Dr Philip Matthewman

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?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection on 3 August 2016. This was to follow up our comprehensive inspection of the practice on 17 November 2015, when we found breaches of legal requirements, relating to the safe management of vaccines and infection control issues. We served a requirement notice relating to the breaches and rated the practice as requires improvement for providing safe services. We also noted concerns relating to the key questions of effective and well-led services and rated these as requires improvement. The practice's rating for providing caring and responsive services was good. The overall rating was requires improvement. The concerns which led to these ratings applied to all the patient population groups.

Following the inspection, the practice wrote to us to say what it would do to meet the legal requirements in relation to the breach of regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to Safe care and treatment.

We undertook this focussed inspection on 3 August 2016 to check that the practice had implemented its action plan and to confirm that it now met the legal requirements. This report covers our findings in relation to those requirements and to the improvements needed to provide effective and well-led services. We found that the practice had taken appropriate action to meet the requirements of the notice and have revised the practice's rating for providing safe services to good. We also identified improvements relating to the key questions of effective and well-led services and have revised those ratings to good. As the practice was now found to be providing good care for safe, effective and well-led services this affected the ratings for all the population groups we inspect against.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Philip Matthewman on our website at www.cqc.org.uk.

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?

Good

The practice is rated as good for providing safe services.

- The medicines management protocol had been revised. Staff had been trained in monitoring the vaccines fridges temperatures and of the action to take when they found the temperatures to have exceeded the recommended range. Two new fridges had been obtained.
- The practice's infection control protocol had been reviewed and an infection control audit had been carried out.
- The practice had obtained a defibrillator for use in patient emergencies.

We found that the practice had taken appropriate action since our comprehensive inspection to comply with the requirements of the regulations.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed that the general improvement in performance since the appointment of a specialist diabetes nurse, noted at our comprehensive inspection, had been sustained. These related particularly to the care of patients with long term conditions such as diabetes and hypertension.
- A female locum GP was shortly to start work at the practice. Her appointment was likely to improve service access for female patients, particularly relating to cervical cancer screening figures.

Are services well-led?

Good

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

- The practice's clinical and non-clinical governance protocols had been reviewed since our full inspection. The protocols were accessible to permanent staff and locums. There was evidence of them being discussed with staff members at a recent staff meeting.
- Monthly staff meetings were held and were suitably recorded.
- Progress had been made with improving patient participation, with action implemented as a result of patients' suggestions. The practice was considering more options to further increase patients' involvement.
- We saw evidence that staff had received an annual appraisal and the meetings were appropriately documented.

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.

- As the practice was now found to be providing good care for safe, effective and well-led services this affected the ratings for all the population groups we inspect against.

Good

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

- Data showed that outcomes for patients with diabetes and hypertension (high blood pressure) had improved since a specialist nurse had started working at the practice and that the improvement had been sustained since our comprehensive inspection in November 2015.
- As the practice was now found to be providing good care for safe, effective and well-led services this affected the ratings for all the population groups we inspect against.

Good

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

- As the practice was now found to be providing good care for safe, effective and well-led services this affected the ratings for all the population groups we inspect against.

Good

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).

- As the practice was now found to be providing good care for safe, effective and well-led services this affected the ratings for all the population groups we inspect against.

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.

Good

Summary of findings

- As the practice was now found to be providing good care for safe, effective and well-led services this affected the ratings for all the population groups we inspect against.

People experiencing poor mental health (including people with dementia)

Good

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

- As the practice was now found to be providing good care for safe, effective and well-led services this affected the ratings for all the population groups we inspect against.

Dr Philip Matthewman

Detailed findings

Our inspection team

Our inspection team was led by:

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

Why we carried out this inspection

We had previously carried out a comprehensive inspection of the practice on 17 November 2015 and found that it was not meeting some of the legal requirements associated with the Health and Social Care Act 2008 and regulations made under that act. From April 2015, all health care providers were required to meet certain Fundamental Standards, which are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 relates to the fundamental standard of Safe care and treatment.

At the comprehensive inspection, we had found that the practice was failing to meet the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a notice in the following terms –

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not protected service users against the risk associated with a failure to properly and safely manage medicines.

