and would often continue receiving treatment up to the point that they died, and therefore these patients were reluctant to be identified as palliative.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average.

There was a policy to send written reminders for patients who did not book a cervical screening test following the three invites sent out to patients centrally. The uptake of breast screening was low amongst the practice's patients, however, we were informed that a high proportion of their patients attended private clinics for this, and their attendance was not always reported to NHS England. The proportion of patients from the practice aged 60-69 years who were screened for bowel cancer was comparable to CCG and national averages.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 77%, which was below the national average range of between 82% and 94%. The practice's performance for immunisations given to five year olds was mixed, with some areas where their performance was better than the national average and some where their performance was significantly below. The practice explained that many patients choose for their children to receive immunisations privately and that this is not always reported.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the nine patient Care Quality Commission comment cards we received were positive about the service experienced, however, two of the cards also contained comments about difficulties in making an appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88%.
- 94% said the GP gave them enough time (CCG average 86%, national average 86%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 96%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 80% , national average 82%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81% , national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language, however, there was no information in the waiting area advising patients that this was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 carers, which represented less than 1% of the patient list. The practice acknowledged that this was lower than average, however, they felt this may in part have been due to the practice's patient demographic, as they had a very small proportion of elderly patients, and were located in a very affluent area where many patients were able to employ paid carers. In order to address the low proportion of carers recorded, the practice had placed carer identification cards in their waiting area, which had resulted in eight carers being identified.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had conducted a review of A&E attendance for their patients and found this was the third highest in the Richmond, Ham and Kew locality for patients aged under five years and over 75 years. In response to this, the practice had changed their appointment booking process to provide additional same-day appointments for children under five and adults over 75, and at the same time had educated patients on when it was appropriate to attend A&E and promoted the out-of-hours service and seven-day opening hub. As a result, they successfully reduced the number of A&E attendances for these groups, and the most recent data available showed their patients in the under 5 years and over 75 years age groups to have the lowest rate of A&E attendance in the locality.

- The practice offered a 'Commuter's Clinic' on a Monday and Friday morning from 7:40am and a Tuesday and Wednesday evening until 6:50pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were translation services available.
- The practice was registered to carry-out newborn baby checks on babies born at home.

Access to the service

The practice was open between 8:30am and 7pm Monday to Friday. A mixture of face to face and telephone appointments were available between 9am and 6:30pm every day. The practice offered extended hours appointments from 7:40am to 8:30am on Mondays and Fridays and from 6:30pm to 6:50pm on Tuesdays and Thursdays. Patients could also access appointments with a

GP outside of normal surgery opening times via the CCG's seven-day opening Hub, which was hosted by several local surgeries and offered appointments from 8am until 8pm every day, including weekends.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 52% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England, however, this was not accurately reflected in the practice's literature.
- There was a designated responsible person who handled all complaints in the practice.
- Whilst records were kept of individual complaints, the practice did not keep these in the form of a log and would therefore find it difficult to identify any emerging trends.
- We saw that information was available to help patients understand the complaints system, however, the information available directed patients to speak with the practice manager if they had a complaint, with no option of putting a complaint in writing should patients feel more comfortable doing this. We noted that the practice had received five verbal complaints in the past 12 months but had not received any written formal complaints.

We looked at summaries of all five verbal complaints received in the last 12 months and found that these were satisfactorily handled, with a record of an apology given to the person making the complaint where this was

Are services responsive to people's needs? (for example, to feedback?)

necessary. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained that they had been told that there were no available appointments for their young baby to be seen by a GP. They had called the 111 service and had been told that the baby must be seen by a GP. The practice manager spoke to the

patient and apologised that practice policy to offer same-day appointments to all babies had not been followed, and an appointment for the baby was added onto the end of the morning surgery. Following this incident all reception staff were reminded of the practice's policy at the next reception meeting.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The principal GP had a vision to deliver high quality care and promote good outcomes for patients.

- Staff knew and understood the values.
- The principal GP had a strategy which reflected the vision and values, however, this was not formalised in a written business plan, and it was unclear whether staff were aware of the details of this.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The management team at the practice had the experience, capacity and capability to run the practice and ensure high quality care, however, this was largely reliant on the principal GP and it was unclear whether adequate arrangements were in place to ensure that patients could continue to receive a service in the event of the GP being absent unexpectedly or for a prolonged period.

The practice manager and principal GP were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. Clinical meetings were held monthly, which incorporated meeting with the multi-disciplinary team. Administrative team meetings were held quarterly and whole practice team meetings were held every six months. Staff explained that as the practice was small, much of the communication between staff was ongoing and informal.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the management team at the practice. All staff were involved in discussions about how to run and develop the practice, and the practice manager and principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It was interested in seeking patients' feedback.

- The practice had attempted to start a PPG, however, they had received little interest from patients. They were in the process of considering what action they could take to encourage patients to become involved in either a face to face or virtual group.
- The practice had gathered feedback from staff through team meetings and an anonymous staff feedback box. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that a complete and contemporaneous record in respect of each service user was kept.</p> <p>This was in breach of Regulation 17 (2)(c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>