Kingsway Surgery

Quality Report

Wood End Park Centre
Judge Heath Lane
Hayes
UB3 2PB
Tel: 020 8756 4388
Website: www.thekingswaysurgery.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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced comprehensive inspection at Kingsway Surgery on 11 November 2015.

Overall the practice is rated as inadequate.

Our key findings across all the areas we inspected were as follows:

Specifically, we found the practice to be inadequate for providing safe, effective, responsive and well-led services.

The concerns which led to a rating of inadequate in safe, effective, responsive and well-led apply to all population groups using the practice. Therefore, all population groups have been rated as inadequate.

Our key findings across all the areas we inspected were as follows;

- Systems, processes and practices did not keep people safe. As a result, patients were at risk of harm. Staff did not assess, monitor or manage risks to people who use the service. People received care from inappropriately qualified staff. The practice had employed an overseas trained doctor to work as a health care assistant and practice manager. This person did not have UK accredited training and competencies to work as a health care assistant. The partners were aware of this but had failed to recognise the risk associated with it. Furthermore, recruitment checks had not been carried out on this member of staff.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment. The practice did not have adequate systems for medicines and infection control management.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.

Summary of findings

- Patients we spoke with were positive about their interactions with staff and said they were treated with compassion and dignity. However, national GP survey data showed the practice was below local / national average for most caring indicators.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

Following the inspection on 11 November 2015; we issued a Warning Notice for Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) on 23 November 2015. The provider was told to suspend all clinics and clinical work undertaken by the healthcare assistant. This was because of the concerns we found regarding the clinical work the health care assistant was undertaking without UK accredited training and lack of supervision. Following this, we visited the practice unannounced on 1 December 2015 to check that the provider had taken action as required. On this visit we found that the provider had taken the required action and had suspended the health care assistant from undertaking all clinical work.

The areas where the provider must make improvements are:

- Introduce effective processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Actively seek to involve patients in developing and improving the service.
- Ensure systems are implemented for the safe management of prescription pads.
- Ensure accessible availability of medical emergency equipment and a system must be in place to ensure that this equipment is checked on a regular basis
- Ensure they have effective arrangements in place to safeguard children and vulnerable adults .

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

- The practice should ensure that information relating to the availability of language translation services is advertised to patients.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff were not clear about reporting incidents, near misses and concerns. The practice did not always carry out investigations when there were unintended or unexpected safety incidents.
- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. We found that the practice did not have systems and processes for safeguarding , recruitment ,infection control, medicine management, anticipating events, management of unforeseen circumstance and dealing with emergencies
- There was insufficient attention to safeguarding children and vulnerable adults. Staff did not recognise the lead of safeguarding and did not follow a reporting process as none was in place.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There was minimal engagement with other providers of health and social care.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services and improvements must be made.

- Data showed that patients rated the practice lower than others for most caring indicators.
- The majority of patients said they were treated with compassion, dignity and respect.
- There was insufficient information available to help patients understand the translation services available to them.

Summary of findings

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services and improvements must be made.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had not reviewed the needs of its local population in the last two years

Information about how to complain was available and easy to understand. However the practice did not have a designated person responsible for handling complaints. Staff did not fully understand how to progress concerns and complaints from patients.

Are services well-led?

Inadequate

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

- It did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- There was no clear leadership structure.
- The practice lacked key policies and procedures to govern activity, such as safeguarding, recruitment and training, infection control and medicines management.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had not proactively sought feedback from staff and could not demonstrate how they engaged with the patient participation group.
- Staff had not received regular performance reviews and did not have clear objectives.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had a named GP for all patients over 75.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

- Longer appointments and home visits were available when needed and all these patients had a named GP.
- Annual reviews were undertaken to check that patients' health and care needs were being met by staff who did not have the training and competencies to do so.
- The practice could not demonstrate that they held meetings with the district nurses and the end of life care team on a regular basis.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- However patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours.
- Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had not been identified .

