

Bedfont Clinic (Greenbrook Bedfont)

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?		Good	
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 Bedfont Clinic (Greenbrook Bedfont) on 20 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 were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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 easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they could get urgent appointments when they needed them and had access to telephone consultations. However, some patients told us they could not get an appointment with their preferred GP as easily which was also noted in the national GP patient survey.
- 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 was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure there is an effective system in place to track blank printer prescriptions through the practice in line with national guidance.
- Undertake a Control of Substances Hazardous to Health (COSHH) risk assessment.

Summary of findings

- Ensure all staff have undertaken identified mandatory training and review chaperone training to ensure all staff understand their role and responsibility when chaperoning.
- Put a system in place to ensure all medical equipment is included in an annual schedule for medical equipment checks in line with guidance.
- Consider improving communication with patients who have a hearing impairment.
- Advertise the availability of interpreter services and consider providing information in other languages reflective of the patient population.
- Review the staff's understanding of Gillick competency and Fraser guidelines (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions) and its impact on a minor accessing care and treatment.
- Continue to review the patient satisfaction and the national GP patient survey to ensure continuous improvement.

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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of clinical staff appraisals and support for revalidating GPs and practice nurses undertaking the NMC revalidation process. However, at the time of our inspection not all non-clinical staff had undertaken an appraisal within the last 12 months. The practice contacted us immediately after the inspection to inform us that these had now been completed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey was comparable with CCG and national averages for several aspects of care. For example, 88% of patients said the GP was good at listening to them (CCG average 85%; national average 89%) and 95% of patients said they had confidence and trust in the last GP they saw (CCG average 93%; national average 95%).

Good



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.

Are services responsive to people's needs?

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 participated in the CCG out of hospital services strategy and integrated care model.
- Patients said they could get urgent appointments when they needed them and had access to telephone consultations. However, some patients told us they could not get an appointment with their preferred GP as easily, which was also noted in the national GP patient survey.
- Although the practice portacabin facilities were limited for space, it was decoratively maintained and equipped to treat patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and the organisation's values 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 and held regular governance meetings both internal and organisation-wide.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The organisation 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 patients, which it acted on. The practice had a virtual patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice had an alert system on its clinical system for patient at risk of hospital admission.
- The practice utilised the Integrated Community Response Service (ICRS), a rapid community response service for those at high risk of hospital admission for its elderly cohort.

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.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 75% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 99% (national average 94%).
- 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.
- The practice participated in the CCG Out of Hospital Services strategy and integrated care model and undertook in-house services such as ambulatory blood pressure monitoring and warfarin (a medicine to stop the blood from clotting) monitoring.

Summary of findings

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, for example, children and young people who had a high number of A&E attendances.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months comparable to the national average (practice 79%; national 75%).
- Appointments were available outside of school hours and same day appointments were available for children under the age of five.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.

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).

Good



- 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 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. The practice operated a text reminder service with the functionality to cancel appointments via text and respond to the Friends and Family Test (FFT) survey.
- The practice provided eConsult (a platform that enabled patients to self-manage and consult online with their own GP through their practice website).
- The practice offered a 'Commuter's Clinic' on Thursday from 6.30pm to 9pm for working patients who could not attend during normal opening hours.
- The practice referred into 'One You Hounslow', a one-stop local support service to help people stop smoking, lose weight, eat healthily and exercise more.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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 and informed 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, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 84% (national average 84%). The practice reported a high dementia prevalence. QOF clinical prevalence data (2015/16) for dementia showed the practice were 0.71% above the CCG average and 0.47% above the national average.
- The practice undertook a twice weekly ward round at a nursing home which provided dementia care and closely liaised with the local Community Integrated Dementia Service (CIDS) in the care of its patients.
- The practice carried out advance care planning for patients with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice achievement for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 100% (national average 88%) but we noted a high exception reporting (practice 50%; national average 13%).
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below local and national averages for some aspects of access and overall experience. Three hundred and four survey forms were distributed and 98 were returned. This represented a response rate of 32% and 1.8% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 85%.
- 32% of patients usually get to see or speak to their preferred GP compared to the CCG average of 54% and the national average of 59%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 78%. In comparison, the results of the Friends and Family Test (FFT) for the period October 2015 to September 2016 (1,174 responses)

showed 82% of patients would be extremely likely or likely to recommend the practice. The practice demonstrated good uptake of the FFT offering all patients attending for an appointment the opportunity to respond to the survey via a text facility. The practice also ran a 'don't leave unhappy' poster campaign in the surgery encouraging patient feedback and displayed patient responses and areas where improvement was required.

