

Dr K Anantha-Reddy's Practice

Quality Report

Yeading Court Surgery
1-2 Yeading Court
Masefield Lane
Hayes
Middlesex
UB4 9AJ
Tel: 020 8845 1515
Website: www.yeadingcourt.nhs.uk

Date of inspection visit: 9 January 2018
Date of publication: 05/03/2018

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr K Anantha-Reddy's Practice	5
Detailed findings	6
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

We carried out an announced comprehensive inspection at Dr K Anantha-Reddy's Practice on 15 December 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Dr K Anantha-Reddy's Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 9 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had made improvements since our last inspection. However we identified shortfalls in other areas. Overall the practice remains rated as requires improvement.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? - Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

At this inspection we found:

- The practice had implemented a system to ensure safety alerts were disseminated and acted on.
- The practice had systems to manage risk so that safety incidents were less likely to happen. However, there were weaknesses in monitoring uncollected repeat prescriptions and managing prescription stationery.

Summary of findings

- The practice had implemented a system to manage significant events. However, this required improvement as staff were unclear of which process to follow.
- When incidents did happen, the practice learned from them and improved their processes. However, the completed significant event forms we reviewed lacked detail of the lessons learned and follow-up of the event.
- The practice was equipped to treat patients and meet their needs. Privacy curtains in consultation rooms were now disposable and changed every three months.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had demonstrated improvements in performance for the Quality and Outcomes Framework and breast cancer screening.
- Improvements were still required in relation to exception reporting and uptake for the cervical screening programme, and bowel cancer screening rates.
- The practice had used clinical audit to drive improvements in patient outcomes.
- The practice had continued to identify and support more patients who were also carers.
- Staff involved and treated patients with compassion, kindness, dignity and respect. However, we found privacy was not maintained in the treatment room as conversations could be overheard from a consultation room.

- Patients found the appointment system easy to use but reported increased waiting times to access routine appointments. The practice had made changes to the appointment system in response to patient feedback.
- The practice had taken steps to develop their patient participation group and had recruited more members to the group.
- There was a focus on continuous learning and improvement at all levels of the organisation.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider **must**:

- Ensure that all patients are treated with dignity and respect.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review the processes for recording significant events.
- Establish a system to ensure results are received for cervical screening samples and monitor inadequate rates for sample takers.
- Continue to review patient satisfaction with the availability and punctuality of appointments, and consultations with the GPs.
- Review the complaints response template.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Dr K Anantha-Reddy's Practice

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.

Background to Dr K Anantha-Reddy's Practice

Dr K Anantha-Reddy's Practice, also known as Yeading Court Surgery, is a GP practice located in Hayes, Middlesex. The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG) and provides primary medical services to approximately 4,975 patients.

Services are provided from:

- 1-2 Yeading Court, Masefield Lane, Hayes, Middlesex UB4 9AJ

Online services can be accessed from the practice website:

- www.yeadingcourt.nhs.uk

The practice is led by two GP partners (male) who collectively provide 13 sessions per week. Other staff include two regular female GP locums (two to three sessions per week); a practice nurse (20 hours); a practice manager (30 hours); and seven receptionists / administrators.

The practice operates from a single storey building which contains two consulting rooms, one treatment room, two small waiting areas and two administrative offices. The practice is accessible to wheelchair users via a side entrance to the building.

The practice and telephone lines are open from 8am to 6.30pm every weekday. Extended hour appointments are available from 6.30pm to 8pm on Tuesday evening. When the practice is closed patients are directed to the out of hours service or can be booked an appointment with the local primary care hub.

The practice has a lower percentage of patients over 65 years of age when compared to the national average. The practice population is ethnically diverse with 40% white, 35% Asian, 16% black, 5% mixed race and 4% from other ethnic groups. The practice area is rated in the fourth deprivation decile (one is most deprived, ten is least deprived) of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

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

Are services safe?