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- It offered longer appointments for people with a learning disability.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice did not hold a register of patients living in vulnerable circumstances. It was unable to identify the percentage of patients who had received annual health checks.
- We found no evidence that the practice had worked with multi-disciplinary teams in the case management of vulnerable people.
- Some staff knew how to recognise signs of abuse in vulnerable adults and children, but they were not aware of the nominated safeguarding lead in the practice and did not follow a reporting process as none was in place.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was unable to identify patients
- It had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- It did not carry out advance care planning for patients with dementia. Staff had not received training on how to care for people with mental health needs and no dementia training was available.
- It did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was generally performing in line with local and national averages for some data however most results were below average. There were 90 responses which represent 20% of the practice population who had been asked to complete the national GP survey.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 88% found the receptionists at this surgery helpful (CCG average 82%, national average 86%).
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 86% said the last appointment they got was convenient (CCG average 87%, national average 91%).
- 70% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 58% usually waited 15 minutes or less after their appointment time to be seen (CCG average 63%, national average 64%).

As our inspection was unannounced we did not send CQC comment cards to be completed by patients prior to our inspection.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Introduce effective processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Actively seek to involve patients in developing and improving the service.
- Ensure systems are implemented for the safe management of prescription pads.
- Ensure accessible availability of medical emergency equipment and a system must be in place to ensure that this equipment is checked on a regular basis
- Ensure they have effective arrangements in place to safeguard children and vulnerable adults .

Action the service SHOULD take to improve

- The practice should ensure that information relating to the availability of language translation services is advertised to patients.

Kingsway Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience

Background to Kingsway Surgery

Kingsway Surgery is located in the London Borough of Hillingdon. The practice provides a general practice service to around 4,000 patients.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; and maternity and midwifery services at one location.

The practice has a General Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two GP partners working three and six sessions respectively. Two locum sessional GPs working a total of five sessions. The practice has a practice manager who also works as a health care assistant; the rest of the practice team consists of a practice nurse working two days per week, and five administrative staff consisting of medical secretaries, reception staff, clerks and typist.

Kingsway Surgery is currently open five days a week from 07:00hrs -19:00hrs. Consultation times are from 08:30hrs until 11:30hrs and from 16:00hrs in the afternoon until 18:00hrs on Monday, Thursday and Friday. On Tuesday the practice is open until 20:30hrs and the nurse provides early morning appointments from 07:00hrs on a Thursday. The practice closes on Wednesdays at 11:30am. When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

There were no previous performance issues or concerns about this practice prior to our inspection.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an unannounced visit on 11November 2015 because we had concerns about the provider. During our visit we:

Detailed findings

- Spoke with a range of staff including the senior GP partner, a locum GP, the practice manager/health care assistant and spoke with patients who used the service.
- On 13 November 2015we also spoke to the practice nurse and the other GP partner who were not available on the day of our inspection
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

Following the inspection on 11 November 2015; we issued a Warning Notice for Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) on 23 November 2015. The provider was told to suspend all clinics and clinical work undertaken by the healthcare assistant. This was because of the concerns we found regarding the clinical work the health care assistant was undertaking without UK accredited training and lack of supervision. Following this, we visited the practice unannounced on 1 December 2015 to check that the provider had taken action as required. On this visit we found that the provider had taken the required action and had suspended the health care assistant from undertaking all clinical work.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice did not have effective systems in place for reporting and recording significant events.

- The practice had a book that was kept in reception that staff used to record incidents, and messages. We found that no system was in place to check the recordings in the book. When we viewed the book we found that a number of incidents that had been recorded and referred to as incidents were in actual fact complaints. After staff had recorded these we could not see any evidence of follow up action that was taken. We saw an example where a non-clinical staff member had received a call from local funeral directors to report that a patient registered at the practice was deceased. We asked the practice to show us the action taken following this call and they were not able to demonstrate that they had taken action.
- The practice provided us with two significant events that had occurred in the last 12 months. These significant events were briefly written and there was no evidence of discussions in meetings or action taken following the incidents. For example an incident had occurred when the practice nurse had administered immunisations for a baby much earlier than the recommended schedule. The immunisations should have been given at eight weeks but these were given at five weeks. No learning points had been identified and implemented after this incident.
- MHRA and medicines alerts were sent to the practice manager/ health care assistant who decided if they were relevant to the practice and required actioning. The practice could not show us or demonstrate how these were followed up .The senior GP partner could not give us any examples of alerts that the practice had recently been received and acted on.

