

Church Road Surgery

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?

Requires improvement 

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 Church Road Surgery on 25 August 2016. The overall rating for the practice was requires improvement. The practice was rated requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. This was specifically in relation to aspects of medicines management, risk management, quality monitoring and governance arrangements.

The full comprehensive report on the 25 August 2016 inspection can be found by selecting the 'all reports' link for Church Road Surgery on our website at www.cqc.org.uk.

An announced comprehensive inspection was undertaken on 26 September 2017. The practice was rated requires improvement for providing caring services and good for providing safe, effective, responsive and well-led services. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise most risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient satisfaction survey information we reviewed showed patients felt the practice offered a good service and staff were helpful, friendly, attentive and polite and treated them with dignity and respect.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment but not always a timely one with their preferred GP. Urgent appointments were available the same day.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.

Summary of findings

- There was a leadership structure and staff felt supported by management. The management team had been expanded to oversee specific areas of responsibility.
- The practice sought feedback from staff and patients and engaged with the patient participation group.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- The practice should apply an effective induction programme with the inclusion of Infection and Prevention Control (IPC) training to support newly recruited members of staff and include this as part of mandatory refresh training.
- The practice should ensure consistent labelling of all sharps bin receptacles and review the environment cleaning schedule log to include cleaning tasks and frequency.
- The practice should continue to encourage the uptake of cervical screening.
- The practice should continue to encourage the uptake of childhood immunisations.
- The practice should review and implement ways to improve patient satisfaction with GP and nurse consultations.
- The practice should include information about the NHS independent advocacy service in its complaints procedure and information leaflets.
- The practice should consider the installation of an emergency call bell in the public toilet facility.
- The practice should consider formalising the strategy and supporting business plan.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise most risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The most recent published data 2016/17 showed that patient outcomes were comparable with CCG and national averages for most indicators.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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

Requires improvement



- Data from the national GP patient survey showed satisfaction scores on consultations with GPs and nurses were significantly lower than local or national averages.

Summary of findings

- Survey information we reviewed showed patients felt the practice offered a good service and staff were helpful, friendly, attentive and polite and treated them with dignity and respect.
- Information for patients about the services available was 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.

- The practice understood its population profile and had engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment but not always a timely one with their preferred GP. Urgent appointments were available the same day.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available but required review. 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 and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were aware of the vision and their responsibilities in relation to it.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to identify risk and to monitor and improve quality.
- There was a leadership structure and staff felt supported by management. The management team had been expanded to oversee designated areas of responsibility.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The principal GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients and engaged with the patient participation group.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- All patients over the age of 75 years had a named GP to promote continuity of care.
- Home visits and urgent appointments were available if required.
- The practice held monthly multi-disciplinary team meetings attended by members of the district nursing team to discuss and update care plans of older patients with complex medical needs.
- The practice identified older patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk.
- Patients were referred if required to the local rapid response team who could provide extra support in the community.
- The practice has access to a community phlebotomy service for patients unable to attend the hospital for blood tests.

People with long term conditions

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

Good



- All patients with a long term condition had a named GP to promote continuity of care.
- Nursing staff assisted GPs in chronic disease management. Patients were invited to annual health checks including medication reviews.
- The practice ran a diabetic clinic every Thursday where patients could see the GP and diabetic specialist nurse for review.
- Longer appointments and home visits were available when needed.
- The practice held monthly multi-disciplinary team meetings attended by members of the district nursing team to discuss and update care plans of patients with complex medical needs.
- The practice identified patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk.
- Patients were referred if required to the local rapid response team who could provide extra support in the community.

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 was a named GP lead for safeguarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, health visitors who were attached to the practice attended multi-disciplinary team meetings to discuss children at risk.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent same day appointments were also available for unwell children.
- The practice offered routine antenatal and postnatal care. Mothers were encouraged to attend local children's centres for support and advice.
- The practice offered advice on contraception and sexual health. Chlamydia screening was offered opportunistically
- The percentage of women aged 25-64 who had attended cervical screening within the last five years was 73.5%, compared to the local average of 77% and national average of 81%.

