Dr Sunil Mayor

Quality Report

Bath Road Surgery
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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 caring?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of Dr Sunil Mayor's practice at Bath Road Surgery on 8 January 2016. At that inspection we found the practice was meeting all legal requirements but we rated the practice as 'requires improvement' overall and for the key questions of whether the practice was caring and well-led. Specifically:

- We found that practice should improve aspects of the patient experience. In particular, the practice should enable patients to have reasonable access to their preferred GP.
- At the time of the last inspection, the practice had made significant changes to its systems and processes and had recently recruited several members of staff. We found that the practice needed more time to be able to demonstrate that new policy and practice was fully embedded and to ensure that improvements to the service were sustained.

The previous inspection reports for this practice can be found by selecting the 'all reports' link for Dr Sunil Mayor on our website at www.cqc.org.uk.

We undertook this focused inspection to assess whether the practice was acting on these areas and had effective systems of self governance. The inspection included a visit to the practice on 24 November 2016. This report covers our findings from this focused inspection.

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

- The practice was providing a caring service. The practice recognised the value of providing continuity of care and were increasingly enabling patients to see their preferred GP.
- The practice had visible leadership, a strategic approach to improvement and effective systems of governance. The practice staff worked well together as a team and with other health and social services professionals and bodies.
- The practice demonstrated sustained and continued improvements in its performance since our previous inspection, for example in relation to the management of long term mental health and diabetic control.

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 caring?
The practice is rated as good for providing caring services. The practice had improved systems in place to enable patients to access their preferred GP.

Good 

Are services well-led?
The practice is rated as good for being well-led. The practice was able to demonstrate that it had effective governance systems in place and a sustained focus on continuous improvement.

Good 

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
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

People with long term conditions
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

Families, children and young people
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

Working age people (including those recently retired and students)
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

People whose circumstances may make them vulnerable
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

People experiencing poor mental health (including people with dementia)
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

Dr Sunil Mayor

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was conducted by a CQC inspector.

Background to Dr Sunil Mayor

Dr Sunil Mayor provides NHS primary medical services to around 9300 patients in Hounslow, through a General Medical Services contract. The practice has one surgery which is known as Bath Road Surgery.

The current practice staff team comprises the principal GP (male), two permanent salaried GPs (female), three long term locum GPs (male and female), an advanced nurse practitioner, a phlebotomist and two health care assistants. The practice also employs a practice manager and administrative and reception staff.

The practice core opening times are between 8am-6.30pm during the week, although the practice closes from 1pm on Wednesday and from 5.30pm on Friday. The practice is also open for extended hours appointments between 7am-8am on Wednesday and 6.30pm-7.30pm on Monday.

Patients can arrange to speak with a GP at 12 noon and 3pm. The practice offers online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice and visit patients living in a local nursing home every weekend.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, the website and on a recorded telephone message.

The practice differs from the average practice in England in having a larger proportion of children aged under four and adults in the 20-39 age range. It has a relatively small proportion of patients aged over 50. The practice population is ethnically diverse with the majority of patients being Indian by background. The prevalence of some chronic diseases, notably diabetes, is high locally.

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

We previously inspected the practice in January 2016 after the practice had been placed in special measures for six months. The practice came out of special measures at that time.

Why we carried out this inspection

We undertook a focused inspection of Dr Sunil Mayor's practice. This was because the service had been rated as requires improvement for providing a caring service and for being well-led and was also rated as requires improvement overall at our previous inspection in January 2016. Specifically:

- We found that practice should improve aspects of the patient experience. In particular, the practice should enable patients to have reasonable access to their preferred GP and improve patient involvement in decisions about their care.
- We found that the practice needed more time to be able to demonstrate that new policy and practice was fully embedded and to ensure that improvements to the service were sustained.

Detailed findings

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection aimed to assess whether the registered provider was continuing to meet 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 an updated rating for the service under the Care Act 2014.

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 24 November 2016. During our visit we:

- Spoke with a range of staff (the principal GP, two salaried GPs, the practice manager and the reception manager).
- Reviewed the information provided to patients in the waiting room and reception area.
- Reviewed a number of relevant practice policy documents, meeting records and performance indicators.

This focused inspection was carried out to check that the practice was making required improvements. We inspected the practice against two of the five questions we ask about services:

• Are services caring? and

• Is the service well-led?

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.

Good

Are services caring?

Our findings

At our previous inspection, we found that the practice did not enable patients to have reasonable access to their preferred GP.

In 2015, the practice had recruited two salaried GPs and a number of long-term locum GPs to provide greater continuity of care. The practice appointment system allowed patients to pre-book appointments with a preferred GP if they wished. The practice had a policy to promote continuity of care unless the urgency of the appointment meant this was not possible. The policy was posted on the front page of the practice website.