Overview of safety systems and processes

The practice lacked clearly defined and embedded systems, processes and practices to keep people safe and should make improvements.

- The practice did not have any arrangements in place to safeguard children and vulnerable adults. The practice had no nominated safeguarding lead. The practice could not show us the safeguarding policy they worked to or the escalation policy they used for safeguarding. When we spoke with administration staff they reported that the practice manager was the safeguarding lead. The senior GP partner felt that this was shared responsibility for all at the practice. However the other GP partner and the practice nurse reported that the senior GP partner was the safeguarding lead. The practice could not provide evidence of the safeguarding training that staff had received. The senior partners told us they all had received online training but the certificates to demonstrate completion were not available. The senior partner could not tell us or show us the registers kept at the practice for vulnerable adults and children. They relied on the practice manager to show us such information and they could not demonstrate how they contributed to monitoring this work.
- A notice in the waiting room advised patients that the nurse would act as a chaperone, if required. However the practice did not have records to demonstrate that the nurse had received a disclosure and barring check (DBS check).The practice nurse only worked two days per week and the practice could not demonstrate the procedures they used during the nurses absence. (DBS
- The practice did not maintain appropriate standards of cleanliness and hygiene. The practice did not have an infection control policy. We observed the clinical rooms to be unclean. A cleaner attended the practice daily to clean but no system was in place to monitor this .The practice did not have a nominated lead for infection control. All staff had not had infection control training. No infection control audits had been undertaken at the practice. We asked the practice if there had been external checks or audits undertaken by the CCG and the practice were not able to provide this information.
- The arrangements for managing medicines required improvements .The practice did not have a medicines management policy that staff followed .We found the arrangements for managing medicines, including emergency drugs and vaccinations in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security). For example, one GP consultation room door was not

locked. This posed a potential risk of people being able to access prescription pads that were in the printers. We pointed this to the practice but no action was taken during the inspection.

- The practice did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions used by the practice nurse had not been countersigned by a GP. The practice manager also undertaking the role of a health care assistant was administering influenza immunisations and Vitamin B injections without any Patient Specific Directions.
- We found that the vaccine fridge temperatures were not fully monitored. Between June and November 2015 the temperatures of the fridge were only recorded on three to four occasions each month. The senior GPs told us the monitoring of fridges was a daily task. We looked at the log of fridge temperatures that were recorded and noted that on a number of occasions staff had recorded temperatures that were higher than the recommended 2-8 degrees Celsius but no action had been taken. When we spoke to the GPs they seemed unaware of this, indicating there was inadequate oversight of the system in place for monitoring safe storage of vaccines.
- Recruitment checks were not fully carried out. We viewed eight staff records of clinical and non-clinical staff. The practice had recently employed a practice nurse, one locum GP and two administrative staff. All files did not have any evidence of recruitment checks that had been carried out. The practice could not provide us with a recruitment policy they worked to.

Monitoring risks to patients

Risks to patients were not fully assessed.

- The practice did not have an up to date fire risk assessments and did not carry out regular fire drills and there was no nominated fire lead.
- The practice could not show us up to date risk assessments that were in place to monitor safety of the premises such as control of substances and legionella. However

Arrangements to deal with 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.
- The practice could not demonstrate that all staff had received basic life support training. The practice manager/health care assistant had received training in March 2014.No other training records were available for all other staff employed in the service.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However the oxygen cylinder was inaccessible as it was placed on top of a wall cupboard. No practice based checks were completed to ensure the equipment was in good working order. The senior GP and practice manager/health care assistant could not demonstrate to the inspection team how they checked the oxygen level in cylinder.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. However when we checked we found that some of them such as salbutamol inhaler/pumps and chlorphenamine tablets had all expired in 2014.The practice did not have a system or nominated individual who checked that these medicines were still in date.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage. The senior GP told us the practice did not have a business continuity plan because "they had wanted to move for a long time". The practice manager was not sure if the practice had one. All other staff told us about a practice they worked closely with but no other details were provided.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The senior GP we spoke with could not demonstrate that patients needs were assessed and care was delivered in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and that from local commissioners. They told us they accessed such guidance from home during their own time. However there were no systems used at the practice to ensure this guidance was received for the practice as a whole and shared. We spoke with a locum GP and they told us that they benefited from working in a number of practices and therefore kept themselves updated that way. They reported that often at the practice information was shared informally .The nurse informed us that they kept themselves up to date during their own time.