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



- Extended hour appointments were available for patients unable to attend the practice during normal working hours. Telephone consultations were also available if required.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Patients were able to receive travel vaccinations available on the NHS or were referred to other clinics for vaccines available privately.
- Health checks for new patients and NHS health checks for patients aged 40 to 74 years of age were available with appropriate follow-up of any abnormalities or risk factors identified.
- Students were offered meningitis vaccination before leaving for university.

Summary of findings

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



- There was a named GP lead for safeguarding vulnerable adults and staff knew how to recognise signs of abuse. 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.
- The practice held a register of patients living with a learning disability and offered them longer appointments for health check reviews.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients from a local shelter that supports victims of domestic abuse were accepted onto the practice list and instant health checks were offered to mother and any children.

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).

Good



- QOF data 2016/17 showed that 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 83% and the national average of 84%.
- The practice maintained a register of patients experiencing poor mental health and these patients were invited to annual health checks and medication reviews. Longer appointments were available if required.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients were referred to community mental health team single point of access when needed. The practice regularly liaised with secondary care consultant psychiatrists in patient care planning.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Some clinical staff had received additional training to care for patients with these conditions.
- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published 7 July 2017. The results showed the practice was performing similar to or above local and national averages. Two hundred and sixty five survey forms were distributed and 122 were returned. This represented a completion rate of 46% and 5% of the practice's patient list. The results showed the practice mostly performed in line with local and national averages. For example,

- 73% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were mostly positive about the standard of care received. Comments received described staff as approachable, caring, helpful and polite and the environment as safe and hygienic. Negative comments received related to difficulty getting appointments especially with a preferred GP.

We spoke with three patients including two members of the patient participation group after the inspection. All described mixed experiences in getting an appointment when they needed one, but were generally satisfied with the standard of care they received. Results from the Friends and Family Test (FFT) for the period April 2017 to August 2017 showed that 73% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should apply an effective induction programme with the inclusion of Infection and Prevention Control (IPC) training to support newly recruited members of staff and include this as part of mandatory refresh training.
- The practice should ensure consistent labelling of all sharps bin receptacles and review the environment cleaning schedule log to include cleaning tasks and frequency.
- The practice should continue to encourage the uptake of cervical screening.
- The practice should continue to encourage the uptake of childhood immunisations.
- The practice should review and implement ways to improve patient satisfaction with GP and nurse consultations.
- The practice should include information about the NHS independent advocacy service in its complaints procedure and information leaflets.
- The practice should consider the installation of an emergency call bell in the public toilet facility.
- The practice should consider formalising the strategy and supporting business plan.

Church Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Church Road Surgery

Church Road Surgery is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of the Uxbridge and West Drayton locality network. The practice is an approved training practice for post graduate junior doctors and a teaching practice for medical students.

The practice provides primary medical services to approximately 2,300 patients living in Hayes and holds a core General Medical Services (GMS) Contract. (GMS is a contract between NHS England and general practices for delivering general medical services). The principal GP Dr Sashi Shashikanth also provides GP primary medical services from a separate location at West London Medical Centre, 20 Pield Heath Rd, Uxbridge.

Church Road Surgery is located in Church Road, Cowley in Uxbridge with good transport links by bus services. The practice operates from a converted building owned and managed by the principal GP. The practice has four consultation rooms and a reception and waiting area on the ground floor of the premises. The upper floor of the premises accommodates administration offices, a meeting room, staff facilities and consultation room used by a

podiatrist providing private treatments. There is wheelchair access to the entrance of the building and toilet facilities for people with disabilities. There are car parking facilities at the front and side of the practice.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 45 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

The practice population is ethnically diverse and has a lower than the national average number of male and female patients between 5 and 19 years of age and higher than the national average number of patients 45 to 59 years of age. There is a lower than the national average number of patients 70 to 79 years of age and a higher than the national average of patients 85 years plus. The practice area is rated in the fifth least deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2015/16 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (51.5%, 50%, and 53% respectively).