The registered person had not protected service users against the risk associated with a failure to assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 (2) (g) and 12 (2) (h)

We also noted concerns regarding the key questions of effective and well-led services, relating to performance and governance issues.

Following the inspection, the practice wrote to us to say what it would do to meet the legal requirements in relation to the breach of regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to Safe care and treatment.

We undertook this focussed inspection on 3 August 2016 to check that the practice had implemented its action plan, to confirm that it now met the legal requirements and that improvements had been made relating to providing effective and well-led services.

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 3 August 2016.

During our visit we:

- Spoke with the GP and members of staff.
- Looked at documentation and records relating to fridge temperature monitoring and infection control.
- Reviewed the latest available performance data for the practice.
- Inspected documents relating to practice governance issues.

Following our visit, the practice present us further relevant documentation which we considered as part of the review.

Good

Are services safe?

Our findings

Overview of safety systems and processes

At our full comprehensive inspection in November 2015, we checked that staff monitored and recorded the temperatures of the two vaccines fridges. We noted six instances when the temperature of the older fridge was recorded as being 1 degree below the recommended range of 2 – 8 °C. There was no record of any action taken as a consequence and staff we spoke with were unsure of what steps to take when the temperature range was exceeded. We discussed the matter with the GP, who was not aware of it. A new fridge had been obtained following the infection control audit in July 2014. The second fridge had an integrated thermometer, but the practice was also using a separate probe thermometer to measure temperature. The GP mentioned a possible discrepancy depending on where the probe was placed, for instance near the back of the fridge close by the cooling element. Nonetheless, staff members were not aware of the procedure to follow when a reading outside the range was made. The GP agreed to review the practice medicines management policy and provide staff with appropriate guidance. After the inspection, the GP confirmed that he had reviewed the appropriate Department of Health guidance and then contacted the vaccines manufacturers. He was informed that the vaccines were unlikely to have been affected, but decided to dispose of them. The fridge had been annually inspected and serviced in October 2015 and the GP was contacting the engineer to ascertain why the problem had not been detected during the service inspection. The GP confirmed that staff responsible for checking the fridge temperatures had been given further training to ensure that any discrepancies in temperature readings be brought to his attention in future.

At our follow up inspection on 3 August 2016, we saw evidence confirming staff responsible for monitoring the temperature of the vaccine fridges had received updated training. The practice's medicines management protocol had been reviewed, revised and discussed with staff in January 2016. The recommended storage range was stated as being between 3 and 8 °C, as advised by the manufacturers. We spoke with staff who told us of the action they would take if the range was exceeded. A second new vaccines fridge had been obtained since our full inspection in November 2015, to replace the older fridge whose temperature range had exceeded the guidelines. Thus the practice now has two new vaccines fridges. Records of fridge temperature monitoring were checked by the GP on a weekly basis, and signed off by him. We inspected the records and found no instances of the fridges being outside the recommended temperature range.

At our full inspection, we found that there was an infection control protocol in place, but we noted it was dated July 2014. At our follow up inspection we saw that the protocol had been revised and an infection control audit completed in December 2015.

Arrangements to deal with emergencies and major incidents

At the time of our full inspection, the practice did not have a defibrillator available on the premises. A defibrillator is used to attempt to restart a person's heart in an emergency. We discussed this with the GP who confirmed he had considered obtaining one, but had concluded that appropriate emergency treatment could be provided quickly by ambulance staff from the local station, which was situated 300 metres away. The provider had not made a written risk assessment at the time of our visit. The GP sent us written views on the matter soon afterwards. However, we did not consider that the all the risks involved with not having a defibrillator have been taken account of or been fully assessed.

We discussed the issue again with the GP at our follow up inspection in August 2016 and shortly afterwards, the practice sent us evidence that a defibrillator had been obtained.

We concluded that the practice had taken appropriate action since our comprehensive inspection to comply with the requirements of the regulations.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

Before the full comprehensive inspection in November 2015, we had looked at information about the practice 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 results available at that stage related to 2014/15 and amounted to 65.1% of the total number of points available, with 6.3% exception reporting. The results were below both local and national averages.