Management, monitoring and improving outcomes for people

- The senior GP partner had limited knowledge about QOF and could not explain how the process worked and could not fully explain how this resulted in improvements to patient care and their involvement with the process. They did not know current QOF data or how they were doing and the areas the practice required to improve in. However the practice manager/health care assistant was working to ensure the practice achieved the QOF requirements. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 5% exception reporting.
- This practice was an outlier for QOF targets relating to the uptake for the cervical screening programme. The practice's uptake for the cervical screening programme was 70%, which was below the CCG average of 81% and the national average 82%. The practice could not demonstrate the system they used to follow up patients who did not attend their cervical screening and whose responsibility this was.

Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to national average. (practice 75%; national 77%)
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. (practice 82%; national 78%)
- Performance for patients with hypertension indicators in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was similar to the CCG and national average (practice 83%; national 83%).

The practice could not demonstrate any clinical audits that had been completed. The senior partner told us that they were unable to locate the completed audits, further more they could not tell us what areas these audits had looked at or show how they had improved patient outcomes

Effective staffing

Staff did not have the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a policy or process they followed to provide induction for newly appointed non-clinical and clinical staff. The practice had recently appointed two administrative staff and two locum GPs. The practice manager and senior GP partner could not demonstrate the process the practice had in place to ensure staff received appropriate training and guidance. We saw an information folder for locum staff on the practice intranet but this contained no information. When we spoke with one of the locum GP staff they told us they had received an informal introduction to the practice on their first day and that they often had informal conversations with the senior partners if they had concerns.
- The practice did not have a system to ensure staff received role-specific training and updating for relevant staff for example those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice manager was an overseas trained doctor who was not registered to practice medicine in the UK. They had been employed at the practice as a data entry clerk but subsequently given the roles of practice manager and health care assistant. They ran clinical sessions delivering, influenza immunisations and Vitamin B injections to patients. They also reviewed care plans for patients with long term conditions such as diabetes and asthma. The practice manager had not received training in the UK to work as a health care

Inadequate

Are services effective?

(for example, treatment is effective)

assistant and they performed these roles with no supervision. We also saw an example were they had seen a patient complaining of discomfort when urinating and they had diagnosed a urine infection.

- The practice had not identified the learning needs of staff. No records were available to evidence staff appraisals and reviews of practice development needs. The practice manager/health care assistant had last received an appraisal in early 2014. No other records were available for other staff. Although the practice held staff meetings once a month they could only demonstrate three sets of meeting minutes for the last 12 months. The practice kept no records of the nurses continuous professional development. When we spoke with the nurse they told us they undertook training in their own time.
- The GPs were up to date with their yearly continuing professional development requirements and one had been revalidated in 2015 and others were due for revalidation (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Coordinating patient care and information sharing

Some information needed to plan and deliver care and treatment was available to relevant staff and accessible through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services, for example when referring people to other services.

Staff worked together and with social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice told us that they did not have multi-disciplinary team meetings due to the changes with the community teams but could not demonstrate the system used to liaise with other teams to improve patient care.

Consent to care and treatment

We found no evidence to demonstrate that staff always sought patients' consent to care and treatment in line with legislation and guidance. The practice manager/health care assistant did not document consent in patients records when they delivered care.

- We found that the senior GP partner did not understand the principles of Gillick, when providing care and treatment for children and young people. They told us that 'culture and family' was more important than Gillick competency.
- The process for seeking consent was not monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice did not have a system to identify patients who may be in need of extra support. They dealt with these needs when patients presented to them and we saw no evidence of forward care planning.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88 % to 100% and five year olds from 92% to 97%. Flu vaccination rates for the over 65s were 65%, and at risk groups 57%. These were also comparable to CCG and national averages.

