

# HMC Health Bedfont

## Inspection report

Imperial Road  
Feltham  
Middlesex  
TW14 8AG  
Tel: 02088902245  
<https://hmcbedfont.co.uk/>

Date of inspection visit: 20 January 2020  
Date of publication: 11/03/2020

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?

Good



Are services responsive?

Good



Are services well-led?

Good



# Overall summary

We carried out an announced comprehensive inspection at HMC Health Bedfont on 20 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 and effective services because:

- Risk to patients were assessed and well managed in some areas, with the exception of those relating to the fire safety procedures, recruitment checks, emergency medicines and staff vaccinations.
- The practice was unable to demonstrate that all clinical staff had received annual appraisals, and childhood immunisations and travel immunisations training updates. Not all staff had received formal clinical supervision on a regular basis.
- The practice's uptake of the national screening programme for cervical cancer screening rates were below the national average.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.

We rated the practice as **good** for providing caring, responsive and well-led services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- Feedback from patients reflected that they were able to access care and treatment in a timely way.
- A hearing induction loop and baby changing facilities were not available on the premises, and the conversations could be heard in the adjacent clinical rooms.
- Information about services and how to complain was available.

- The practice was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had demonstrated good governance in most areas, however, they were required to make some improvements.

We rated all population groups as **good** for providing responsive services. We rated all population groups as **requires improvement** for providing effective services, because we found concerns about staff appraisal, training and supervision, and low cervical cancer screening rates.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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:

- Continue to encourage and monitor cervical 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 and update the policies, and ensure relevant policies are signed off by a clinical lead.
- Continue to make efforts to establish the patient participation group (PPG).
- Improve soundproofing in the adjacent clinical rooms.
- 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

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

## Our inspection team

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

## Background to HMC Health Bedfont

HMC Health Bedfont is a GP practice located in Bedfont area and is part of the Hounslow Clinical Commissioning Group (CCG). The practice is located in portable cabins. 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 Bedfont 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-compliant 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 5,660 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 provider was awarded a caretaking contract for 13 months in September 2017. The provider secured the long term contract in October 2018 and completed their CQC registration in January 2019.

There are three salaried GPs and two long term locum GPs. Three GPs are female and two male. The practice employs a practice nurse, two clinical pharmacists and a health care assistant. 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 35% 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 four, on a scale of one to ten. Level one

represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 80 years compared to the national average of 79 years. Female life expectancy is 84 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, we found:</p> <ul style="list-style-type: none"><li>• Risks to patients were assessed and well managed in some areas, with the exception of those relating to the fire safety procedures, recruitment checks, emergency medicines and staff vaccinations.</li></ul> <p>This was in breach of Regulation 12 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><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure that persons employed in the provision of a regulated activity 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:</p> <ul style="list-style-type: none"><li>• The practice was unable to demonstrate that all clinical staff had received annual appraisals and regular clinical supervision.</li><li>• Relevant clinical staff had not received childhood immunisations and travel immunisations training updates in the last 12 months.</li></ul>

This section is primarily information for the provider

## Requirement notices

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