During our inspection, we had discussed the figures with the GP. He told us that being a sole practitioner, without the assistance of a practice manager, processing QOF data was not a priority and it was not regularly inputted. The GP said that the financial rewards from the QOF scheme were minimal and it was not an obligation under the General Medical Services contract to participate in the scheme. The practice had engaged the services of a nurse specialising in diabetes care who ran a clinic once a month. The GP informed us that the management of health care for patients with diabetes had improved since, as had data input for the QOF figures, and showed us data which confirmed this.

At our follow up inspection, the GP gave us up to date performance data to compare with the figures at the time of the full inspection in November. These showed a general sustained improvement –

- Forty-four patients (85%) on the diabetes register had received an annual foot check, previously 78% and 23%. (The latter figure relates to the period when there had been no nurse at the practice); 39 patients (69%) had received an annual retinal check, previously 67% and 23% (the latter when there was no nurse).
- Thirty-one patients (61%) on the diabetes register whose blood glucose levels had been monitored were found to have acceptable glucose levels in the previous 12 months. (Previously 50%)
- Thirty-nine patients (76%) had undergone an albumin creatinine ratio test. This is a test for identifying the early stages of kidney disease, which diabetes patients are at greater risk of developing. (Previously 5% and 59%)
- Forty-one patients (80%) of patients on the diabetes register had an acceptable blood pressure reading. (Previously 39% and 73%)
- Thirty-six patients (69%) patients on the diabetes register had acceptably low cholesterol readings. (Previously 46% and 60%)
- The percentage of patients with hypertension with an acceptable blood pressure reading was 77%. (Previously 50% and 74%)

The practice showed us QOF data relating to the overall figures for 2015/16, which showed a projected total of 79% (441 points out of a possible 559 available), representing an improvement on the 65% total achievement for the previous year.

Health promotion and prevention

At the comprehensive inspection, the practice's uptake for the cervical screening programme was below the local and national averages. The GP was of the opinion that this was due in part to some patients being reluctant to have a male doctor perform the tests, which had previously been done by a practice nurse, when one was employed. We had seen that the practice website gave information about the cervical screening programme and informed patients that they could have the test carried out by appointment by the (female) nurse, who attended monthly.

The website also gave details of local clinics where the tests could be done, should patients prefer not to see a male doctor. The GP told us that when tests were performed elsewhere the practice was not often notified of it, as patients might not give the practice details to the clinics. The GP said that many patients were foreign nationals who would have their tests done abroad, with no record being passed back to the practice. The GP also said that the practice patient list of approximately 1,800 had a high annual turnover, close to 25%, which made monitoring less easy.

At our follow up inspection, we were shown current figures showing the practice's uptake for cervical screening was 47%, being approximately 10% lower than the London average. The GP told us that the figures were likely to increase with the recent appointment of a female locum GP, who would be starting work in September 2016. We saw

Good

Are services effective?

(for example, treatment is effective)

that the female locum's appointment was highlighted on the practice's website and its Facebook page, with particular reference to her conducting cervical cancer screening and providing contraception advice.

The practice offered flu vaccinations for patients aged over-65 and for those considered to be at greater risk due to pre-existing medical conditions. At the time of our comprehensive inspection, the practice's uptake rates were 48% for patients aged over-65 and 42% (corrected) for at-risk groups. These were below national averages.

We had discussed the figures with the GP who said that many patients refused a vaccination when offered it. Further, that the low rate of uptake was possibly due to patients now being able to get vaccinations elsewhere, such as high street chemists, and that the practice was not routinely notified of the vaccinations being given. We saw that the vaccination service was highlighted on the practice website and its Facebook page. The GP told us that the vaccinations were offered opportunistically, when patients attended for other health reasons. The practice actively encouraged patients who were school teachers to have vaccinations and it carried out a "mopping up" exercise each January, to encourage further up take among over-65 and at-risk patients.

