

Blue Wing Family Doctor Unit

Quality Report

Heart of Hounslow Centre for Health
92 Bath Road
Hounslow
TW3 3EL
Tel: 020 8630 1300
Website: familydoctorunit.co.uk

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blue Wing Family Doctor Unit on 20 October 2016. This was to follow up a comprehensive inspection we carried out on 11 November 2014, during which a breach of a legal requirement set out in the Health and Social Care Act (HCSA) 2008 was found: Overall the practice was rated as requires improvement. (The previous report can be accessed by selecting the 'all reports' link for Blue Wing Family Doctor Unit on our website at www.cqc.org.uk).

Following a comprehensive inspection of Blue Wing Family Doctor Unit on 11 November 2014 the practice was rated as requires improvement for providing safe and caring services and good for providing effective, responsive and well led services. The practice was given an overall rating of requires improvement. At the inspection shortfalls were identified in relation to criminal reference checks for staff undertaking chaperone duties, completion of clinical audit cycles and patient satisfaction concerning telephone access and some

aspects of the care provided. The practice was found to be in breach of one regulation and a requirement notice was set for regulation 21 of the Health and Social Care Act 2008.

After the inspection the practice drew up an action plan to improve its performance in response to the findings of the previous inspection. We then carried out an announced comprehensive inspection at Blue Wing Family Doctor Unit on 20 October 2016 to check that improvements had been made

The practice is rated as requires improvement for providing well-led services and good for providing safe, effective, caring and responsive services. 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 was in place for reporting and recording significant events.

Summary of findings

- Risks to patients were assessed and generally well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring, polite and responsive and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- The practice did not have a formal strategy and supporting business plans which reflected their written vision and values.
- There was a clear leadership structure and staff felt supported by management.
- There was evidence of clinical audit but there was no systematic approach to assess, monitor and improve outcomes for patients.

- 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 areas where the provider must make improvement are:

- Develop a clear strategy and business plan to deliver the practice vision and values.
- Develop a systematic programme of quality improvement including audit to assess, monitor and drive improved outcomes for patients.

The areas where the provider should make improvement are:

- Implement a written schedule and log for the cleaning of medical equipment.
- Review the current time allocated for nurse administration duties.
- Identify and support more patients who are carers.
- Display notices in the reception areas informing patients that translation services are available.
- Consider negative patient feedback and the actions necessary to improve them.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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.
- Risks to patients were assessed and generally well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed the practice's performance for indicators relating to diabetes and mental health were better or similar to the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated some 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 staff with the exception of those recently appointed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published July 2016 showed the practice was similar to local and national averages for its satisfaction scores on consultations with GPs and nurses.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring, polite and responsive and treated them with dignity and respect.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice attended regular CCG meetings and reviewed performance data compared to other local practices to identify areas for improvement.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Some patients demonstrated dissatisfaction with the practice telephone system and a new system was due to be installed by the practice at the end of the year.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. However, they did not have a formal strategy and supporting business plans which reflected the vision and values. Some staff we spoke with were unclear about the vision and their responsibilities in relation to it.
- 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.
- The practice had a governance framework in place which supported the delivery of good quality care. However, there was no systematic approach in place to assess, monitor and improve outcomes for patients through regular independent clinical audit.

Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their roles and responsibilities to raise concerns.
- Patients over the age of 75 years had a named GP to co-ordinate care and promote continuity.
- Home visits and longer appointments were available if required, including home visits for care planning and flu vaccinations.
- The practice carried out care planning for patients over the age of 75 years and those at risk of hospital admission. Patients were involved with the care planning process and they were regularly reviewed and updated.
- The practice actively referred older patients at risk of hospital admission to the local Integrated Community Response Service (ICRS) to support patients at home and reduce the risk of admission.
- Regular multi-disciplinary team meetings with members of the community nursing and palliative care teams were held to discuss management and review care plans of older patients with complex medical needs.
- The practice offered a variety of in-house services including phlebotomy and INR monitoring that reduced the need for patients having to travel to secondary care services.

