

Dr Sunil Sood

Quality Report

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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 safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sunil Sood on 27 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients who used services were assessed and managed. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There were some deficiencies in particular in medicines management, the practice's recruitment processes and in staff training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and equipment to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider had systems in place to ensure compliance with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Complete and record a risk assessment of the practice's decision not to stock medicine excluded from the emergency medicines kit. Ensure a record is

Summary of findings

kept of serial numbers of batch numbers of prescriptions, to secure full monitoring of their use. Make sure daily vaccine fridge temperature checks are recorded in all cases.

- Ensure patients are fully protected against the risks associated with the recruitment of staff, in particular in the recording of recruitment information and in ensuring all appropriate pre-employment checks are carried out and recorded prior to a staff member taking up post.

In addition, the areas where the provider should make improvements are:

- Review the safeguarding of vulnerable adults' policy to include information on who to contact externally for further guidance if staff had concerns about a patient's welfare remove references to organisations such as the PCT which was no longer in existence.
- Ensure the completion of action already initiated to update Disclosure and Barring Scheme (DBS) checks for staff whose checks related to previous employment.

- Ensure training arranged to address current gaps is completed as planned.
- Review the arrangements for the storage of patient records to mitigate potential security risks.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Review the presentation of patient information in the waiting area to make it more accessible to patients.
- Review the complaints policy and accompanying leaflet to ensure information on other bodies is up to date and the designated responsible person for handling all complaints in the practice is clearly identified.
- Arrange more systematic review of policies and procedures to ensure they are all tailored specifically to the practice and contain up to date and relevant information about outside bodies.
- Re-establish regular meetings of the patient participation group (PPG).

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?

The practice is rated as requires improvement for providing safe services.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented sufficiently in all respects to ensure patients were kept safe:

- There was no information in the safeguarding of vulnerable adults' policy on who to contact externally for further guidance if staff had concerns about a patient's welfare; and it required some updating to remove references to organisations such as the PCT which was no longer in existence.
- There were gaps in the training of some non-clinical on safeguarding children and vulnerable adults and basic life support training and one member of the clinical staff had not received up to date infection control training. Arrangements were, however, in hand to address these gaps.
- Prescriptions were kept securely in most respects. However, no record was kept of serial numbers of bath numbers of prescriptions, to ensure full monitoring of their use.
- Checks of vaccine fridges were completed daily and showed the correct temperatures were maintained. However, the checks were not consistently recorded and there were gaps for some days and there were no instructions by the fridges on action to take if temperatures exceeded the required range.
- Emergency medicines were available, were in date and fit for use. However, for one of the medicines recommended in national guidance, there was no substitute kept in the emergency kit for allergic patients and there was no documented risk assessment of the reasons for not stocking an alternative medicine.
- There were recruitment policies and procedures in place including arrangements for pre-employment checks. However, on several files there was no record of checks for proof of identification, or reference checks. All staff had undergone checks through the Disclosure and Barring Service but for some staff the checks related to previous employment. The practice had, however, set in train the process to update the checks for these staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice policy was to employ staff with the skills, knowledge and experience to deliver effective care and treatment. However, there were gaps in training completed by some staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a system in place to identify and support carers. However, only just above one percent of the practice list had been identified as carers and offered support.
- Information for patients about the services available was easy to understand and accessible in most respects, although some information on display at the practice was not as accessible as it could be to patients.
- We saw staff treated patients with kindness and respect, and in most respects maintained patient information confidentiality. There were, however, potential risks which could compromise the security of patient records which would benefit from review.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in the national diabetes prevention programme aimed at identifying those at risk of diabetes and taking steps to help them reduce that risk.