The practice had reviewed the recent national GP patient survey and had drawn up an action plan to look at access to routine and urgent appointments and the telephone system as a result of the feedback. The practice told us that the main challenge was limited premises capacity to increase consulting rooms. Currently all three consulting rooms were being used to capacity.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Four of the cards included mixed comments which related to the premises.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure there is an effective system in place to track blank printer prescriptions through the practice in line with national guidance.
- Undertake a Control of Substances Hazardous to Health (COSHH) risk assessment.
- Ensure all staff have undertaken identified mandatory training and review chaperone training to ensure all staff understand their role and responsibility when chaperoning.
- Put a system in place to ensure all medical equipment is included in an annual schedule for medical equipment checks in line with guidance.
- Consider improving communication with patients who have a hearing impairment.
- Advertise the availability of interpreter services and consider providing information in other languages reflective of the patient population.
- Review the staff's understanding of Gillick competency and Fraser guidelines (used to help

Summary of findings

assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions) and its impact on a minor accessing care and treatment.

- Continue to review the patient satisfaction and the national GP patient survey to ensure continuous improvement.

Bedfont Clinic (Greenbrook Bedfont)

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 and an Expert by Experience.

Background to Bedfont Clinic (Greenbrook Bedfont)

Bedfont Clinic (Greenbrook Bedfont) is located at Imperial Road, Bedfont, Middlesex, TW14 8AG. The practice provides NHS primary care services to approximately 5,400 patients living in the Feltham area through an Alternative Provider Medical Services (APMS) contract (a locally negotiated contract open to both NHS practices and voluntary sector or private providers e.g. many walk-in centres). Bedfont Clinic is part of Greenbrook Healthcare Ltd which manages four other GP practices in Hounslow.

The practice is part of Hounslow Clinical Commissioning Group (CCG) which consists of 54 GP practices.

The practice operates from a single-level portacabin with access to four consulting rooms. The practice portacabin is situated on the site of NHS community services which includes district nurses, speech therapy and podiatry. The practice facilities are maintained by the landlord.

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; and family planning.

The practice staff comprises one lead female GP and a male and a female salaried GP (totalling 16 sessions per week). The clinical team is supported by practice nurse, phlebotomist, lead receptionist and five receptionists. At the time of our inspection the practice were recruiting for a practice manager, the previous practice manager having left the practice in April 2016. As an interim measure, The Greenbrook Healthcare Business Manager has been providing cover approximately two days per week.

The practice premises are open from 8am to 6.30pm Monday to Friday. Extended hours are provided on Thursday from 6.30pm to 9pm.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. In addition, patients have access to services on Saturday and Sunday from 10am to 4pm at hub practices within the locality. Bedfont Clinic is one of 14 practices within the CCG which provides this service from its location on a rotational basis. Appointments are booked via 111 or the Urgent Care Centre.

Detailed findings

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.

The practice had not been inspected previously.

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 20 October 2016. During our visit we:

- Spoke with a range of staff (lead GP, medical director, salaried GP, interim practice manager, quality assurance manager, practice nurse, lead receptionist and administrator) 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 intranet. The incident recording form supported 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).
- 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. The practice had recorded seven significant events in last 12 months. The practice shared learning both internally and in a monthly clinical governance meeting with other practices within the Greenbrook Healthcare organisation. We saw evidence of comprehensive minutes.

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, there was a practice-wide review of the process to register a death following a patient death in a nursing home that had not been registered by the nursing home, as primary carer in the absence of a relative, within the required five days. The practice wrote to the nursing homes within its catchment to share learning from the incident.

