# Dr Suganthamala Radhakrishnan

## 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 | Requires improvement |
| Are services safe? | Inadequate |
| 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

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 11

### Detailed findings from this inspection

Our inspection team 12

Background to Dr Suganthamala Radhakrishnan 12

Why we carried out this inspection 12

How we carried out this inspection 12

Detailed findings 14

Action we have told the provider to take 22


## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Dr Suganthamala Radhakrishnan on 2 February 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses, however, there was no formal process in place for recording such incidents. When there were unintended or unexpected safety incidents, reviews and investigations were undertaken and lessons learned were communicated to support improvement. People did receive a verbal apology.
- Generally risks to patients were assessed and managed, with the exception of those relating to recruitment checks, health and safety and legionella. For example appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Data showed patient outcomes were high compared to the locality and nationally. Audits had been carried out; we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect. They also felt cared for, supported and listened to.
- Information about services was available to patients in accessible formats. For example, there were notices in Tamil to cater for the Tamil population which made up to 80% of the practice population.
- Urgent appointments were available on the day they were requested.
- The practice had some processes and procedures to govern activity, however, they lacked basic written policies, for example significant event reporting, complaints handling and safeguarding.
- The practice did not proactively seek written feedback from patients and did not have an active patient participation group.

# Summary of findings

The areas where the provider must make improvements are:

- Introduce processes for recording and monitoring significant events, incidents and near misses and record safety incidents thoroughly and ensure that these are discussed at team meetings and recorded.
- Ensure that all staff employed has suitable training, including but not limited to safeguarding children, safeguarding vulnerable adults and basic life support.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Risks assess how to respond to medical emergencies.
- Ensure that appropriate risk assessments are available for fire safety, health and safety, hazardous substances, electrical equipment and legionella.
- Ensure that all medication and medical equipment available at the practice is in date, including but not limited to syringes and needles.
- Ensure that the practice's complaints system is easily accessible to patients.

In addition the provider should:

- Review and update procedures and guidance to support staff in their work.
- Consider GP provisions for gender specific GP requests.
- The practice should take action to proactively identify patients with caring responsibilities.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

**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?**

**Inadequate**

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses, however, there was no formal process in place for recording such incidents. When there were unintended or unexpected safety incidents, reviews and investigations were undertaken and lessons learned were communicated to support improvement. People did receive a verbal apology.
- Risks to patients were not adequately assessed and managed. Areas of concern found included; non-clinical staff had not completed the relevant safeguarding training for vulnerable adults or children. Recruitment processes were incomplete. Staff lacked training in health and safety. There was no fire, health and safety, hazardous substances, electrical equipment or legionella risk assessment. There was no defibrillator or risk assessment and in date medical equipment was not always available. There was no Hydrocortisone available for emergencies or a risk assessment.

**Are services effective?**

**Good**

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence that audits undertaken were driving improvement in performance to improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was no evidence of formal appraisals and personal development plans for all staff.
- Multidisciplinary working was taking place.

**Are services caring?**

**Requires improvement**

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

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified three patients, 0.1% of the practice list as carers.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- 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 had met with mental health workers within London Borough of Ealing to discuss patients who had escaped from civil war accessing the referral pathway.
- 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 was equipped to treat patients and meet their needs.
- Patients could upon request get information from staff about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

**Are services well-led?**

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision and staff were aware of this and their responsibilities in relation to it. There was no documented leadership structure, however, staff felt supported by management and they were sure about who to approach with issues.
- The practice did not have all the required policies and procedures to govern activity.
- The practice did not hold regular governance meetings; however, issues were discussed at ad hoc times.
- The practice had sought feedback from patients; they did not have a patient participation group.

# Summary of findings

- Staff told us they had not received regular performance reviews, however, they all showed awareness of their objectives.

