

HMC Health Feltham

Inspection report


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Date of inspection visit: 8 January 2020
Date of publication: 25/02/2020

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Requires improvement 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at HMC Health Feltham on 8 January 2020 as part of our inspection programme.

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

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

We have rated this practice as requires improvement overall and requires improvement overall for all population groups.

We rated the practice as **requires improvement** for providing safe, effective, caring, responsive and well-led services because:

- Risks to patients were assessed and well managed in some areas, with the exception of those relating to the fire safety and infection control procedures, some recruitment checks and staff vaccinations.
- The practice was unable to demonstrate that all staff had received annual appraisals and some nursing staff had not received childhood immunisations and travel immunisations training updates in the last 12 months.
- Feedback from some patients reflected that they were not satisfied about the way staff treated them and they were not always involved in decisions about care and treatment.
- The practice had not assured that confidential documents were disposed of in a safe manner and the computer screen was always locked when the clinician was not in the consulting room.
- Feedback from patients reflected that they were not always able to access care and treatment in a timely way.
- The practice's uptake of the national screening programme for cervical, breast and bowel cancer screening and childhood immunisations rates were below the national averages.
- A hearing induction loop and baby changing facilities were not available on the premises.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- There was a clear leadership structure and staff felt supported by the management.
- There was a lack of good governance in some areas.

We rated all population groups as **requires improvement** for providing effective and responsive services because they were all affected by the issues identified.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

(Please see the specific details on action required at the end of this report).

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

- Improve the monitoring of blank prescription forms in line with national guidance.
- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Continue to encourage and monitor the cervical, breast and bowel cancer screening and childhood immunisation uptake.
- Take action to ensure the practice takes into account the needs of patients with hearing difficulties and baby changing facilities.
- Review the patient participation group (PPG) feedback.
- Take necessary action to resolve the CQC registration issues.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to HMC Health Feltham

HMC Health Feltham is a GP practice located in Feltham area and is part of the Hounslow Clinical Commissioning Group (CCG). The practice is located in purpose-built premises. A number of other health services are offered at the premises by the different providers. The practice is fully accessible.

The practice is part of the Hounslow Primary Care Network (PCN) since July 2019.

Hounslow Medical Centre is the provider of HMC Health Feltham and they have four other services separately registered with the CQC in the local area.

The provider is registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury. However, on the day of the inspection, we noted the practice's CQC registration was non-compliance because they are required to remove one partner and add one partner. There are two partners managing the practice and they do not offer any clinical sessions at the practice. The practice has assured us they will submit appropriate application forms to the Care Quality Commission to resolve the registration issues.

The practice provides services to 10,340 patients under the terms of an alternative provider medical services

(APMS) contract. (APMS is a locally negotiated contract open to both NHS practices and voluntary sector or private providers). The practice has started offering the services from 1 October 2018, when they took overall management of the existing practice from the previous provider.

There are two salaried GPs and three self-employed GPs. Two GPs are female and three male. The practice employs two practice nurses, an advanced nurse practitioner, two clinical pharmacists, a health care assistant and a phlebotomist. The partners are supported by the operations manager, a business manager, a support manager and a team of administrative and reception staff.

Out of hours (OOH) service is provided by Care UK.

The practice population of patients aged between 0 to 18 years old is higher than the national average and there is a lower number of patients aged above 65 years old compared to the national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 37% of the population is composed of patients with an Asian, Black, mixed or other non-white backgrounds.

Information published by Public Health England, rates the level of deprivation within the practice population

group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 79 years compared to the national average of 79 years. Female life expectancy is 83 years compared to the national average of 83 years.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not done all that was reasonably practicable to assure systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">• There was a lack of good governance in some areas.• Risks to patients were assessed and well managed in some areas, with the exception of those relating to the fire safety and infection control procedures, some recruitment checks and staff vaccinations.• Feedback from some patients reflected that they were not satisfied about the way staff treated them and they were not always involved in decisions about care and treatment.• Feedback from patients reflected that they were not always able to access care and treatment in a timely way. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity</p>

This section is primarily information for the provider

Requirement notices

received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- The practice was unable to demonstrate that all staff had received annual appraisals.
- Some nursing staff had not received childhood immunisations and travel immunisations training updates in the last 12 months.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.