

Staines Thameside Medical

Quality Report

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Staines

Surrey

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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?

Requires improvement



Are services effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

At our previous comprehensive inspection at Staines Thameside Medical on 11 May 2016 we found a breach of regulation relating to the provision of safe and effective services. The overall rating for the practice was requires improvement. Specifically, the practice was rated requires improvement for the provision of safe and effective services and good for the provision of caring, responsive and well-led services. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Staines Thameside Medical on our website at www.cqc.org.uk.

This inspection was carried out on 4 October 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 in May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. We found the practice had made some improvements since our last inspection. Using information provided by the practice we found the practice was now meeting the regulations that had previously been breached for effective services. However,

further improvements are required for safe services. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of effective, caring, responsive and well led services and requires improvement for safe services.

Our key findings were as follows:

- Annual infection control audits were undertaken and we noted that action had not been taken to address all the improvements identified as a result.
- We reviewed three personnel files and found all appropriate recruitment checks had been undertaken prior to employment.
- Fire risk assessments had been undertaken, however not all actions had been completed.
- The practice carried out analysis of significant events and verbally shared the learning with colleagues. However, as clinical meetings had ceased since February 2017 there was no documented evidence of this.
- 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

Summary of findings

and reward good practice). Various actions had been taken to improve areas of low performance. We saw these actions had been successful as the most recent results indicated performance for the vast majority of clinical indicators had improved when compared with the previous year's performance.

- Staff had the skills, knowledge and experience to deliver effective care and treatment and had completed training appropriate to their job role.
- The practice's uptake for the cervical screening programme had significantly increased since the previous year.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients

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?

- Annual infection control audits were undertaken and we noted that action had not been taken to address all the improvements identified as a result.
- The practice had a fire risk assessment completed and we noted that there were outstanding actions that had not been undertaken.
- We reviewed four personnel files and found all appropriate recruitment checks had been undertaken prior to employment.
- The practice carried out analysis of significant events and verbally shared the learning with colleagues. However, as clinical meetings had ceased since February 2017 there was no documented evidence of this.

Requires improvement



Are services effective?

- 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). Various actions had been taken to improve areas of low performance. We saw these actions had been successful as the most recent results indicated performance for the vast majority of clinical indicators had improved when compared with the previous year's performance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and had completed training appropriate to their job role.
- The practice's uptake for the cervical screening programme had significantly increased since the previous year.
- The latest available childhood immunisation rates for the vaccinations given to children registered with Staines Thameside Medical showed: childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 98% and five year olds from 73% to 89%.

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 provider had resolved the concerns for safety and well-led identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Staines Thameside Medical

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second CQC inspector.

Background to Staines Thameside Medical

Staines Thameside Medical is located in a two storey converted residential property with patient access rooms on both floors. At the time of our inspection there were approximately 4,140 patients on the practice list.

The practice has two GP partners (both female) who are supported by two nurses, a practice manager, reception and administration staff. The practice is open from 8am to 6.30pm Monday to Friday. Extended hours surgeries are offered from 6.30pm to 8.30pm on Tuesday evenings. Patients requiring a GP outside of normal hours are advised to call the NHS 111 service or 999 for medical emergencies.

The practice has a GMS (General Medical Services) contract and offers enhanced services for example; various immunisation and facilitating timely diagnosis and support for people with dementia schemes. The practice is a teaching practice which means they host medical students. The practice population has a higher number than average of patients aged over 45 years and a lower number than average of patients from birth to 44 years. Nationally the practice population is considered to be in the second least deprived decile which means it has a lower than average number of people experiencing deprivation.

The NHS friends and family test results show that 88% of people who responded would recommend the practice to their friends and family.

The service is provided at the following location:

5 Chertsey Lane

Staines

Surrey

TW18 3JH

Why we carried out this inspection

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. This inspection took place on 11 May 2016 and we published a report setting out our judgements. These judgements identified two breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

How we carried out this inspection

We carried out a focused inspection of Staines Thameside Medical on 4 October 2017. This involved reviewing evidence provided by the practice and a range of information we hold about the practice.

- We reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulation.

Detailed findings

During our visit we:

- Spoke with a range of staff (including the practice manager, two GP partners, a locum GP and two administration team members).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 11 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control, recruitment checks, staff training, fire risk assessments and significant event analysis were not adequate.

These arrangements had improved when we undertook a follow up inspection on 4 October 2017 however, further improvements are required. The practice is still rated as requires improvement for providing safe services.

- Annual infection control audits were undertaken and we noted that action had not been taken to address all the improvements identified as a result. Actions to ensure

elbow taps were installed in clinical and consulting rooms were not completed. The practice had not completed a risk assessment and action plan to mitigate the risks to patients.

- We reviewed three personnel files and found all appropriate recruitment checks had been undertaken prior to employment.
- The practice carried out analysis of significant events and verbally shared the learning with colleagues. However, as clinical meetings had ceased since February 2017 there was no documented evidence of this.
- All staff had completed training relevant to their role. For example, infection control, basic life support and fire awareness.
- Fire risk assessments had been undertaken, however not all actions had been completed. It was recommended that the practice installed fire doors. A quote had been given, however the practice had not decided to implement this action.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of outcomes for patients with long term conditions needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing effective services.

- 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). Various actions had been taken to improve areas of low performance. We saw these actions had been successful as the most recent results indicated performance for the vast majority of clinical indicators had improved when compared with the previous year's performance.
- Performance for diabetes related indicators had increased from 62% for the year 2015/2016 to 91% for the year 2016/2017.
- Performance for mental health related indicators had increased from 65% for the year 2015/2016 to 100% for the year 2016/2017
- Performance for respiratory related indicators had also increased. For example 59% of patients with asthma, on the register, had received a comprehensive asthma review in the preceding 12 months for the year 2015/2016. This had increased to 100% for the year 2016/2017
- For the year 2015/2016 only 57% of patients with COPD had a comprehensive review undertaken which included an assessment of breathlessness in the preceding 12 months compared to 100% for the year 2016/2017.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and had completed training appropriate to their job role. All training was up to date.
- The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 80% and the national average of 81%. This is an increase from the previous achievement of 73%.
- The latest available childhood immunisation rates for the vaccinations given to children registered with Staines Thameside Medical showed: childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 98% and five year olds from 73% to 89%.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Annual infection control audits were undertaken and we noted that action had not been taken to address all the improvements identified as a result.• Fire risk assessments had been undertaken, however not all actions had been completed.• The practice carried out analysis of significant events and verbally shared the learning with colleagues. However, as clinical meetings had ceased since February 2017 there was no documented evidence of this.