Summary of findings

- Patients mostly said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and equipment to treat patients and meet their needs.
- Information about how to complain was available but would benefit from some updating and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity but some of these would benefit from review.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. There was patient participation group but it had not met in the last year and the practice recognised that regular meetings needed to be re-established.
- There was a commitment to continuous learning and improvement within the 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

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.
- Patients were referred to the falls clinic to avoid hospital admission for high risk patients.
- Care and treatment was planned with appropriate reviews and care plans to meet the identified needs of older patients. All patients in this group had a named GP.
- Routine immunisations including pneumococcal and flu were promoted and offered to this population group.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was above the CCG and national average for 2014/15. Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Summary of findings

- Immunisation rates were relatively high for the majority of standard childhood immunisations.
- The practice offered opportunistic flu and whooping cough vaccines to pregnant women at the appropriate stage of pregnancy, and operated a telephone recall service for these patients.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Health checks were provided for patients with learning disabilities against a list agreed with the local learning disabilities team. A health action plan was issued for each patient.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding

Good



Summary of findings

information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Homeless patients were supported by providing the Health Centre as their address for hospital appointments.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 70% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is below the national average.
- Performance for QOF mental health related indicators was above the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia, for example patients with the early stages of dementia were referred to mental health professionals who could provide support to enable patients to live independently for as long as it was safe for them to do so.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, including Improving access to psychological therapies (IAPT) and talking therapies.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifteen survey forms were distributed and 96 were returned. This represented just above 4% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, the majority of which were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient was not happy about the amount of information given about their treatment; two commented about the difficulty in accessing appointments; and another about lack of continuity of care.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In feedback collected over the last six months for the NHS friends and families test 87% recommended the practice of 31 people who responded.

Dr Sunil Sood

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 Sunil Sood

Dr Sunil Sood provides primary medical services through a General Medical Services (GMS) contract within the London Borough of Hounslow. The practice is part of NHS Hounslow Clinical Commissioning Group. The services are provided from a single location to around 2200 patients. The practice is based in a purpose built premises that is shared with other local NHS services, including two other GP practices. The practice serves a wide ethnic, cultural, demographic and socio-economic mix, with approximately 20-30% of patients who do not speak English as their first language. There are higher than average numbers of patients in the 25-39 age groups.

At the time of our inspection, there was one permanent GP and a sessional GP (1.1 whole time equivalent - two male) employed at the practice who normally provide nine clinical sessions per week. The practice also employed a practice manager (1 WTE), a practice nurse (0.6 WTE) and three reception staff (1.1 WTE).

The practice is open between 8.30am and 7.30pm on Monday and 8.30am to 6.30pm Tuesday to Friday. Appointments are from 9am to 11am and 4pm to 7.30pm on Monday; 9.20am to 11am and 3pm to 6pm on Tuesday; 9am to 11am on Wednesday; 9.30am to 11.30am and 4pm to 6.30pm on Thursday; and 9.20am to 11am and 4pm to 6pm on Friday. Pre-bookable extended hours

appointments are offered between 6.30pm to 7.30pm on Monday. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them.

There are also arrangements to ensure patients receive urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call. In addition, the practice participates in a local scheme providing weekend opening on a rota basis with locality practices.

The practice is registered to carry on the following regulated activities:

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Why we carried out this inspection

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.

Detailed findings

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 27 October 2016. During our visit we:

- Spoke with a range of staff (the principal GP, practice nurse, senior receptionist and a receptionist), the clinic co-ordinator for the premises and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form did not make specific reference to the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the practice was aware of incident notification and enacted the duty of candour principles.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a potential repeat prescription error, the practice reviewed its prescribing procedures and put additional checks in place to avoid such errors in future.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policy for children clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was no equivalent information in the vulnerable adults' policy, although contact details were available in a contacts book; in addition the policy required some updating to remove references to organisations such as

the PCT which was no longer in existence. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse were trained to child protection or child safeguarding level 3. However, of the non-clinical staff only the practice manager had received up to date training on both safeguarding children and vulnerable adults to level 3. One of the receptionists had received training on vulnerable adults but their training on children required updating. Two of the receptionists had not received training on either, although one of them had only very recently started at the practice.