# 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

The provider was rated as inadequate for safety and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The ratio of reported versus expected prevalence for Coronary Heart Disease was 0.39 at the practice compared to 0.71 nationally, this was considerably lower than the national average.
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was 0.31 at the practice compared to 0.63 nationally; this was higher than the national average.
- 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.

### People with long term conditions

Requires improvement

The provider was rated as inadequate for safety and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The percentage of patients with diabetes, on the register whose blood sugar was well controlled was 86.71%, higher than the national average of 77.54%.
- The percentage of patients with diabetes, on the register, whose last blood pressure reading 140/80 mmHg or less was 95.06%, higher than the national average of 78.03%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.

# Summary of findings

**Families, children and young people**

Requires improvement

The provider was rated as inadequate for safety and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 94.53% at the practice compared to 81.83% nationally; this was higher than the national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months, was 98.29% at the practice compared to 75.35% nationally; this was higher than the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Extended hours appointments were available outside of school hours on Monday - Friday. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

Requires improvement

The provider was rated as inadequate for safety and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. For example the practice offered extended hours on Mondays to accommodate the working population.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

# Summary of findings

**People whose circumstances may make them vulnerable**

Requires improvement

The provider was rated as inadequate for safety and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people. For example the practice held monthly MDT meetings.
- 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 information sharing and the process to follow to contact relevant agencies in normal working hours and out of hours. The practice did not, however, have a formal policy in place for safeguarding vulnerable adults or children.

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

Requires improvement

The provider was rated as inadequate for safety and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 100% at the practice compared to 88.47% nationally; this was higher than the national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% at the practice compared to 84.01% nationally; this was higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages, 393 survey forms were distributed and 109 were returned. This represented 4.4% of the practice's patient list.

- 78.2% of respondents to the GP patient survey had described the overall experience of their GP surgery as fairly good or very good, compared to 85.05% nationally; this was lower than the national average.
- 78.1% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care, compared to 81.61% nationally; this was comparable to the national average.
- 86.55% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern, compared to 85.34% nationally; this was higher than the national average.
- 77.89% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care, compared to 85.09% nationally; this was lower than the national average.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients stated that staff at the practice were kind and helpful and it was very easy to book an appointment to see the doctor.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# Dr Suganthamala Radhakrishnan

**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, a practice manager specialist adviser and a second CQC Inspector.

## Background to Dr Suganthamala Radhakrishnan

- The practice is in the London Borough of Ealing. The practice has a patient list of approximately 2,428 patients. The practice is situated in an area which is classified as fourth most deprived decile. The majority of patients within the practice are either young or of working age with a small percentage of patients aged between 65 and 85.
- It is located on the ground floor of a two storey building with a small parking facility. There are two consulting rooms and a room for baby consultations. There are two toilets, one for patients with disabled access and another for staff. Access to the surgery is via the side entrance of the building with level flooring for wheelchair access.
- The practices provides the following services to the whole population:
- Diagnostics and screening services
- Treatment of disease, disorder or injury
- Family Planning Services
- The practice is run by one female principal GP. The practice is also supported by one female nurse, two female members of reception staff and one male practice manager.
- The practice is open between 08:00am and 6:30pm Monday to Fridays. They also offer extended opening hours on Monday from 6:30pm to 8:00pm.

When the practice is closed patients can call 111 and access the out-of-hours provider.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 2 February 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (doctor, nurse, practice manager and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed a 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.

Inadequate

# Are services safe?

## Our findings

**Safe track record and learning**

- There was no system in place for reporting significant events.On the day of the inspection the practice was unable to provide a copy of their significant event reporting policy. Staff when interviewed showed awareness of what constituted a significant event and who they would report the incident to. The practice manager when interviewed also showed awareness of how they would address and respond to a significant event.
- The practice did not carry out analysis of significant events. The practice had not conducted staff meetings where significant events had been discussed and lessons learned.
- There was evidence that patients would have received reasonable support, truthful information, a verbal apology and would be told about any actions to improve processes to prevent the same thing happening again when there were unintended or unexpected safety incidents. When interviewed staff showed awareness of how they would communicate with each other and patients when such an incident occurred.