The practice maintained an organisational risk register. The practice had listed its perceived current risks and challenges as GP recruitment and the practice premises. The practice had been unable to recruit to fill its substantive posts and at the time of our inspection were utilising regular locum GPs. Greenbrook Healthcare were actively recruiting GPs across the organisation. The portacabin premises were limited for space and the

practice shared with us historical correspondence which related to rejected applications to upgrade the premises. The practice premises, despite being compact, were decoratively maintained and equipped to treat patients.

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 policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We observed guidance was available in each consulting room. 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. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Non-clinical staff demonstrated they understood their responsibilities and all had received training on safeguarding children to level two, which was an enhancement on the required level one recommended for their role. GPs and the practice nurse were trained to child safeguarding level 3. All staff were trained on vulnerable adults relevant to their role.
- A notice in the waiting room and all consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones had undertaken internal competency training and non-clinical staff who acted in this role had received a standard Disclosure and Barring Service (DBS) check. (A standard DBS check identifies whether a person has a criminal record. An enhanced DBS check identifies whether a person has a criminal record and whether the person 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 chaperone policy did not include reference to the level of DBS a non-clinical member of staff required or the specific contact they had with patients, particularly children and vulnerable adults. The practice told us that a chaperone would not be left in a room with a patient

Are services safe?

without a clinician present. Not all staff we spoke with on the day knew where to stand and observe a procedure indicating that they stood outside the curtain screen.

- Although we observed the premises to be clean and tidy, we found evidence of heavy high and low level dust in all four consulting rooms. Cleaning was undertaken by contract cleaners as part of the facilities management contract the practice held with their landlord. We saw email evidence that the practice had contacted the cleaning contractor during our inspection to address the findings as a matter of urgency. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up-to-date with best practice. There was an infection control policy and a separate waste management and sharps policy in place. All staff had received up-to-date training and the staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- An infection control audit had been undertaken by the practice nurse on 12 October 2016. The findings from the audit had rated the practice compliant in all areas and had not identified any improvement action plan.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice utilised prescribing optimisation software which interfaced with the practice's clinical system to ensure safe and appropriate prescribing. Blank prescription pads were securely stored and logged. However, there was no system in place to log and track printer prescriptions through the practice. Patient Group Directions (PGDs) 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). These were signed by the practice nurse and lead prescriber.

- We reviewed four personnel files and one locum GP file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. The premises were maintained by the practice's landlord and we reviewed a comprehensive estate maintenance and frequency schedule.
- There was a health and safety policy available with a poster located in the reception office which identified the local health and safety representative. A health and safety risk assessment had been undertaken in August 2016. We saw that the contract cleaning company had a Control of Substance Hazardous to Health (COSHH) risk assessment and data sheets for the cleaning products used. However, the practice had not undertaken a COSHH risk assessment. During our inspection we noted several substances in consulting rooms which should be considered as part of a risk assessment.
- There was a fire procedure in place and we saw evidence that all the fire extinguishers and the fire alarm had been maintained. The fire alarm sounder was checked on a weekly basis and fire evacuation drills were undertaken regularly and we saw evidence of this. The practice had trained two members of staff as fire marshals. At the time of our inspection not all staff had completed fire awareness training. However, all staff we spoke with knew the process in the event of a fire and where the fire evacuation assembly point was located. The practice had an up-to-date fire risk assessment undertaken in August 2015.
- Each clinical room was appropriately equipped. We saw documentary evidence that calibration of medical equipment used by staff was undertaken on an annual basis and was last tested in November 2015. However, we observed that a blood pressure monitor in use in one of the consulting rooms had not been checked since November 2014. We saw evidence that portable electrical appliances had been checked in March 2016.

Are services safe?

- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice discussed with us the difficulty recruiting an eight session GP to replace a GP who had left the surgery. At the time of our inspection the eight sessions were being provided by regular locum GPs. There was a locum pack available. We noted that this did not include safeguarding contact details or the practice's prescribing policy. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There were panic alarms and an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the nurse's treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available in the nurse's room and accident book was kept on reception.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff we spoke with knew of their location. All the medicines we checked were in date and stored securely. All staff we spoke with on the day knew the location of the emergency equipment.
- 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 key members of staff. The practice had a 'buddy' system in place with a neighbouring practice.