- The practice had a chaperone policy and there was a notice in the waiting room advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all but one of the clinical staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found some shortcomings in these arrangements. Checks of vaccine fridges were completed daily and showed the correct temperatures were maintained and we saw that all vaccines stored were within date. However, the checks were not consistently recorded and there were gaps for some days and there were no instructions by the fridges on action to take if temperatures exceeded the required

Are services safe?

range. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored securely in some respects. However, no record was kept of serial numbers of batch numbers of prescriptions to ensure full monitoring of their use, which could compromise security.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed six personnel files and found gaps in documentary evidence of recruitment checks undertaken prior to employment. For example, on several files there was no record of checks for proof of identification, or reference checks. All staff had undergone checks through the Disclosure and Barring Service but for some staff the checks related to previous employment. The practice had, however, set in train the process to update the checks for these staff which it anticipated would be completed by January 2017.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date health and safety and fire risk assessments completed by NHS property services and carried out periodic fire drills, the last of which was completed in January 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. NHS Property Services had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and

infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The implementation of action plan from the latest legionella assessment in April 2016 was being managed by NHS Property Services.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice manager updated the rota monthly.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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 majority of staff had received basic life support training and there were emergency medicines available in the treatment room. Two administrative staff had not had annual updates in line with national guidance and the two most recently recruited staff had not received formal training. We noted, however, that update training had been booked for all staff in January 2017.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, there was no substitute in the kit for patients allergic to penicillin and there was no documented risk assessment of the reasons for not stocking the medicine excluded. In addition there was no asthma inhaler in the kit, although we found subsequently the GP kept an inhaler separately in his consultation room.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results available at the time of the inspection for 2014/15 were 99.5% of the total number of points available. Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average. 97% compared to 89%.
- Performance for mental health related indicators was above the national average. 100% compared to 93%.

The following were identified by CQC prior to the inspection as a 'large variation for further enquiry':

- Percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (01/07/2014 to 30/06/2015) - Practice 11.28%; CCG 4.6%; National 5.13%
- The ratio of reported versus expected prevalence for COPD 1/4/14 to 31/3/15 - Practice 0.23 National 0.63

We discussed this data with the practice. The high antibiotic prescribing was attributed to a locum member of staff but the practice anticipated that prescribing data would now be in line with averages. The practice suggested the relatively low COPD prevalence was due to the practice's demographic and the fact that older patients do not attend for diagnosis for religious reasons.

There was evidence of quality improvement including clinical audit.

- The practice presented three clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, in an initial audit of patients with atrial fibrillation 13 patients were identified for risk assessment and review using the standard risk assessment tool. As a result of a repeat audit two additional patients were identified for risk assessment using a new tool to assess the risk of stroke, and subsequently had their anticoagulation medicine reviewed in line with NICE best practice guidelines.

Effective staffing

The practice aimed to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as practice policies and procedures, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff due one had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information

Are services effective?

(for example, treatment is effective)

governance. There were some gaps in training for administrative staff and one member of the clinical team but immediately after the inspection the practice signed up to an e-learning provider to enable these gaps to be addressed within the current training year. Staff also had access to and made use of in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was recorded in patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- Patients were referred to local health and well-being services and a new service 'ONEYOU Hounslow' for dietary advice. Smoking cessation advice was provided by the GP and nurse during appointments and the practice hosted a weekly smoking cessation clinic. A total of 449 smokers had been identified and 423 (93%) had been offered cessation advice. However, only two of these had stopped smoking in the last 12 months.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 77% to 95% and five year olds from 76% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 74% of eligible patients) and NHS health checks for patients aged 40–74 (completed for 45% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with 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; 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.

The majority of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient was not happy about the amount of information given about their treatment; two commented about the difficulty in accessing appointments; and another about lack of continuity of care.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

In reviewing patient confidentiality we noted that some patient records were kept in unlocked cabinets in the nurse's consultation room. The door was kept locked when the nurse was out of the room, but the room was used weekly by community midwives, which could compromise the security of the records kept there. In addition the reception desk was shared with another practice that occupied the premises. However, these arrangements had not been risk assessed with regard to confidentiality of patient information.