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

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. However we noted that the waiting room area was very small and conversations could be overhead. Three patients told us they did not like this about the practice as they felt their conversations were open to all other patients in the waiting room.

As our inspection was unannounced we did not send CQC comment cards to be completed by patients prior to our inspection.

We spoke with 13 patients during the inspection. All 13 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However one patient had sent in comments to the GP national survey expressing their concerns with the practices care for patient with diabetes. The patient felt that the practice should not be caring for diabetic patients without training as they were unhappy with the staff that had attended to them.

The practice was below average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 84% and national average of 88%.
- 72% said the GP gave them enough time (CCG average 80%, national average 86%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 75% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 82%, national average 86%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded negatively questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. However we did not see notices in the reception areas informing patients this service was available. The GPs told us that they often saw patients without offering an interpreter as they spoke most of the languages used locally.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Requires improvement

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice could not tell us the number of patients identified as carers. 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. 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. However we noted that the practice did not have any bereavement support leaflets available.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found no evidence that 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. The senior partner told us that Hillingdon CCG did not always hold meetings and when they decided to have meetings these were often at short notice and therefore could not evidence their attendance.

- The practice offered a late evening appointment on Tuesday evening until 20.30hrs for working patients who could not attend during normal opening hours. Appointments with the practice nurse were also available on Thursday mornings from 07:00hrs for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.

Access to the service

Kingsway Surgery is currently open five days a week from 07:00hrs -19:00hrs. Consultation times are from 08:30hrs until 11:30hrs and from 16:00hrs in the afternoon until 18:00hrs on Monday, Thursday and Friday. On Tuesday the practice is open until 20:30hrs and the nurse provides early morning appointments from 07:00hrs on a Thursday. On Wednesday the practice closes at 11:30am. When the practice is closed, the telephone answering service directs patients to contact the out of hours provider. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 68% and national average of 74%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 70% patients described their experience of making an appointment as good (CCG average 67%, national average 73%.
- 58% patients said they usually waited 15 minutes or less after their appointment time (CCG average 63%, national average 64%).

Listening and learning from concerns and complaints

- The practices complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system
- However the practice did not have a process of recording and analysing complaints to detect themes or trends. There was no designated responsible person who handled complaints in the practice .We saw no evidence of complaints being shared and discussed with the team. Therefore no mechanisms were place to ensure lessons learnt were shared with all relevant staff. When we spoke with reception staff regarding the complaints procedure, they all told us when a patient complained they resolved the complaint and often did not record this.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a vision to deliver high quality care and promote good outcomes for patients. No strategy and business plans were in place to reflect the values of the practice and how these were monitored. The senior GP told us that the vision of the practice was the general overall care of patients. The practice manager explained the organisations vision to be centred around delivering patient care with limited resources. We saw no evidence where the vision and values of the organisation were discussed and shared with staff.

Governance arrangements

The practice did not have clear governance arrangements in place. The practice held no clinical governance meetings, and the systems of learning, sharing and making improvements following Significant Events Analyses (SEA) and complaints were not effective**.**

- There was no clear staffing structure and staff were not clear of their roles & responsibilities.
- Staff were also not aware of the person with overall responsibility.
- The practice did not have key designated individuals in areas such as safeguarding, infection control, complaints lead and a clinical lead and therefore no one took responsibility and accountability.
- The practice lacked specific policies such as significant event reporting, the management of medicines, safeguarding escalation policy, recruitment policy, infection control and complaints. Of those policies that were available staff were not clear as to which ones were used as the practice was also accessing online policies from independent companies that were not tailored to the practice. Other key staff such as a locum GP did not know how or where some of the available polices were kept.
- The practice used locum staff and had not developed a locum pack and induction programme to guide these staff.
- The practice used the practice manager to also perform the role of a health care assistant. No policies and procedures were in place for this role.
- No programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were no arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