At our follow up inspection, we saw that the practice had again encouraged the uptake of flu vaccinations on its Facebook page in February 2016 The practice showed us current figures which indicated there had been an overall improvement, with the rate for patients aged over-65 being 56% from the previous 48%. Current figures relating to at risk group included 18 (90%) patients with coronary heart disease; 11 (65%) stroke patients; 32 (82%) of patients with diabetes; and 26 (84%) of patients with chronic obstructive pulmonary disease. Current national figures were not yet available for comparison.

Data also indicated an improvement in the number of annual health checks performed by the practice. For example, 13 (86%) of the 15 patients registered with severe mental health problems had received a health check, compared with previous figures of 43% and 73%, before and at the time of our comprehensive inspection.

Are services well-led?

Good

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

Our findings

Governance arrangements

At our comprehensive inspection in November 2015, we had seen that the practice had a number of protocols and procedures to govern how the services were provided. We saw evidence that these were discussed with staff at practice meetings; the most recent meeting being in September 2015. However, when we inspected the policies and procedures, it was not clear that all had been subject to regular review and updating. Examples included those relating to access to medical records, anaphylaxis, and health and safety were undated; those covering identification of carers, cervical screening and child health surveillance which were dated 2013; the protocols for chronic kidney disease, the infection control manual, scanning patient summaries and smoking cessation were dated July 2014. The only protocols that had evidence of being reviewed in the last 12 months related to business continuity, the cleaning schedule, lone worker policy, pre-employment checks and out-of-hour transfers.

At our follow up inspection in August 2016 we looked again at the practice's various clinical and non-clinical governance protocols. We noted that all had been reviewed since our full inspection and there was evidence of them being discussed with staff members at a recent staff meeting. The protocols were stored on a shared computer drive and collated in a hard copy folder, accessible to permanent staff and locums.

Leadership, openness and transparency

At our comprehensive inspection in November 2015, staff had told us there were regular practice meetings. The GP had told us the last meeting had been in September 2015 and conceded that meetings should be more regular and recorded more thoroughly. However, he made the point that the practice was a small one and stated that communication with staff was therefore more or less constant. The GP told us that matters were usually dealt with immediately and not generally put up for a formal meeting. Staff we spoke with confirmed this to be the case. But there were occasions when the GP was absent due to leave or sickness, when covering locum GPs would need to see protocols and minutes of meetings when significant events were discussed, together with other records relating to service provision.

At our follow up inspection, we saw the minutes of all the monthly staff meetings that had taken place since September 2015. These included those for the meeting in March 2016, when reviewed practice protocols were discussed; and those from May 2016, which included a review of patients' complaints. The minutes were stored on the practice's shared computer drive and were accessible for future reference.

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

At our comprehensive inspection, we found that practice sought feedback from patients, the public and staff. However, there was no formal patient participation group (PPG) and we had highlighted this in our inspection report as an area where the practice should make improvement. The GP told us that the setting up of a PPG had been attempted in the past, but little progress had been made, due to a lack of interest. However, he would consider setting up a "virtual" PPG, allowing patients to participate via email in discussions regarding service improvements. The GP told us that the practice had a Facebook page which was used to publicise matters such as the availability of flu vaccinations. The facility could be used by patients to submit comments and suggestions, together with a form on the main practice website.

At our follow up inspection we discussed the setting up of a PPG with the GP. We were shown the practice's Facebook page, which had regular updates, including a reminder to patients about the availability of flu vaccinations and the appointment of the female locum GP. The page also encouraged patients to submit comments and suggestions. One such comment had led to the practice setting up a monthly table tennis club for patients aged over-50. The practice saw this as being beneficial for general fitness, together with having a positive effect in maintaining hand-eye co-ordination and therefore of potential value in postponing the onset of dementia. The Facebook page was currently followed by 36 people, although more could access it on an ad hoc basis. The GP said that a link to the Facebook page would be included on the practice website, together with news items being added. The GP was considering emailing patients to encourage more participation, once issues of data protection, regarding the use of personal emails had been checked.

Are services well-led?

Good

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

At our comprehensive inspection, staff told us they had annual appraisals, but we saw no records to confirm this. At our follow up inspection we were shown records of staff's members' annual appraisals completed in the last few months.