

# The Mitcham Medical Centre

## 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to The Mitcham Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mitcham Medical Centre on 17/12/2015. 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 well managed with an exception of those relating to recruitment checks and fire safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. 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 and how to complain was available and easy to understand.

- 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group.

We saw one area of outstanding practice:

The practice worked closely with the local mosque to improve health in the local community for instance they had held a smoking cessation session at the mosque and had distributed leaflets in relevant languages.

# Summary of findings

However there were areas of practice where the provider must make improvements:

- Ensure suitable arrangements for staff to receive training to carry out their role and to have an annual appraisal of their work.

The areas where the provider should make improvements are:

- Ensure that the system for recording of significant events is robust and that the lessons learnt are shared with all staff.
- Ensure that action plans from audits, risk assessments, incidents and complaints are clearly documented and followed up.

- Ensure that a fire risk assessment and COSHH (Control of Substances Hazardous to Health) risk assessment and legionella risk assessment is completed.
- Ensure that patients on the practice's learning disability register have access to annual health checks.
- Ensure that complaints are acknowledged and responded to in line with contractual requirements and a clear record of correspondence is kept.

**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 requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events; however recording needs to be improved.
- Lessons were shared to make sure action was taken to improve safety in the practice; however the lessons were not always shared with non-clinical staff.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written 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.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that most patient outcomes were at or above average for the locality.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all clinical staff; however some non-clinical staff had no recent appraisals.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care in their recent local patient survey.

**Good**



# Summary of findings

- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- 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.
- Verbal and written complaints were analysed and used to learn and improve. However learning from complaints was not always shared with non-clinical staff.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most staff were clear about the vision and their responsibilities in relation to this.
- 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; however the process of monitoring risk should be improved.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# 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 including health careplans to avoid unplanned admissions to hospital.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for elderly housebound patients.
- The practice incorporated a co-ordinated approach in supporting patients at the end of their life.
- The GPs visited two care homes on a weekly basis, supporting the needs of the residents and intermediate care patients.

### 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 used a risk stratification tool to identify patients with long-term conditions.
- The national Quality and Outcomes Framework (QOF) data showed that 57% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. This was due to the higher prevalence of diabetes in the South Asian population in the practice. The number of patients who had received an annual review for diabetes was 60% which was significantly lower than the CCG average of 89% and national average of 88%.
- Longer appointments and home visits were available when needed. Emergency appointments were prioritised for these patients.
- The practice ran chronic disease clinics including those for asthma, chronic obstructive pulmonary disease (COPD) and diabetes.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were 81% for 2014/15 which was in line with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Emergency appointments are prioritised for children under 10 years.
- The practice recorded alerts in the electronic medical record system for children and families at risk.
- The practice had robust child safeguarding procedures and had systems in place for rapid response to child safeguarding information requests.

## 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).

Good



- 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered out of area registrations. For example for the nurses working at a local NHS Hospital Trust.
- The practice promotes services at a local medical school and encourages them to register with a GP.

## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. However only two out of 34 patients with a learning disability had received an health check.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice's computer system alerted staff if a patient was vulnerable. 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.

## 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).

- 79% of people diagnosed with dementia had their care reviewed in a face to face consultation in the last 12 months.
- 91% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. One of the practice GPs had a special interest in dementia and provided care for patients with dementia and psychotic illness in one of the care homes that the practice supported.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and fifty survey forms were distributed and 109 were returned. The response rate was 24.2%.

- 44% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 60% and a national average of 73%.
- 72% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 68% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 82% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 48% described their experience of making an appointment as good (CCG average 66%, national average 73%).

- 56% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55%, national average 65%).

In response to the above results the practice had made changes and undertook their own patient survey in December 2015 (138 patients completed the survey) for which the results significantly improved. These results are included in caring and responsive sections of this report.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards and most patients were positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 9 patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

# The Mitcham Medical Centre

## 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 advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

## Background to The Mitcham Medical Centre

Mitcham Medical Centre provides primary medical services in Mitcham and Tooting to approximately 10000 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG). The practice population is in the fifth more deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children and older people are in line with local and national averages; however there is a higher than national average of working age people. Of patients registered with the practice for whom the ethnicity data was recorded, 22% are British and Mixed British, 20% are other white background, 27% are Pakistani or British Pakistani.