- The concerns found on the inspection, in relation to the role of the practice manager working as a health care assistant without training and supervision indicated that the practice did not have effective leadership. The GP partner at the practice told us that they were on the CCG board that was developing training for health care assistants and yet they had failed to recognise the risk associated with allowing staff to work without adequate training.
- Staff told us that they felt supported by the practice manager and the partnership. However we found the administration of the practice was not effectively managed. The senior partner worked at the practice for only three sessions a week. As a senior partner their knowledge of the practice was very limited. They were not aware of the practices essential information such as QOF data, or how this information could be accessed. They could not demonstrate or tell us where key information such as policies were located. They were not aware of key profiling information for the population they worked with.
- The practice partnership was aware that the practice manager had not received training to support in this role yet all clinical QOF data management and the day to day operating of the practice was left to them. The partners were also aware that this person had not met the required training and competencies to work in the UK and they allowed them to undertake the role of HCA.
- When we spoke with the practice manager they acknowledged their lack of training as being an obstacle. They told us that they had been employed as a data entry clerk, then promoted to the post of health care assistant and also given the responsibility of practice manager. Their time was limited and so they concentrated on clinical work as opposed to managerial operational issues.

Are services well-led?

Inadequate

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

- Staff told us that the practice held regular team meetings, but could only evidence three sets of meeting minutes for the past 12 months.

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

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys and they were on their practice website. However the practice could not demonstrate how often the group meet and minutes of these meetings were not available. However we were told and saw from the practices website that the practice had introduced telephone triage appointments to all patients in order to improve access as a result of the PPG feedback.
- Staff told us that the practice had gathered feedback from staff through informal meetings though we saw no evidence of this .However 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. No appraisals had taken place for all staff in the last year.

Continuous improvement

- We saw no focus on continuous learning and improvement at all levels within the practice. The practice kept very limited records of training and development undertaken by staff.
- No staff member had an appraisal completed which demonstrated that personal development was not a priority for the practice. None of the GPs could evidence a system of peer review used at the practice to continually improve.

This section is primarily information for the provider

Enforcement actions

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not ensure care and treatment was provided in a safe way for service users by making suitable arrangements for assessing and mitigating risks to the health and safety of service users, emergency equipment, management of medicines and infection prevention and control. Regulation 12 (1)(2)(a)(c)(d)(e)(g)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The registered person did not ensure that systems and processes were established and operated effectively to prevent and investigate abuse or allegations of abuse of service users

This section is primarily information for the provider

Enforcement actions

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 : The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance How the regulation was not being met: The registered person did not have established and effective governance, assurance and auditing processes to monitor the service; and ensure that appropriate and up to date records were maintained in respect of staff employed and the management of the regulated activities

The practice could not evidence that clinical and non-clinical staff had received appropriate safeguarding adults and children training to ensure they understood their roles and responsibilities in relation to preventing abuse.

The practice did not have a designated safeguarding lead and no safeguarding reporting process was in place

Systems were not established to prevent abuse of patients. The practice nurse used to perform chaperone duties had not been DBS checked

Regulation 13 (1)(2)

This section is primarily information for the provider

Enforcement actions

We found no systems or processes in place that enabled the provider to identify where quality and/or safety were being compromised and to respond appropriately and without delay.

The practice did not have key governance policies; such as safeguarding, infection control, medicines management and recruitment.

The practice could not evidence any audits that had been undertaken to monitor and improve care.

We found some patient records that had not been locked away and could have been easily accessible.

17(1)(2)(a)(b)(d)

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing

How the regulation was not being met:

The provider did not ensure that persons employed received such appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties

This section is primarily information for the provider

Enforcement actions

The practice had recently employed two staff members and no records were available to demonstrate the induction process the practice followed. Staff had not received appraisals in the last 12 months.

18(2)(a)(b)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Employed How the regulation was not being met: The registered provider did not operate effective recruitment procedures to ensure that staff were of good character, were physically and mentally fit for that work; and that information specified in Schedule 3 was available. Staff files we viewed did not show that the registered person had undertaken all the necessary recruitment checks before staff were employed. The practice had an employed an overseas trained doctor to work as a health care assistant. This person had not received UK accredited training and their skills and competencies had not been assessed for the roles they were undertaking. 19(1)(a)(b)(c)(3)(a)(b)