Our findings

At our previous inspection on 15 December 2016 we rated the practice as requires improvement for providing safe services as the arrangements in respect of reporting significant events, managing safety alerts, cleaning of privacy curtains and policies for prescribing high risk medicines were not adequate. These arrangements had improved when we undertook a follow-up inspection on 9 January 2018. However, we identified other shortfalls in providing safe services. Therefore the practice, and all the population groups, remain rated as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- The system for recording significant events and incidents was confusing for staff and the documenting of these lacked detail of the lessons learned and follow-up of the event.
- Prescription stationery was not securely stored and there was no system to monitor their use.
- There was no system to review uncollected repeat prescriptions, particularly for vulnerable patients and those with complex health needs.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. The safeguarding children policy outlined clearly who to go to for further advice, however contact details were not provided on the safeguarding vulnerable adults policy. The provider updated this information following our inspection. Policies were accessible to all staff.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control. Outstanding actions from the latest audit were premises-related concerns contributing to poor maintenance and infection prevention and control processes. The practice had stopped providing minor surgery as a result. Staff told us they had addressed many actions identified in the audit, but the decisions relating to refurbishment of the building were on hold as the landlord had not approved these and there were plans for the practice to move to new premises.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage most risks to patient safety, with the exception of business continuity.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had advertised for a female salaried GP but were unsuccessful in recruitment and currently relied on GP locums to cover sessions when required.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice did not have a paediatric pulse oximeter. Following our inspection they provided evidence that this device had been purchased.

Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety. The practice did not have a completed business continuity plan, however there was evidence that the practice manager was updating this document.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines. Although improvements relating to emergency medicines and uncollected repeat prescriptions were needed.

- The systems for managing medicines, including vaccines, medical gases, and equipment minimised risks.
- The practice had a system in place for the monitoring of patients taking high risk medicines to ensure prescribing was safe and in line with local and national guidelines.
- There was a process and system in place to check that emergency medicines were in date and securely stored. However, there was no risk assessment for not stocking certain emergency medicines. During our inspection we saw evidence that the practice had ordered additional emergency medicines to help manage medical emergencies.
- Prescription stationery was not securely stored and there was no system to monitor its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. However there was no system to ensure repeat prescriptions were collected in a timely manner, particularly for vulnerable patients and those with complex health needs.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, the system for recording significant events required review.

- There was a system for recording and acting on significant events and incidents. This involved three different methods for staff to raise a significant event or incident. However, the system was confusing for staff to use and it was difficult for the practice to consolidate this information to demonstrate the outcome and learning from all incidents. For example, we saw examples of significant events recorded in the patient record that had been acted on, but had not been documented on the practice's template.
- Staff understood their duty to raise concerns and report incidents and near misses. The GP partners and practice manager supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. Staff gave examples of how the practice learned, shared lessons, and took action to improve safety in the practice. However, we found the recording of significant events on the practice's template lacked detail of the lessons learned and follow-up of the event.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 December 2016 we rated the practice as requires improvement for providing effective services as data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to local and national averages, there was no system to disseminate and learn from updates in clinical guidance, uptake rates for breast and bowel cancer screening were below local and national averages, and exception reporting for cervical screening was high. Many of these arrangements had significantly improved when we undertook a follow-up inspection on 9 January 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep the GPs up to date with current evidence-based practice. However, the practice nurse was not included in clinical meetings where guidance was reviewed. The partners told us the nurse would be involved in clinical meetings going forward. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed prescribing data and found the practice performed in line with local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was comparable to local and national averages; 1.16 compared to 0.7 locally and 0.9 nationally. Hypnotics are drugs primarily used to induce sleep and should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.

- Similar data for the prescribing of antibacterial prescription items showed that practice prescribing was comparable to local and national averages; 1.07 compared to 0.92 locally and 0.98 nationally.
- Furthermore, prescribing for antibacterial prescription items that were cephalosporins or quinolones (antibiotics that should only be used for specific infections) showed that practice prescribing was comparable to local and national averages; 3% compared to 5.4% locally and 4.71% nationally. The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Clinical staff and prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them. Information on antibiotic resistance was displayed in the patient waiting area.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice worked with multidisciplinary teams to discuss older patients with complex conditions, and those who may need palliative care as they were approaching the end of life.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long-term conditions:

- The number of patients registered at the practice with a long-standing health condition was similar to the CCG and national average; 52% compared to 50% locally and 54% nationally.
- Patients with long-term conditions had a structured annual review to check their health and medicines

Are services effective?