Care planning and involvement in decisions about care and treatment

Patients told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages in most respects. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Are services caring?

We discussed the relatively low satisfaction score for nursing care with the principal GP and he was confident that the matter had been addressed to achieve a better score in the next survey.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Staff also spoke several languages which helped in communication with these patients.
- Some information leaflets were available in other languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. However, because the practice shared the building with other practices it was not readily evident that the notice board in the waiting area was for patients of the practice. The layout of information displayed would also benefit from review to make it clearer to patients. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (just above 1% of the practice list). 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, the principal GP contacted them by telephone to offer condolences and support. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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 where these were identified. For example, the practice participated in the national diabetes prevention programme aimed at identifying those at risk of diabetes and taking steps to help them reduce that risk.

- The practice offered an 'extended hours clinic' on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for older patients, those with a learning disability and other vulnerable patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There was shared care for pregnant women with the community midwifery team, who provided clinics at the surgery building, supporting them with immunisation as part of ante-natal care.
- Nurse led clinics were offered to patients with diabetes, chronic heart disease and respiratory disorders to provide them with education and on-going support.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.30am and 7.30pm on Monday and 8.30am to 6.30pm Tuesday to Friday. Appointments were from 9am to 11am and 4pm to 7.30pm on Monday; 9.20am to 11am and 3pm to 6pm on Tuesday; 9am to 11am on Wednesday; 9.30am to 11.30am and 4pm to 6.30pm on Thursday; and 9.20am to 11am and 4pm to 6pm on Friday. Pre-bookable extended hours

appointments were offered between 6.30pm to 7.30pm on Monday. In addition to pre-bookable appointments that could be booked 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 comparable to local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients who required a home visit were asked to call the practice between 9.30am and 10.30am. The principal GP triaged such requests and decided whether a visit was clinically necessary and what priority it should be given. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England in most respects. However, the policy and accompanying leaflet would benefit from updating as they referred to the local patient advice and liaison service (PALS) as the body to go to if patients were unhappy about the handling of their complaint; there was no reference to the parliamentary health service ombudsman (PHSO).
- There was a designated responsible person who handled all complaints in the practice, although there was no information on this in the complaints policy or leaflet.

Are services responsive to people's needs? (for example, to feedback?)

We looked at three complaints received in the last three years and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a

complaint about clinical care and treatment, the matter was discussed with the member of staff concerned, an explanation provided of action taken to avoid a recurrence and an apology and meeting with the practice manager offered if the complainant wished to discuss the matter further.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice aims and objectives were set out in its statement of purpose but these had not been articulated in a mission statement for communication to patients and staff. Staff nevertheless knew and understood the practice vision and values.
- The practice had a strategy which reflected the vision and values.

Governance arrangements

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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Policies and procedures were implemented and were available to all staff. However, some policies, for example the duty of candour policy, were based on external templates and had not been tailored to make them specific to the practice. Others were in need of updating to reflect changes in external organisations.

Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held periodic team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

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

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), the NHS friends and family test and through surveys and complaints received. The PPG had initially met regularly but had not done so in the last year and PPG members we spoke with felt that the group needed to regain its impetus and hold more regular meetings. It had previously carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients wanted better and more accessible seating in the waiting area and improved seating arrangements were introduced. The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

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.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was

part of local pilot schemes to improve outcomes for patients in the area. For example, the practice participated in a pilot scheme which subsequently led to the provision of weekend opening on a rota basis with locality practices, to offer more access for patients to see a GP at the weekends and avoid unnecessary attendances at local A&E and urgent care centres.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have adequate arrangements in place to ensure care and treatment to patients was provided in a safe way. There were shortcomings in medicines management.</p> <p>HSCA (RA) Regulations 2014 Regulation 12 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>Patients were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment checks are carried out and recorded prior to a staff member taking up post.</p> <p>HSCA (RA) Regulations 2014 Regulation 19 (1)</p>