The practice was now consistently running with a duty doctor system each day. The duty doctor was available for patients who rang to see or speak to a doctor urgently. This allowed the other GPs on duty to see a greater proportion of their pre-booked patients.

The practice electronic record system alerted the receptionists if individual patients needed priority access to their named GP, for example patients with complex needs or particular language requirements. In particularly complex cases, the GP had provided patients or carers with a mobile number.

The national GP patient survey was published in July. This showed that patients ratings for continuity of care had improved since the previous survey:

- 36% of patients said they usually get to see or speak to their preferred GP. This was a marked improvement on the previous national survey results published in January 2016 in which 24% of practice patients said they usually get to see or speak to their preferred GP.
- The national GP patient survey ratings for the practice were statistically comparable to other practices in the clinical commissioning group (CCG) area and nationally for all survey questions. For example, 70% of practice patients would recommend this surgery to someone new to the area compared to the CCG average of 73% and the national average of 78%.

The practice was in the process of developing its own patient survey to explore patient experience and involving the patient participation group in its design. The reception manager told us they now received much more positive patient feedback, for example verbal comments about the helpfulness of the reception staff. They were planning to share this feedback with the team every quarter as a form of appreciation.

Are services well-led?

Good

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

Our findings

At our previous inspection, we found that the practice could not yet demonstrate that changes to its policies, procedures and practice were fully embedded.

At this inspection, we found that the practice had maintained a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting area and staff knew and understood the values.

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example:

- The practice had introduced a greater range of out-of-hospital diagnostic testing for the convenience of patients, such as ambulatory blood pressure monitoring and ECG testing.
- The practice list size was expanding. The practice was considering longer term options for example, the potential need to relocate to a larger site.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that there was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- The practice team held a formal meeting each month and kept notes from these meetings. The clinical and administrative teams met separately the same day so that any issues arising from one meeting could be shared immediately. The clinical staff also met informally once a week to reflect together and the whole staff tended to meet daily over lunch and coffee. Staff told us they valued these informal meetings as a chance to de-stress and support each other.

Practice specific policies were implemented and were available to all staff. The practice had continued to review and update its policies and procedures since our previous inspection.

- For example, the practice team now fully utilised the automated workflow and tasking facilities of the electronic record system. All prescription requests and changes were now electronically routed and communicated within the team with a clear audit trail showing when tasks were generated and actioned. Tasks were now being cleared the same day. The reception manager told us that administrative errors, for example leading to delays generating repeat prescriptions, had reduced as a result.

A comprehensive understanding of the performance of the practice was being maintained. The practice had taken account of external performance information from the Quality and Outcomes Framework, the national GP patient survey, external inspection reports, benchmarking exercises and its own audit programme. For example:

- The practice had run case finding exercises (such as inviting patients aged over 40 who smoke for in-house spirometry) to identify chronic obstructive pulmonary disease (COPD) in the practice population. As a result, the COPD register had increased from 23 patients to 64.
- The practice was improving its management of diabetes. In 2014/15, 60% of diabetic patients had adequately controlled blood sugar levels (as measured by HbA1c < 64 mmol/mol). In 2015/16, this had risen to 70% which was comparable statistically to the CCG average. The practice had taken a more proactive approach to calling patients in for review throughout the year, particularly for those patients known to travel abroad at certain times of the year. The practice also hosted a diabetic specialist nurse once a week and the GPs could speak a range of languages including Punjabi, Hindi and Gujarati.
- The practice had reviewed its management of mental health. There was now a range of information for patients in the waiting room prompting people to talk to their GP if they had concerns about their mental health and informing patients of local services. The practice had a relatively small number of patients diagnosed with schizophrenia, bipolar affective disorder or other psychoses. These patients were now all flagged as 'vulnerable' with priority access to appointments. The practice had already called three quarters of these patients for a health check 2016/17. The practice monitored patients on higher risk medicines such as lithium and methotrexate for example carrying out regular blood tests.
- The practice was an active member of its locality group of practices and the clinical staff had protected time to attend the weekly local training and update meetings and to share learning.

Are services well-led?

Good

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

The GPs and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Individual members of staff had been allocated as leads for specific areas. The practice had defined what was expected from lead roles, for example updating the practice team on guidelines and training points.

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. The PPG met quarterly and had around 17 attending patient members at the last meeting in September. Seven members of practice staff also attended the meeting.

There was a focus on continuous improvement and education.

- The practice had maintained a programme of continuous clinical and internal audit. Each of the permanent GPs took on an audit. Suitable audit topics and the results were discussed at the monthly clinical meetings.
- The practice was about to become a teaching practice, taking on its first cohorts of second and third year undergraduate medical students in early 2017.