**Overview of safety systems and processes**

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- There was evidence of arrangements being in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Staff demonstrated awareness of safeguarding and what to do in the instance that an alert had to be raised. They also knew who the safeguarding lead within the practice was. However, the practice had no policy available during the inspection with regards to safeguarding children or vulnerable adults. The GP was identified as the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities. Clinical staff had received Safeguarding level 3 training; however, there was no evidence of non-clinical staff being formally trained in safeguarding.
- There were no notices in the waiting room advising patients that chaperones were available if required. No staff members had been provided with chaperone training. It was practice policy not to offer chaperones; however, there was no risk assessment in place for patients who required a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was identified as the infection control clinical lead who would liaise with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Staff when interviewed demonstrated training and awareness of the protocol, however, non-clinical staff had not received up to date training. Annual infection control audits had been undertaken within the past 12 months. We saw evidence that action was taken to address any improvements identified as a result, for example the carpet in the waiting area had recently been replaced with lino flooring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did keep patients safe (including obtaining, prescribing, recording, handling and security). There was evidence that 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Medicines at the practice were appropriately stored in the fridge.
- We reviewed three personnel files and found that no appropriate recruitment checks had been undertaken prior to employment. There were no interview records, no copies of CV's, no Disclosure and Barring Service check (DBS check) for non-clinical staff or risk assessment to confirm why a DBS had not been carried out and no records of training or qualifications. Clinical staff had the relevant DBS certification.

Inadequate

# Are services safe?

- 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.

**Monitoring risks to patients**

Risks to patients were not well assessed and managed.

- There were no procedures in place for monitoring and managing risks to patient and staff safety. On the day of the inspection there was no health and safety policy available or information which identified local health and safety representatives. The practice had no up to date fire risk assessments and did not carry out regular fire drills. All electrical equipment was last checked in 2014, to ensure the equipment was safe to use and clinical equipment was working properly. The practice had no other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice stated that as they had a combi-boiler they were not vulnerable to legionella, therefore, no testing had been undertaken.
- 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 non-clinical staff to ensure that enough staff were on duty. There were appropriate arrangements in place to cover for the GP and practice nurse in times of annual leave and sickness.

**Arrangements to deal with emergencies and major incidents**

The practice had some 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.
- Clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room. The practice manager was the only non-clinical member of staff who had received annual life support training.
- The practice did not have a defibrillator available on the premises or a risk assessment to indicate they had assessed the risks and needs. They did have oxygen with an adult mask.The masks, however, were out of date, there was no children's mask available and there was no expiry date on the adults mask. A first aid kit and accident book was 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. The practice, however, did not have a supply of Hydrocortisone for emergencies or a risk assessment (a medicine used to treat medical emergencies such as asthma or severe allergic reaction).

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.

Good

# 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 peoples' needs.
- The practice did not monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

**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 were 95.5% of the total number of points available, with 6.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 – 2015 (01/04/2014 – 31/03/2015) showed;

- 96.34% of patients with diabetes, on the register, last measured total cholesterol as 5mmol/l or less, compared to 80.53% nationally; this was higher than the national average.
- 94.53% of women aged 25-64 notes recorded that a cervical screening test has been performed in the preceding 5 years, compared to 81.83% nationally; this was higher than the national average.
- 98.29% of patients with asthma, on the register, have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, compared to 75.35% nationally; this was higher than the national average.
- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months, compared to 84.01% nationally; this was higher than the national average.
- The practice is comparable or has scored higher than the national average with regards to most QOF areas. In view of the QOF results the practice is generally good overall.
-

Clinical audits have demonstrated quality improvement.