(for example, treatment is effective)

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, the nurse had undergone additional training in spirometry to assist with asthma checks.
- The practice offered weekly diabetes and asthma clinics to improve the management of these conditions.
- Performance for long-term conditions such as asthma and COPD was above local and national averages. For example, the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 91% (CCG 77%; national 76%). Exception reporting for this indicator was 2% (CCG 3%; national 8%).
- Performance for conditions such as atrial fibrillation, chronic kidney disease, diabetes, hypertension and stroke was in line with local and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 87% (CCG 84%; national 83%). Exception reporting for this indicator was 2% (CCG 4%; national 4%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. In 2016/17 uptake rates for the vaccines given to two year olds averaged 83% which was below the target percentage of 90%. Unpublished and unverified practice data showed the uptake rate for the year in progress was 77%. The practice told us they aimed to improve uptake rates by appointing a member of staff who would work with the practice nurse to manage recalls and follow up patients due for immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice could refer children to a community paediatric service. If appropriate, patients would be seen by a paediatrician in one of the local Clover Health network of practices. The GPs also attended these clinics to aid learning and professional development.

Working age people (including those recently retired and students):

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice's uptake for cervical screening was 60%, which was below the 80% coverage target for the national screening programme. The practice had identified performance for cervical screening as an area for development. They told us incorrect coding had contributed to poor performance figures. For example, reports received were not coded correctly on the patient record. The practice had arranged for staff training in coding and were reviewing their records.
- The practice followed up women who were referred as a result of abnormal results. However, there were no failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice did not monitor sample takers results including their inadequate rate.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held registers of patients living in vulnerable circumstances including those with a learning disability, carers, housebound patients and those experiencing social problems such as domestic violence.

People experiencing poor mental health (including people with dementia):

- Eighty eight percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG and national averages of 83% and 84% respectively.
- Ninety two percent of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG and national average of 92% and 90% respectively.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had

Are services effective?

(for example, treatment is effective)

received discussion and advice about alcohol consumption (practice 85%; CCG 93%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 98%; CCG 96%; national 95%).

- Residents from two local care homes were registered patients at the practice and attended mental health reviews, physical health checks and regular medicine reviews.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, we saw completed clinical audits for antibiotic prescribing, asthma prevalence and diabetes management.

The most recent published Quality Outcome Framework (QOF) results were 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 6% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Exception reporting for the cervical screening programme was 30% (CCG 8%; national 7%). The practice had identified this as an area for development. They told us incorrect coding had contributed to high exception reporting figures. For example, patients who had declined a cervical screen once had been removed from future invites for screening and not reviewed. A practice audit of patients eligible for cervical screening showed 70 patients had been incorrectly coded. The management told us there was a training requirement for staff responsible for coding, and they had made arrangements for the training of these staff.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- There was a system to ensure all patients referred using the urgent two week wait referral pathway received an appointment.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.
- Uptake rates for breast cancer screening had improved and were in line with local and national averages. For example, uptake for females aged 50-70 years, screened for breast cancer within six months of invitation was 66% (CCG 61%; national 62%).
- Uptake rates for bowel cancer screening were similar to the local average and below the national average. For example, uptake for patients 60-69 years, screened for bowel cancer within six months of invitation was 43% (CCG 49%; national 54%). The practice had tried to increase uptake for screening by displaying health promotion information in the waiting room.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

At our previous inspection on 15 December 2016 we rated the practice as requires improvement for providing caring services as data from the annual GP patient survey 2016 showed patients rated the practice lower than average for many aspects of care and the number of patients identified as carers was low. At this inspection we found some improvements had been made, however we identified other shortfalls in providing caring services. Therefore the practice, and all the population groups, remain rated as requires improvement for providing caring services.