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.

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 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 75% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 99% (national average 94%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 85% (national average 84%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 84% (national average 84%). The practice reported a high dementia prevalence. QOF clinical prevalence data (2015/16) for dementia showed the practice were 0.71% above the CCG average and 0.47% above the national average.

- The practice achievement for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (national average 88%). However, we noted that 50% of patients had been exception reported by the practice (national average 13%). The lead GP said this was attributable to the high dementia rate due to the care of two nursing homes and the system of exemption reporting after three recorded invites.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve patient outcomes. For example, as a result of MHRA guidance regarding the reduced efficacy of clopidogrel (a medicine that reduces the risk of blood clots) with the concomitant use of the proton pump inhibitors (PPIs) omeprazole and esomeprazole (medicines used to treat symptoms of gastroesophageal reflux disease and other conditions caused by excess stomach acid) the practice conducted a search of its patients on clopidogrel. The first cycle audit revealed 36 patients were taking clopidogrel on a regular basis of which 23 patient were taking concomitant PPIs. A patient review revealed 30.5% of the patients were taking an inappropriate PPI and their medication was changed in line with NICE guidance. A repeat audit was undertaken 12 months later found 24 out of 29 patients were taking the appropriate PPI. The practice reviewed and contacted the five patients and changed their medication in line with NICE guidance.

Effective staffing

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 infection prevention and control, fire safety, health and safety, information governance, accident and incident reporting.

Are services effective?

(for example, treatment is effective)

- 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 had update training in asthma and diabetes.
- 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 practice told us that 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, clinical supervision and facilitation and support for revalidating GPs and practice nurses undertaking the Nurse and Midwifery Council (NMC) revalidation process. Greenbrook Healthcare had compiled a revalidation guidance document for its practice nurses across all its primary care locations. All clinical staff had received an appraisal within the last 12 months. However, not all non-clinical staff had received an appraisal in the last 12 months during the time the practice had not had a permanent practice manager. However, the practice contacted us immediately after the inspection to inform us these had been undertaken.
- Staff received training that included: safeguarding, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training. At the time of our inspection not all staff had completed fire safety awareness training. We saw evidence that the practice supported a member of the reception team to train as a phlebotomist.

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.
- The practice maintained a register of its two-week wait referrals and contacted patients to ensure they had received an appointment.
- The practice used an IT interface system (GP2GP) which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs had full and detailed medical records available to them for a new patient's first consultation.

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.

- Clinical 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. However, not all staff we spoke with understood Gillick competency and Fraser guidelines (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions) and its impact on a minor accessing care and treatment.
- 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. For example:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice was available at the surgery and from a local support group.
- The practice undertook a twice weekly ward round at a nursing home which provided dementia care and closely liaised with the local Community Integrated Dementia Service (CIDS) in the care of its patients.
- The practice referred into 'One You Hounslow', a one-stop local support service to help people stop smoking, lose weight, eat healthily and exercise more.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. 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.

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 averages and for the majority comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 41% to 93% (CCG 42% to 89%; national average 73% to 95%) and five year olds from 60% to 92% (CCG 61% to 88%; national average 81% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced and that staff were helpful, caring and treated them with dignity and respect. Four of the cards included mixed comments which related to the premises.

We spoke with one patient over the telephone who the practice had identified as a member of the patient participation group (PPG). The patient 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 satisfaction scores on consultations with GPs and nurses was comparable with local and national averages. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 95% 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%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 88% of patients said the nurse was good at listening to them compared to the CCG average of 87% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared to the CCG average of 87% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and the national average of 97%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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. For example:

- 85% 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%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 90%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

Are services caring?