- There had been 2 clinical audits completed in the last two years, relating to Cytology and Children immunisation. Both of these were completed audits where the improvements made were implemented and monitored.
- Findings of the two clinical audits were used by the practice to improve services. For example, recent action taken as a result included a review of child immunisation uptake.The outcome was that the practice placed an alert/reminder on the records of new born babies and their parents to remind them to attend a 6 – 8 weeks baby check-up provided by the practice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements, for example; the practice held a monthly review of all referrals made by the GPs for patients to see a specialist.

**Effective staffing**

Staff had the skills, knowledge and experience required to deliver effective care and treatment.

- The practice did have an induction programme for all newly appointed staff. New staff shadowed the more experienced members of staff for a period of two weeks.
- The practice could demonstrate how they ensured role-specific training and updating for clinical staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Good

# Are services effective?

## (for example, treatment is effective)

vaccinations 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.

- Non-clinical staff confirmed that their learning needs were identified through informal discussions with the practice manager and the GP. Non-clinical staff had support from the practice manager to meet their learning needs and to cover the scope of their work.There was no evidence of non-clinical members of staff having had an appraisal within the last 12 months.
- Not all members of staff had regular one-to-one meetings and appraisals; however, all the staff at the practice had on-going support in the form of coaching and mentoring, clinical supervision and facilitation support for revalidation.
- All staff when interviewed showed awareness of processes relating to safeguarding, fire procedures, and information governance. However, not all non-clinical staff had received formal training including: safeguarding, fire procedures and basic life support.

**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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

**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.

**Supporting patients to live healthier lives**

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available by referral and smoking cessation advice was available from a local support group.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 92.3% to 98.1% and five year olds from 88.2% to 100%.

Flu vaccination rates for the over 65s were 91.8 %, and at risk groups 87.58%. These were also above the national averages of 73.24% and 52.48%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

# Are services effective?

## (for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

# 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.

We received 13 completed Care Quality Commission comment cards from patients and spoke with four patients. All of the comments 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.

We spoke with four patients at the practice, 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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87.2% said the GP was good at listening to them (CCG average of 84% and national average of 88.6%).
- 84.4% said the GP gave them enough time (CCG average 80.1%, national average 86.6%).
- 92.3% said they had confidence and trust in the last GP they saw (CCG average 92.9%, national average 95.2%).
- 87.2% said they found the receptionists at the practice helpful (CCG average 82%, national average 86.8%).

**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 on the comment cards we received was also positive and aligned with these views.

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. Most results were comparable or lower than the national averages. For example:

- 84.1% said the last GP they saw was good at explaining tests and treatments (CCG average of 80.6% and national average of 86.0%).
- 78.01% said the last GP they saw was good at involving them in decisions about their care (national average 87.61%).
- 71.89% said the last nurse they saw was good at involving them in decisions about their care (national average 85.09%).

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 area informing patients this service was available. Eighty per cent of the patient population spoke Tamil and all staff at the practice spoke Tamil fluently.

**Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a career. The practice had identified three patients, 0.1% of the practice list as carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and on occasions attended the funeral. 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.

Good

# 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 had met with mental health workers within London Borough of Ealing to discuss patients who have escaped from civil war accessing the referral pathway.

- The practice offered a 'Commuter's Clinic' on a Monday evening from 18:30 to 20:00 for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or complex medical needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. There was no access for patients to see a male GP, nor was there a risk assessment to demonstrate that this had been considered by the practice.

**Access to the service**

The practice was open between 8:00am – 18:30pm Monday to Friday. Appointments were available from 09:30am – 12:30pm, every morning and 16:00pm – 18:00pm on Mondays, Tuesdays, Thursdays and Fridays. Appointments were available from 09:30am to 12:30pm on Wednesdays. Consultations were unavailable Wednesday afternoons after 12:30pm. Extended surgery hours were offered on Mondays, 18:00pm- 20:00pm. In addition to pre-bookable appointments which could be booked up to two weeks 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 or lower than the national averages.

- 87.08% of patients were satisfied with the practice's opening hours (national average of 78.3%).
- 62.71% patients said they could get through easily to the surgery by phone (national average 73.26%).
- 69.67% patients said they always or almost always see or speak to the GP they prefer (national average 76.06%).