The practice operates from two locations one in Mitcham and one in Tooting. The Mitcham practice is a purpose-built premises over three floors. All patient facilities are wheelchair accessible and there is a lift access to the first and second floors. The practice has access to two nurses consultation rooms on the ground floor and five doctors' consultation rooms on the first floor. The Tooting practice is a converted premises over two floors. Not all patient facilities are wheelchair accessible and there is no

lift access to the second floor. For patients with restricted mobility appointments are offered in the ground floor. The practice has access to one doctor's consultation room on the ground floor and one doctor's and one nurse consultation rooms on the first floor.

The practice team at the surgery is made up of two full time male lead GPs who are partners, three part time female salaried GPs, two part-time male salaried GPs, one locum male GP, two part-time female practice nurses, one part-time female health care assistant. The practice team also consists of two part-time practice managers, a reception manager, a practice secretary, a reception supervisor, five administrative staff and seven reception staff members. The practice provided a total of 40 GP sessions.

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

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. Appointments are available between 8am and 6.30pm every day. Extended hours surgeries are offered in the Tooting branch with both GPs and practice nurses from 6.30pm to 8.30pm on Monday and Friday.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Merton CCG.

# Detailed findings

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

## 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015.

During our visit we:

- Inspected both the practice and the branch surgery.
- Spoke with a range of staff including 5 reception and administrative staff, the practice manager, four GPs, and two practice nurses and we spoke with 9 patients who used the service and the chair of the practice's Patient Participation Group (PPG).

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 11 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system, however recording needs to be improved.
- The practice carried out analysis of the significant events and maintained a log in the computer system. Zero tolerance incidents were recorded on specific, detailed incident forms; however they were not using forms to record all incidents. Lessons learnt were not always shared with non-clinical staff.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were received by the practice manager, which were then forwarded to relevant staff and discussed at practice meetings when necessary. Lessons from incidents and significant events were shared to make sure action was taken to improve safety in the practice. For example, some vaccinations were left out of the fridge overnight. Following this incident a closing down procedure and a checklist was introduced to be used at the practice at the end of the day in both branches and was monitored by the practice manager. Staff were aware of this change; however learning from incidents were not always shared with non-clinical staff.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again; however complaints and incidents are not always acknowledged and responded to in line with contractual requirements and a clear record of correspondence is kept.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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 were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones, 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 had recently changed their practice chaperoning procedure so that only nursing staff were acting as chaperones. They had updated their chaperone policy to reflect this.
- 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 policy in place and staff had received training from the practice nurse as part of the induction, appropriate to their role. Annual detailed infection control audits were undertaken on both Mitcham and Tooting branches, however there were no action plans recorded for these. Nurses were aware of the actions that needed to be undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had a GP prescribing lead who received benchmarking data which was reviewed in the quarterly meetings with CCG pharmacist. The practice had a CCG pharmacy advisor who attended the practice twice every week. The practice audited nutritional supplements in the two care homes the practice provided GP services to,

## Are services safe?

following which there was decreased prescribing. The practice had recently reviewed their antibiotic prescribing policy. A repeat prescribing policy was available in each consulting room. 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.

- We reviewed two personnel files and found that most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However there was no employment contract on file and both had only one reference. One clinical staff member had not had a criminal records check via the DBS on appointment. However, we saw evidence that this had recently been completed.

### Monitoring risks to patients

Most 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. The practice had no fire risk assessment but an external organisation had completed a review of the practice in 2014 which recommended a fire risk assessment. The practice carried out regular fire drills with daily checks.
- The practice had no record of portable appliance testing. Following the inspection the practice had arranged for this and sent us evidence to confirm this was completed. All clinical equipment was checked to

ensure it was working properly. The practice did not have risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

- 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 and to monitor clinical and non-clinical staff.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff and most non-clinical staff received annual basic life support training; we asked for records of training but the practice was unable to find records of this training for some non-clinical staff.
- There were appropriate emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises on both the sites with adults and children's defibrillator pads and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- From all the medical records we reviewed, the practice was found to be following best practice guidance.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 91.2% of the total number of points available, with 7.0% clinical exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. The previous year the practice had achieved 94.8% and the practice had acknowledged the decline of results in 2014/15 and currently used a dashboard to monitor QOF results monthly.