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 as well as access to British Sign Language (BLS). However, there were no notices in the reception area informing patients this service was available.
- Several members of the practice staff spoke other languages, for example Urdu, Hindi, Punjabi, Spanish and French and this was included in the practice leaflet.
- The practice website had the functionality to translate to other languages and the patient check-in screen was available in other languages aligned to the practice demographic.
- The practice had a patient health and information screen and leaflets available in the waiting room. However, we did not see any information in other languages reflective of the patient population.

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. 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 64 patients as carers (over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice offered carers the annual influenza vaccine.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service if required.

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.

- The practice participated in the CCG Out of Hospital Services strategy and integrated care model and were undertook in-house services such as ambulatory blood pressure monitoring and warfarin (a medicine to stop the blood from clotting) monitoring.
- The practice offered a 'Commuter's Clinic' on Thursday from 6.30pm to 9pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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 the under twos, patients on the care planning register and the over seventies.
- 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 but the practice did not have a hearing loop.
- The practice website had the functionality to translate to other languages and the patient check-in screen was available in other languages aligned to the practice demographic.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.20am to 11.30am each morning and from 3pm to 5.50pm each afternoon. Extended hours were provided on Thursday from 6.30pm to 9pm. In addition to pre-bookable appointments that could be booked up to four to six weeks in advance, urgent appointments were also available for people that needed them as well as telephone consultations. The practice had also been providing eConsult (a platform that enabled patients to self-manage

and consult online with their own GP through their practice website) for the past 12 months. The practice operated a text reminder service with the functionality to cancel appointments via text.

Results from the national GP patient survey showed that patient's satisfaction for how they could access care and treatment and experience was below local and national averages. For example:

- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 58% of patients describe their experience of making an appointment as good compared to the CCG average 70% and national average of 73%.
- 77% of patients said the last appointment they got was convenient compared to the CCG average of 88% and the national average of 92%.
- 32% of patients usually get to see or speak to their preferred GP compared to the CCG average of 54% and the national average of 59%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.

The practice had reviewed the recent national GP patient survey and had drawn up an action plan to look at access to routine and urgent appointments and the telephone system as a result of the feedback. The practice told us that the main challenge was limited premises capacity to increase consulting rooms. Currently all three consulting rooms were being used to capacity.

We spoke to eight people on the day of the inspection, all of whom told us they had not experienced any difficulty getting an emergency appointment. Two patients told us they had not experienced any problem getting a routine appointment, but six patients said they often had to wait two to three weeks for a routine appointment with a GP of their choice. Patients told us they also utilised telephone consultations.

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.

Are services responsive to people's needs?

(for example, to feedback?)

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.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information on the practice website and posters in the waiting room.

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 corporate values of Greenbrook Healthcare were visible to staff and patients.
- The practice in conjunction with Greenbrook Healthcare had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching 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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice's intranet.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

At the time of our visit, the practice were recruiting for a practice manager as the previous practice manager had left the practice in April 2016. As an interim measure, The Greenbrook Healthcare Business Manager had provided cover approximately two days per week.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The organisation 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.

We were shown a clear leadership structure that had named members of staff in lead roles.

- 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 doctors in the practice.
- Non-clinical staff told us they had not held a regular practice staff/team meetings since the permanent practice manager had left. Staff told us they had found these useful. Clinical staff held monthly clinical meetings.
- The practice told us they had just launched an organisation-wide monthly staff email which included starters and leavers and updates regarding the organisation.

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 Friends and Family Test (FFT), complaints and NHS Choices comments.

- The practice operated a virtual Patient Participation Group (PPG) and were attempting to recruit new members.
- The practice demonstrated good uptake of the FFT and offered all patients attending for an appointment the opportunity to respond to the survey via a text facility.

Are services well-led?

Good 

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

The practice also ran a 'don't leave unhappy' poster campaign in the surgery encouraging patient feedback and displayed patient responses and areas where improvement was required.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice participated in the CCG out of hospital services strategy and integrated care model and undertook in-house services such as ambulatory blood pressure monitoring and warfarin (a medicine to stop the blood from clotting) monitoring.
- The practice participated on a rota basis in the weekend hub service for patients to access services on Saturday and Sunday from 10am to 4pm.