

# The Green Practice

## Inspection report

92 Bath Road  
Hounslow  
TW3 3LN  
Tel: 02086301350  
[www.thegreenpractice.org](http://www.thegreenpractice.org)

Date of inspection visit: 12 June 2023  
Date of publication: 14/09/2023

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 location		Requires Improvement	
Are services safe?		Requires Improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Requires Improvement	

# Overall summary

We carried out an announced comprehensive inspection at The Green Practice on 12 June 2023. Overall, the practice is rated as **Requires Improvement**.

Set out the ratings for each key question:

Safe - Requires improvement.

Effective - Good.

Caring - Good.

Responsive - Requires improvement.

Well-led - Requires improvement.

Following our previous inspection on 22 June 2022, the practice was rated requires improvement overall and for safe, responsive and well-led key questions. It was rated good for effective and caring key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Green Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

We carried out this inspection to follow up on breaches of regulations from a previous inspection and follow up concerns reported to us.

This was a comprehensive inspection. At this inspection, we covered all key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

## How we carried out the inspection

This inspection was carried out by visiting the practice.

This included:

- Conducting staff interviews.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

## Our findings

# Overall summary

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The practice demonstrated improvement in some areas, however, we found additional concerns and the practice was required to make further improvements.
- There was a lack of good governance in some areas.
- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.
- Risks to patients were not assessed and well managed in relation to the fire evacuation plan, health and safety risk assessment and monitoring of the prescription box for uncollected prescriptions.
- Some non-clinical staff we spoke with were not aware of emergency medicines and emergency equipment locations. Some staff could not explain the function and purpose of a defibrillator (a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest).
- Patients were not always able to access care and treatment in a timely way.
- Policies were regularly reviewed but this did not include the author and approver details.
- Our clinical records searches showed that the practice had effective systems in place to ensure the monitoring of high risk medicines and patients with long term conditions.
- Patient treatment was regularly reviewed and updated.
- There was evidence of quality improvement activity. Clinical audits were carried out.
- Annual appraisals were carried out in a timely manner.
- Staff had received training relevant to their role.
- Information about services and how to complain was available. Complaints were managed in accordance with the provider's protocols.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The Patient Participation Group (PPG) was active.

We found two breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should**:

- Continue to encourage and monitor childhood immunisation uptake rates.
- Continue to identify carers in the practice population and ensure that these patients receive appropriate support and signposting.
- Develop an effective system to monitor the requesting and collection of repeat prescriptions.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit. The team included a GP specialist advisor who spoke with staff on-site and completed clinical searches and records reviews by visiting the location.

## Background to The Green Practice

The Green Practice is located in the Heart of Hounslow Centre for Health, in the Hounslow area of West London at:  
92 Bath Road  
Hounslow  
TW3 3LN

We visited this location as part of this inspection activity. The practice is in purpose-built premises. The premises is shared with other health services.

The provider is registered with CQC to deliver the Regulated Activities; Diagnostic and screening procedures, Maternity and midwifery services and Treatment of disease, disorder or injury.

The practice is situated within the North West London Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 10,290. This is part of a contract held with NHS England.

The practice is part of the Hounslow Health Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth decile (five of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 58% Asian, 29% White, 6% Black, 3% Mixed, and 4% Other.

The majority of patients within the practice are of working age. The working age practice population is higher and the older people practice population is lower than the national average.

There is a principal GP and five locum GPs. Three GPs are female and three are male. The practice employs a practice nurse (10 hours per week), an advanced nurse practitioner (full-time) and a health care assistant. The principal GP is supported by a practice manager and a team of administrative and reception staff. A clinical pharmacist (employed by the primary care network) is working at the practice (four half days per week).

The practice is open between 8.00am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by Practice Plus.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p> <p>In particular, we found:</p> <ul style="list-style-type: none"><li>Recruitment checks were not always carried out in accordance with regulations and some records were not kept in staff files. For example:</li><li>The two staff files we reviewed showed that appropriate health checks (satisfactory information about any physical or mental health conditions) had not been undertaken prior to employment and interview notes were not always kept in staff files.</li><li>An advanced nurse practitioner (ANP) had received an 'enhanced' DBS check (requested by the previous employer), which was received in November 2021, and they started employment at the practice in August 2022. We noted that a locum GP had received an 'enhanced' DBS check in March 2020, and they started employment at the practice in January 2023. The service had not carried out any documented risk assessment to mitigate the risks.</li><li>Most non-clinical staff who acted as chaperones had received a 'standard' or 'basic' DBS check, which was not appropriate to their role and an appropriate risk assessment was not completed.</li></ul> <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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# Requirement notices

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

## **How the regulation was not being met:**

The provider had not done all that was reasonably practicable to ensure systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular, we found:

- Blank prescription forms were not recorded, and their use was not monitored in line with national guidance.
- People were not always able to access care and treatment in a timely way.
- Policies did not include the author and approver details.
- Some non-clinical staff we spoke with were not aware of emergency medicines and emergency equipment locations.
- The fire evacuation plan did not include how staff could support patients with mobility problems to vacate the provider's first floor premises.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.