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

**Listening and learning from concerns and complaints**

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

- There was a complaints policy and procedure which were in line with recognised guidance and contractual obligations for GPs in England. Staff confirmed awareness of how to process and address complaints.
- There was awareness amongst staff that the designated responsible person who handled all complaints in the practice would be the practice manager.
- There was a comments box displayed in the reception area. Staff also confirmed that if a patient requested it they would provide them with a feedback card at reception. There was no information available to help patients understand the complaints system.

The practice stated no complaints had been received over the past twelve months.

# Are services well-led?

Requires improvement

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement; however, this was not displayed in the waiting areas. Staff confirmed that they knew and understood the values.
- The practice, however, did not have a written strategy and supporting business plans which reflected the vision and values. The information was requested on the day of the inspection; however, the practice was unable to provide this.

**Governance arrangements**

The practice had a governance framework which supported the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Informal practice specific processes were implemented, however, no written policies were available to staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was specific programme of continuous clinical and internal audit which was used to monitor quality and to make improvement. The practice had completed two clinical audits within the past twelve months.
- There were processes in place for identifying and managing risks and issues.

**Leadership and culture**

The GP in the practice had the experience and capability to run the practice. They prioritised compassionate care. The GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The GP was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice did have systems in place for reporting notifiable safety incidents; however, there was no system in place for formally recording and analysing such incidents.

When there were unexpected or unintended safety incidents:

- Staff confirmed that the practice gave affected people reasonable support, truthful information and a verbal apology.
- They did not keep written records of verbal interactions or written correspondence.

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

- Staff told us the practice did not hold regular team meetings, however, they felt supported and well informed about proposed changes. The practice manager and GP exchanged information with staff and kept them up-to-date of any changes as and when necessary.
- Staff told us there was an open culture within the practice; they were able to raise any issues or concerns directly with the GP or practice manager.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff told us that they were involved in discussions about how to run and develop the practice, and the GP did encourage all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice did seek feedback from patients, the public and staff and engaged patients in the delivery of the service.

- The practice did not gather feedback from patients through the patient participation group (PPG) and through surveys, as there was no active PPG. However, the practice sought patient feedback through the feedback box in the reception area. For example changes were made to the telephone answering message following patient feedback.

The practice had not formally gathered feedback from staff through annual staff surveys, staff away days, staff meetings and appraisals. However, staff confirmed that they were involved in regular discussions with both the practice manager and GP and were able to raise any specific issues or concerns they had with them.

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 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<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**How the regulation was not being met:**<br>• The registered person did not have robust processes for recording and monitoring significant events, incidents and near misses and record safety incidents thoroughly and ensure that people affected receive reasonable support and a written apology.<br>• The registered person did not have a defibrillator available at the practice or a risk assessment to indicate they had assessed the risks and needs.<br>• The registered person did not ensure that oxygen masks were available for both adults and children.<br>• The registered person did not ensure that all medical equipment available at the practice was in date, including but not limited to syringes and needles.<br>• The registered person did not ensure that appropriate risk assessments were available for fire safety, health and safety, hazardous substances, electrical equipment and legionella.<br>This was in breach of regulation 12(2) (a)(b)(c)(d)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints<br>**How the regulation was not being met:**<br>• The registered person did not ensure that the practice's complaints system was easily accessible to all patients. |

This section is primarily information for the provider

# Requirement notices

This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>**How the regulation was not being met:**<br>• The registered person did not ensure that all staff employed had suitable training, including but not limited to safeguarding children, safeguarding vulnerable adults and basic life support.<br>This was in breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br>**How the regulation was not being met:**<br>The registered person did not ensure recruitment arrangements in place included all necessary pre-employment checks for all staff.<br>This was in breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**How the regulation was not being met:**<br>The registered person did not provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice. |

This section is primarily information for the provider

# Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.