Data from 2014/15 showed;

- Performance for diabetes related indicators was below the Clinical Commissioning Group (CCG) and national averages. For example, 57% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 73% and the national average of 78%. The number of patients who had received an annual review for diabetes was 60% which was below the CCG average of 89% and national average of 88%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, which was above the CCG average of 91% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above the CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was above or in-line the CCG and national averages; 84% of patients had received an annual review in compared with CCG average of 92% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 85% which was higher than the CCG average of 76% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 86% compared with CCG average of 93% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit of heart rhythm stabilising medicine prescribing was undertaken to ascertain the patients who had their thyroid test at six monthly intervals. In the first cycle 15 patients were identified as taking this drug and only 20% of these patients had their thyroid function test in the previous six months. In the second cycle, after the changes had been implemented, 13 patients were identified as taking this drug and 92% of these patients had their thyroid function test in the previous six months.
- Another clinical audit that was undertaken which was related to vitamin D prescribing and dosage. Following two cycles of the audit, there were significant improvements in the number of patients taking high dose Vitamin D who were prescribed a reduced maintenance dose in line with recommended guidance.
- The practice had undertaken an audit to improve the number of patients diagnosed with dementia and to update their dementia register. In the first cycle 17 new patients were identified and the percentage of patients in the QOF register with dementia was 82%. These



# Are services effective?

## (for example, treatment is effective)

patients were coded and changes with new standards were implemented. In the second cycle only one new patient was identified and the percentage of patients in the QOF register with dementia was 99%.

- The practice worked with the medicines management team and undertook mandatory prescribing audits such as antibiotic prescribing and the GPs attended additional training at the CCG antibiotic workshop.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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, administering vaccinations and taking samples for the cervical screening programme. One of the practice nurses had a degree in diabetes management and was currently undertaking a post graduate course in wound care management.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. However only nine out of 21 non-clinical staff had received an appraisal within the last 12 months. The practice was made aware of this during the inspection.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. However the practice was not able to provide evidence for BLS training for some non-clinical staff members. 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 used risk profiling to identify patient needs and care plans for those at risk of unplanned admission. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are 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. At the monthly meeting the practice reviewed cases from the local care homes they supported, palliative care patients, accident and emergency (A&E) attendances of patients registered with the practice and case reviews of patients over 75. Frequent A&E attenders were identified when hospital letters were scanned and every A&E attendance was reviewed by a GP partner. Where there were more than six A&E attendances in a year these patients were discussed at the clinicians meeting and they were invited to attend a consultation with a GP. However, the follow-up of actions from these meetings were not recorded and discussed.

### 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.



# Are services effective?

## (for example, treatment is effective)

- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- There was evidence of consent recorded for joint injections.

### Health promotion and prevention

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 and those over 75. Patients were then signposted to the relevant service.
- The practice offered health promotion advice on smoking and weight management by the healthcare assistants. The practice has achieved 40% of the smoking cessation success rate which was below the Clinical Commissioning Group (CCG) average of 45%. The practice held a smoking cessation session in a local mosque and distributed leaflets in relevant languages.
- The practice was registered to be one of the pilot practices locally which aimed to improve health

outcomes of Merton patients through improved lifestyle choices and early detection and management of chronic disease. A practice nurse was identified to lead this project and was enrolled on a training course.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 89% and five year olds from 73% to 92%. Flu vaccination rates for the over 65s were 65%, and at risk groups 42%. These were also comparable to CCG and national averages. Flu vaccination rates for diabetes patients were 79% which is lower than CCG and national averages.

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. The practice had completed health checks for 88% of the patients in their mental health register and 85% of the patients with dementia; however only 6% (two out of 34) of the patients with learning disability had received an annual health check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

Most of the CQC comment cards we received were positive about the service experienced. Many patients made comments about individual doctors and nurses which were all positive. We spoke to nine patients who felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with the chair of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 77% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 89%.
- 64% said the GP gave them enough time (CCG average 82%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 69% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 72% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

The practice were aware of these patient satisfaction scores and had worked to address concerns. Results from the practice's own patient survey in December 2015 showed significant improvement in patient satisfaction. For example:

- 99% said they had confidence and trust in the last GP they saw compared to the GP patient survey in July 2015 of 88%.
- 87% of patients indicated that they had an opportunity of speaking to a nurse or doctor by phone when necessary compared to the GP patient survey in July 2015 of 44%.

### Care planning and involvement in decisions about care and treatment

Patients told us that 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:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%
- 68% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%)

## Are services caring?

Results from the practice's local patient survey in December 2015 showed significant improvement. For example:

- 98% said the last GP they saw was good at explaining tests and treatments compared to the GP patient survey in July 2015 of 72%
- 98% said they were satisfied that the GP provided/arranged treatment for them

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service 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 was in the process of developing a carer's register and was not able to provide us the exact number of carers registered with the practice. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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.