People with long term conditions

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

Good



- The practice offered GP and nurse led review of patients with long-term conditions and these patients were invited to annual health checks including medication review. Medication reviews were also performed following a secondary care outpatient appointment attendance or hospital discharge. Longer appointments and home visits were available if required.
- QOF data 2014/15 showed the practice was better or similar to local and national averages for performance indicators relating to long term conditions.
- With patient consent the practice shared their care record with community services to avoid duplication of investigations and promote continuity of care.

Summary of findings

- Patients with Chronic Obstructive Pulmonary Disease (COPD) were provided with rescue medicine packs in the event of an exacerbation to reduce the risk of unplanned hospital admission.
- The practice encouraged patient education and engagement with self-management of conditions through referral to local and national educational programs and support services. Patients were pro-actively referred or sign posted to local stop smoking services which were held in the same building that the practice was located.
- Regular multi-disciplinary team meetings with members of the community nursing and palliative care teams were held to discuss management and review care plans of patients with complex medical needs.

Families, children and young people

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

- There was a named GP lead for safeguarding vulnerable children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Children's electronic records were linked to their parents to follow up in case of missed appointments or safeguarding queries.
- The practice offered routine antenatal, postnatal and child health surveillance services.
- Immunisation rates were similar to CCG averages for all standard childhood immunisations.
- Students were offered immunisations as per national catch-up programmes.
- The practice's uptake for the cervical screening programme 2014/15 was 77%, which was similar to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

Good



Summary of findings

- The practice offered extended hour appointments on Saturdays for patients unable to attend the surgery during normal working hours. Telephone consultations were also available in the morning and evening and the practice planned to trial Skype video consultations.
- There was the facility to book appointments and request repeat prescriptions online.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- Health checks for new patients and NHS health checks for patients aged 40–74 were available with appropriate follow-up of any abnormalities or risk factors were identified.

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



- There was a named GP lead for safeguarding vulnerable adults. 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Patients with a learning disability were invited for annual health checks with longer appointments if required. They provided easy read health check information if needed.
- The practice registered homeless patients and those living in temporary accommodation and provided care as required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations. For example, supporting patients with substance misuse issues through referral to the local drug and alcohol services.
- New patients registering with the practice were screened for possible alcohol dependency using a screening tool and were offered support and advice if required.

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).

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in the record in the preceding 12 months was 95%, which was above the CCG and national averages of 88%.
- The practice carried out dementia screening and assessment opportunistically and for those at risk of dementia, with referral to local memory services if appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice informed patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Patients experiencing poor mental health were invited for annual health checks with longer appointments if required. Depot medication was provided by the practice for patients with some types of mental distress or illness.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice performance was above local and national averages in some areas but fell below in others. Three hundred and one survey forms were distributed and 98 were returned. This represented 1.2% of the practice's patient list.

- 49% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were mostly positive about the standard of care received. Comments received described the staff as helpful, caring, polite and responsive and the environment as safe and hygienic. The few negative comments received concerned issues with getting through to the practice by phone to make an appointment.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable and caring. Results from the Friends and Family Test (FFT) for the period December 2015 to September 2016 showed that 88% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Develop a clear strategy and business plan to deliver the practice vision and values.
- Develop a systematic programme of quality improvement including audit to assess, monitor and drive improved outcomes for patients.

Action the service **SHOULD** take to improve

- Implement a written schedule and log for the cleaning of medical equipment.

- Review the current time allocated for nurse administration duties.
- Identify and support more patients who are carers.
- Display notices in the reception areas informing patients that translation services are available.
- Consider negative patient feedback and the actions necessary to improve them.

Blue Wing Family Doctor Unit

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Blue Wing Family Doctor Unit

Blue Wing Family Doctor Unit is a well-established GP practice situated within the London Borough of Hounslow. The practice lies within the administrative boundaries of NHS Hounslow Clinical Commissioning Group (CCG) and is a member of the Heart of Hounslow and Maswell Park GP locality.