The practice was rated as requires improvement for providing caring services because:

- Data from the annual national GP patient survey 2017 showed patients rated the practice below local and national averages for satisfaction scores on consultations with the GPs.
- Privacy was not always maintained as some consultations between the treatment room and a consultation room could be overheard.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Thirty seven of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Eight partially positive comments referred to the waiting time to receive a routine appointment, and two related to the reception seating area and access to a female GP.

Results from the July 2017 annual national GP patient survey showed patients had mixed responses to questions about how they were treated and if this was with

compassion, dignity and respect. Three hundred and eight five surveys were sent out and 108 were returned. This represented about 2% of the practice population. The practice was below average for its satisfaction scores on consultations with the GPs, and in line with the CCG and national averages for its satisfaction scores on consultations with the nurses. For example:

- 71% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 75% of patients who responded said the GP gave them enough time; CCG - 80%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 96%.
- 66% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 79%; national average - 86%.
- 84% of patients who responded said the nurse was good at listening to them; CCG - 86%; national average - 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG - 87%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 95%; national average - 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.
- 78% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

The practice had not reviewed the results from the annual national GP patient survey 2017. The practice carried out a survey in December 2017 and received 23 responses. The results showed that most patients responded positively about their interactions with the GPs and nurses. For example:

- 21 out of 23 patients who responded rated their GP consultation as very good (two patients rated this as fair)
- 22 out of 23 patients who responded rated their nurse consultation as very good (one patient rated this as fair)

Involvement in decisions about care and treatment

Are services caring?

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. This was done at registration and during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (0.9% of the practice list). This was an improvement since our last visit when the practice had identified 0.2% of the practice list as carers.

- Carers were invited for health checks and the flu vaccine. They were also given priority appointments when necessary.
- Information in the waiting room directed carers to the various avenues of support available to them.
- Staff told us that if families had experienced bereavement, the practice sent a letter of condolence. This was either followed by a patient consultation at a flexible time to meet the family's needs or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients had mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Most results were in line with local and national averages:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.
- 62% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 74%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. However, improvements were required.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Consultation and treatment room doors were closed during consultations. However, some conversations taking place in the treatment room could be overheard in one of the consultation rooms as the adjoining door between the rooms was not soundproof. Following our inspection the provider told us they would make arrangements to install a new soundproof door between the treatment and consultation room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 December 2016 we rated the practice as good for providing responsive services. At this inspection the practice remain rated as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours on Tuesday evening and online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The practice was equipped to treat patients and meet their needs. There were premises-related concerns, some of which the practice did not have approval from the landlord to address, contributing to poor maintenance of the building and infection prevention and control processes.
- The practice made reasonable adjustments when patients found it hard to access services. For example, an inhouse wheelchair was available for patients to utilise at the practice. The practice did not have a hearing loop. Following our inspection the provider told us they were making arrangements to purchase a hearing loop.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular multidisciplinary team meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary and there were priority emergency appointments for children under five.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments with a GP or nurse on Tuesday evening from 6.30pm to 8pm and ad-hoc Saturday appointments for the seasonal flu vaccination.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice could remotely book evening and weekend GP and nurse appointments for patients willing to attend a local primary care 'hub'.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, patients who were housebound, and those who were at high risk due to their conditions.
- Patients with a learning disability were offered longer appointments and annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with mental health conditions were offered longer appointments and annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to or below the CCG and national averages. For example:

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 75% of patients who responded said they could get through easily to the practice by phone; CCG – 68%; national average – 71%.

- 66% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 81%; national average – 84%.
- 67% of patients who responded said their last appointment was convenient; CCG – 75%; national average – 81%.
- 62% of patients who responded described their experience of making an appointment as good; CCG – 67%; national average – 73%.
- 42% of patients who responded said they don't normally have to wait too long to be seen; CCG – 51%; national average – 58%.