- The practice offered extended hours service on a Monday and Friday evening from 6:30pm until 8.30pm in the Tooting branch which suited working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. Appointments were prioritised for children under 10 years and for those aged over 75.
- There were disabled facilities, a hearing loop and translation services were available.
- The practice offered out of area registrations for example for the nurses working at a local NHS hospital. This was convenient for the nurses as they were able to access appointments while commuting to work.
- All staff were aware of the most vulnerable and at-risk patients registered with the practice. The practice used risk profiling to identify patient needs and care plans for those at risk of unplanned admission. Frequent A&E attenders were identified when hospital letters were scanned and every A&E attendance was reviewed by a GP partner.
- The practice used antibiotic leaflets and cervical smear leaflets in different languages to cater for the needs of the local population.
- The practice nurse led weekly diabetes, asthma and chronic obstructive pulmonary disease (COPD) clinics.
- To reach the local Muslim community the practice held a smoking cessation session in the local mosque and distributed leaflets in relevant languages.

### Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8:30am to 12:30pm every morning and 2pm to 6:30pm daily. Extended hours surgeries were offered at the Tooting branch from 6:30pm to 8:30pm every Monday and Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 54% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 70% and national average of 75%.
- 44% patients said they could get through easily to the surgery by phone (CCG average 60%, national average 73%).
- 48% patients described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 56% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55%, national average 65%).

Results from the practice's local patient survey undertaken in December 2015 showed significant improvement in patient satisfaction. For example:

- 87% said they could get through easily to the surgery by phone compared to the GP patient survey in in July 2015 of 44%
- 85% patients described their experience of making an appointment as good compared to the GP patient survey in in July 2015 of 48%

### Listening and learning from concerns and complaints

The practice had a good 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.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system such as posters in the waiting area and information on the website including the practice's complaints information leaflet.
- The practice recorded a log of all verbal and written complaints to enable them to identify themes and to make improvements. However this log did not clearly differentiate between verbal and written complaints.

We looked at seven complaints received in the last 12 months. Some of these were satisfactorily handled and dealt with in a timely way. We saw evidence that some of the complaints had been acknowledged and responded to; however the letters were not all clearly kept to provide a

track record of correspondence for each complaint. There was evidence that one complaint was not acknowledged according to their complaints policy: an acknowledgement letter was sent one month after the initial complaint had been received. Verbal complaints were also dealt with in a similar way and were not formally handled or recorded. Patients were offered an appointment with the practice manager to discuss the complaint and appointments were available on a weekly basis. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However the learning from complaints was not always shared with the administrative and reception staff.

# 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 practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and they were regularly monitored.

### 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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff in folders and on the shared drive.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- Governance meetings took place monthly during the clinicians meeting between the practice manager, partners, salaried GPs and practice nurses. The practice used a performance 'dashboard' to identify clearly the areas which required improvements in quality.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although action points were not always followed up.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care.

The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- The practice did not have a regular staff meeting for all staff; however they had recently started a monthly reception meeting with reception staff and the practice manager. We saw minutes as evidence that these meetings occurred.
- There was some evidence that changes in systems and processes were shared with staff, but they were not always made aware that the changes had been implemented as a result of complaints and significant events.
- Staff said they felt respected, valued and supported, both by the partners in the practice and the practice manager.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues when appropriate.

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 gives affected people reasonable support, truthful information and a verbal and written apology; however the patients were not always acknowledged according to their complaints policy.
- They kept written records of verbal interactions as well as written correspondence for complaints but not for significant events.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys

# Are services well-led?

Good 

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

and complaints received. There was an active PPG of 13 members which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice's telephone queuing system has been recently changed and this has significantly improved patient satisfaction.

- Following the poor results in GP patient survey in July 2015 the practice had undertaken a local patient survey in December 2015 in which the practice showed significant improvement in patient satisfaction.
- The practice had also gathered feedback from staff through appraisals and generally through staff meetings. However only nine out of 21 non-clinical staff had received an appraisal within the last 12 months.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot which aimed to improve health outcomes of Merton patients through improved lifestyle choices and early detection and management of chronic disease. The aim of this project was to improve uptake of smoking cessation and to improve the detection of COPD by involving the local community groups. To reach the local Muslim community the practice held a smoking cessation session in the local mosque and distributed leaflets in relevant languages.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider had not ensured staff received training to carry out their role and arrangements for staff to receive annual appraisals were not in place.
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	