The practice provides primary medical services to approximately 8,050 patients living in Hounslow within the practice boundary. The practice holds a core General Medical Services Contract (GMS) and Directed Enhanced Services Contracts. The practice is located at Heart of Hounslow Centre for Health, 92 Bath Road, Hounslow, TW3 3EL with good transport links by bus and rail services.

The practice operates from a purpose built building owned and managed by NHS Property Services. The building is set over four floors with lift and stair access, there is wheelchair access to the entrance of the building, toilet facilities for people with disabilities and on site pay and display car parking amenities. The practice has a total of seven consultation rooms, reception and waiting area on the first floor of the building. The practice shares the first floor accommodation with three other GP practices and the whole building is shared with other local community services.

The practice population is ethnically diverse and has a higher than the national average number of patients between 0 and 19 years of age and lower than the national average number of patients 65 years plus. The practice area is rated in the fifth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (46%, 47%, and 54% respectively).

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice team comprises of one female and two male GP partners, a male salaried GP, a locum female GP who all collectively work a total of 30 clinical sessions per week. They are supported by one full time practice nurse, a practice business manager, eight administration staff and one administrator apprentice. A permanently contracted health care assistant (HCA) is currently on maternity leave with the part time hours covered by four locum HCA staff.

The practice opening hours are from 8.30am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8.30am to 1.30pm Wednesday. Consultation times in the morning are from 8.30am to 11.30am Monday to Friday and in the afternoon from 2.30pm to 5.30pm each day with the exception of Wednesday afternoon when the practice is closed. Telephone consultations are available daily including six in the morning and three in the afternoon for each GP. Extended hour appointments are offered from 8am to 12pm every Saturday including one combined GP and practice nurse clinic once a month. Pre-bookable appointments can be booked up to six weeks in advance.

Detailed findings

The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

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. 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.

Following a comprehensive inspection of Blue Wing Family Doctor on 11 November 2014 the practice was rated as requires improvement for providing safe and caring services and good for providing effective, responsive and well led services. The practice was given an overall rating of requires improvement.

At the inspection shortfalls were identified in relation to criminal reference checks for staff undertaking chaperone duties, completion of clinical audit cycles and patient satisfaction concerning telephone access and some aspects of the care provided. The practice was found to be in breach of one regulation and a requirement notice was set for regulation 21 of the Health and Social Care Act 2008.

How we carried out this inspection

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

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event involving a dosing error the incident was discussed with clinical staff to share learning and prevent reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, the nurse to level two and non-clinical staff to level one.
- At our previous inspection we found that criminal record checks had not been completed for all staff who acted

as chaperones. At this inspection all male and female staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check and were trained for the role. (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). Notices advised patients that chaperones were available if required.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we observed that there was no cleaning schedule or log for the cleaning of clinical equipment in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 the different staffing groups to ensure enough staff were on duty. However, it was observed that four different locum health care assistants (HCA) were used to cover maternity leave taken by the permanent HCA, which made it difficult to promote good continuity of care and to effectively support the practice nurse. We observed limited protected time was currently allocated for nurse administration duties. We were told that the permanent HCA was due to return to work in January 2017.

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 staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had access to a defibrillator which was shared with a neighbour GP practice and stored in the reception area opposite to them. Records maintained by the neighbour practice demonstrated that the defibrillator was regularly checked to ensure it was in working order. The practice had their own oxygen cylinder with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2014/15 were 99% of the total number of points available with an exception rate of 11%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). QOF data for 2015/16 showed a slightly lower overall total achievement rate of 91%, which was similar to the CCG and national averages of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

Performance for diabetes related indicators was better or similar to the CCG and national averages. For example,

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 77%, which was above the CCG average of 69% and similar to the national average of 78%.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79%, which was similar to the CCG average of 74% and the national average of 78%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 98%, which was similar to the CCG and national averages of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 80%, which was similar to the CCG average of 75% and the national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 99%, which was above the CCG average of 85% and above the national average of 88%.