These results were supported by observations on the day of inspection and completed comment cards. For example, eight out of 47 patient Care Quality Commission comment cards referred to waiting times of two weeks to receive a routine appointment. In response to patient feedback about difficulties accessing the service, the practice carried out a survey in December 2017. Twenty three responses were received. The results showed patients had mixed responses to questions about accessing the service. For example:

- 21 out of 23 respondents said the opening times were convenient (two patients said the opening times were not convenient)
- 10 out of 23 respondents found it very easy to get through to the practice on the phone (13 patients found it fairly easy)
- 14 out of 23 respondents said if they needed to see a GP in an emergency they received an appointment the same day (five patients said they did not)
- Five out of 23 patients said they could see a GP in less than two days (10 patients said less than seven days; eight patients said more than a week)

Following the practice survey and discussions with the patient participation group, the practice created an action plan to address the areas of low patient satisfaction. For example: ten telephone consultation slots were introduced each morning; an additional six emergency appointments were offered per day; and new a triage system for emergency appointments was introduced. The practice was trying to recruit a permanent female GP but had so far been unsuccessful. Patients could access a female GP two to three sessions per week.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.

However, we noted that the responses did not include further information for the complainant on how to pursue the complaint if they were not satisfied with the practice's response.

- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example following a complaint regarding the punctuality of telephone consultations, the practice increased the duration of these appointments from five to six minutes. Staff training to improve communication was also provided at a practice meeting.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 15 December 2016 we rated the practice as requires improvement for providing well-led services as: a number of policies and procedures were overdue a review; key policies were missing; there were weaknesses in governance systems relating to significant events, safety alerts, and evidence based guidance; and the patient participation group was in need of development. At this inspection we found improvements had been made, however we identified further shortfalls in providing well-led services. Therefore the practice, and all the population groups, remain rated as requires improvement for providing well-led services.

The practice was rated as requires improvement for providing well-led services because:

- There were weaknesses in governance systems relating to significant events, uncollected repeat prescriptions, prescription stationery security, and the quality of urgent referral letters.
- Exception reporting for cervical screening remained high.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The practice had undergone significant managerial changes over the last two years, with a new full-time GP partner and practice manager joining the team in July 2016.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and strategy for the practice. The priorities involved relocating to new premises so that the practice could develop and expand the services offered.
- The practice developed its vision and strategy jointly with patients and staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care. However, the nurse was not involved in clinical meetings.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, patients were kept updated on the progress and outcome of incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. However, due to

Are services well-led?

Requires improvement 

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

contractual working times the nurse did not attend clinical meetings. The partners told us they would address this by including the nurse in clinical meetings going forward.

- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice specific policies were implemented and were available to all staff.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, there were weaknesses in some governance systems.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, there were systemic weaknesses in governance systems relating to significant events, uncollected repeat prescriptions, prescription stationery security, coding, and the quality of urgent referral letters.
- The practice had processes to manage current and future performance. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information. However, there were errors in the coding of some data.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account. Although some information used to monitor performance and the delivery of quality care was not accurate. For example, exception reporting for cervical screening remained high. The practice disputed the accuracy of this data and had plans to improve internal processes and address weaknesses associated with coding and staff training.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had decided to re-introduce text message reminders for appointments following feedback from the patient participation group (PPG).
- A practice newsletter was available in the waiting room and the latest edition provided updates on the services offered, potential relocation of the practice, and the PPG.
- There was an active PPG. Information on action taken by the practice following patient and PPG feedback was on display in the waiting room.

Are services well-led?

Requires improvement



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

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice was part of a local network of 15 GP practices within Hayes and Harlington. They worked collaboratively to deliver clinical care and conducted regular analyses of the practices to ensure they were performing in accordance with local and national guidelines.

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 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that patients were treated with dignity and respect. In particular:</p> <ul style="list-style-type: none">• Privacy was not maintained in the treatment room as conversations could be overheard from the adjoining consultation room. <p>This was in breach of Regulation 10(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services 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 registered person had governance systems or processes that were operating ineffectively. In particular:</p> <ul style="list-style-type: none">• The registered person had failed to ensure the care and treatment of service users met their needs. Outcomes for patients undergoing cervical screening were below the national average with high exception reporting.• There was no system to manage uncollected repeat prescriptions or prescription stationery security. <p>This was in breach of Regulation 17(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>