Performance for mental health related indicators was better or similar to the CCG and national averages. For example,

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95%, which was above the CCG and national averages of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 96%, which was similar to the CCG average of 91% and national average of 90%.

At our previous inspection the practice showed us audits they had undertaken but could not demonstrate evidence of completed cycle audits to assess if performance had improved.

At this inspection there was some evidence of quality improvement from clinical audit. There had been two clinical audits completed in the last two years, both of which were completed audits where the improvements made were implemented and monitored. For example, an audit was performed to review prescribing of gastro-protective medicines in patients taking a type of anti-depressant and a nonsteroidal anti-inflammatory drug (NSAID) to ensure that national guidelines were followed. Initial results found 82% of patients were prescribed a gastro-protective agent which was below the audit standard of 90%. The findings were discussed at the clinical meeting to raise awareness of the issue. The second cycle

Are services effective?

(for example, treatment is effective)

of the audit found prescribing of gastro-protective agents in appropriate patients had increased to 88%. An audit was also undertaken to assess if history of migraines and family history of Venous Thromboembolism (VTE) was documented in the records of patients prescribed the Combined Oral Contraception Pill (COCP). Initial results found that 35% of patients prescribed COCP had a history of migraines recorded in their notes and 32% with a family history of VTE similarly documented. Following discussion with the clinical team about the findings, the audit was repeated six months later with findings demonstrating an increase in the number of patients questioned about migraine history and VTE family history, which had risen to 63% and 48% respectively.

The practice participated in local audits, national benchmarking and peer review.

- Findings were used by the practice to improve services. For example, following a local benchmarking report that identified the practice as having only achieved 21% of completed diabetic care plans, the practice reviewed the overall care of diabetic patients and identified areas to improve services offered to patients. The subsequent benchmarking report showed the practice had increased the number of completed diabetic care plans to 78%.

Information about patients' outcomes was used to make improvements. For example, the practice engaged with local unplanned admission avoidance schemes that used risk stratification tools to identify patients at high risk of admission to hospital. These patients were invited for review to create integrated care plans aimed at reducing this risk. Patients that were identified were also proactively referred to the local Integrated Community Response Service (ICRS) to support and meet their needs at home where possible.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics such as safeguarding, health and safety, fire 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 and diabetes training for staff initiating insulin.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs. All staff had received an appraisal within the last 12 months with the exception of those recently appointed.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 shared relevant information with other services in a timely way, for example with out of hours provider and when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Are services effective?

(for example, treatment is effective)

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.
- The practice did not use formal written consent forms, however consent was documented in patients electronic records for joint injections. Minor surgery and intra-uterine contraceptive device insertion were not performed at the practice.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme 2014/15 was 77%, which was similar to the

CCG average of 78% 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- Childhood immunisation rates 2014/15 for the vaccinations given were similar to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 51% to 94% (CCG averages from 42% to 90%) and five year olds from 56% to 85% (CCG averages from 61% to 88%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring, polite and responsive and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). 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.

At our previous inspection results from the national GP patient survey 2014 demonstrated that that patients were not always satisfied with how they were treated by staff at the practice. For example, 56% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern and 60% said the nurse was good at giving them enough time, which were below the CCG averages of 71% and 74% respectively.

At this inspection results from the national GP patient survey published July 2016 demonstrated improved patient satisfaction. Data showed that the practice was similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 82% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 80% of patients said the nurse was good at giving them enough time compared to the CCG average of 87% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

At our previous inspection results from the national GP patient survey 2014 showed a mixed response from patients in relation to questions about their involvement in planning and making decisions about their care and treatment. For example, 71% of respondents said the last GP they saw or spoke to was good at treating them with care and concern, compared to 56% with the practice nurse.

At this inspection results from the national GP patient survey published July 2016 demonstrated improved patient experience, with an increased number positively responding to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.

Are services caring?

- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language however, there were no notices in the reception areas informing patients this service was available. We were told that the practice team spoke a range of languages, including those spoken by many of the practice's population groups. The practice website enabled users to access health information in multiple languages.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available which informed patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers (0.5% of the practice list). Patients identified as carers were offered additional support including annual flu vaccinations and referral to support services. 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. For example, the practice regularly attended CCG meetings with other local practices to review and compare performance data such as prescribing figures and referrals to identify areas for improvement and share learning.

- The practice offered extended hour appointments on Saturdays for patients unable to attend the surgery during normal working hours. Telephone consultations were also available in the morning and evening.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were accessible facilities, a hearing loop and translation services available, although there was no notice advising that the latter was offered. There was a dedicated room for breast feeding mothers and baby change facilities.

Access to the service

The practice was open from 8.30am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8.30am to 1.30pm Wednesday. Consultation times in the morning were from 8.30am to 11.30am Monday to Friday and in the afternoon from 2.30pm to 5.30pm each day with the exception of Wednesday afternoon when the practice was closed. Extended hour appointments were offered from 8.00am to 12noon every Saturday including one combined GP and practice nurse clinic once a month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, telephone

consultations were available daily including six in the morning and three in the afternoon for each GP. On the day urgent appointments were also available in the morning and afternoon.

At our previous inspection results from the national GP patient survey 2014 demonstrated that that 53% of respondents found it easy to get through to the practice by telephone which was below the CCG average of 70%. We were told by the practice that they had requested for the phone system to be changed by the landlord as it was part of the hardware in the building, but this remained on-going.

At this inspection results from the latest national GP patient survey published July 2016 showed a mixed response in accessing the practice services. For example;

- 49% of respondents gave a positive answer to how easy it was to reach the practice by telephone, compared to the CCG average of 72%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, feedback from a few CQC comment cards received described difficulty getting through to the surgery on the phone to make an appointment. The practice advised us that they had decided to install a new telephone system themselves and that it was expected to be in operation by the end of the year.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. All home visit requests were logged in a diary by reception staff which were then considered and prioritised by the GPs according to clinical need.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

- 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.
- We saw that information was available to help patients understand the complaints system for example, in the practice information leaflet and on the practice website.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, with openness and transparency and dealt with in a timely way. We were told lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. The two examples we were shown demonstrated appropriate investigation of and response to the complaints and that lessons learned were shared with the wider practice.

Are services well-led?

Requires improvement 

(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. They had a mission to improve the health, well-being and lives of patients they cared for. However, some staff we spoke with were unable to articulate the vision and values and they were unclear about what they were and their responsibilities in relation to them. The practice did not have a formal strategy and supporting business plans which reflected the vision and values. Therefore it was not clear how the practice would deliver the vision.

Governance arrangements

The practice had a governance framework in place however, there was no systematic approach in place to assess, monitor and improve outcomes for patients through regular clinical and non-clinical audit.

There were some structures and procedures in place to ensure 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.
- A comprehensive understanding of Quality and Outcomes Framework (QOF) performance of the practice was maintained.
- Medicine management audits were used to monitor quality and to make improvements in prescribing and patient record documentation.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour

is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly every six to eight weeks and submitted proposals for improvements to the practice management team. For example, the practice had purchased a phlebotomy chair with a specific arm rest to make it more comfortable for patients when blood specimens were taken.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Requires improvement 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had assisted with a survey conducted by the local Healthwatch team on primary care GP access for patients in Hounslow. They had also participated in a

project initiated by the Healthwatch team to evaluate the Ambulatory Emergency Care (AEC) service at a local hospital. The main aim of the project was to identify any AEC service gaps or areas for improvement that could lead to improved service for patients. The practice was in the process of implementing protocols for the trial of Skype video consultations which the local CCG was piloting.

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> <p>The provider did not have a strategy to deliver the practice vision, and there was no program of quality improvement including audit to improve outcomes for patients.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>