The practice is staffed by a male principal GP covering one clinical session a week, one female salaried GP and one male sessional GP who collectively work a total of eight clinical sessions a week. They are supported by two part time practice nurses and a part time health care assistant who collectively work five sessions a week. The administration team is led by a part-time practice manager, part-time deputy practice manager, part-time human resource executive, a full-time senior receptionist and three administration/reception staff. The principal GP, practice nurses and senior management team work across both practice sites.

Detailed findings

The opening hours are 8am to 6pm Monday to Friday with the exception of Wednesday when closed from 1pm. Appointments in the morning are from 8.30am to 11am Monday, Tuesday, Thursday, Friday and 8.30am to 10.30am Wednesday, afternoon appointments are from 2pm to 4pm Monday, Tuesday, 2.30pm to 5pm Thursday and 3pm to 5pm Friday. Extended hour appointments are offered from 7.30am to 8am Wednesday and from 6.30pm to 7.30pm Thursday. Telephone consultations are offered daily and bookable appointments can be booked two weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, maternity and midwifery, surgical procedures and treatment of disease disorder & Injury.

The practice was previously inspected under the new methodology on 25 August 2016 and achieved an overall rating of requires improvement.

Why we carried out this inspection

We undertook a comprehensive follow-up inspection of Church Road Surgery on 25 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The full comprehensive report on the 25 August 2016 inspection can be found by selecting the 'all reports' link for Church Road Surgery on our website at www.cqc.org.uk.

We undertook a follow-up announced comprehensive inspection of Church Road Surgery on 26 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share to share what they knew. We carried out an announced visit on 26 September 2017. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager, assistant practice manager, administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- 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
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

Detailed findings

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

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing safe services as the systems and processes in respect of managing risks were not effectively assessed, monitored and mitigated across all areas. This specifically related to aspects of medicines management, infection control, fire safety and emergency provisions.

These arrangements had improved when we undertook a follow up inspection on 26 September 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our last inspection the practice did not have an effective system to record the outcomes of actions taken in response to alerts issued by external agencies for example, the Medicines and Healthcare products Regulatory Agency (MHRA). At this inspection there was evidence that safety alerts were discussed at practice meetings although, meeting minutes were limited in content about the actions taken by the practice in response.

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form 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).
- From two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For

example, following an incident when Hormone Replacement Therapy (HRT) had been prescribed on repeat prescription without regular review, the practice had changed their prescribing protocol. This was to ensure that patients attended a six month review before a repeat HRT prescription was issued.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety with the exception of some relating to infection and prevention control.

- Arrangements for safeguarding 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. There was a lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurse level 2 and all other staff level 1. A notice in the waiting room advised patients that chaperones were available if required.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check, which had been absent for reception staff at the last inspection on 25 August 2016. (DBS

The practice maintained appropriate standards of cleanliness and hygiene however, there were areas of weakness.

- We observed the premises to be clean and tidy and there were cleaning schedules and monitoring systems in place. However, we found that some cleaning equipment and the way stored did not follow national guidance and the environment cleaning schedule did not include cleaning tasks and frequency. There were arrangements for the segregation and disposal of clinical waste, with separate receptacles for the disposal of sharps used to administer cytotoxic medicines. However, we observed that not all sharps bins in use were correctly labelled or positioned safely in

Are services safe?

consultation rooms. The practice informed us after the inspection that most of the concerns had been addressed and arrangements had been made for sharps bins to be wall mounted in consultation rooms.

- One of the practice nurses who worked at the practice one-half day a week had recently been appointed as the infection prevention and control (IPC) clinical lead. We were told that this arrangement was a temporary measure following the retirement of the previous IPC lead and until a permanent practice nurse was appointed. There was an IPC protocol in place but the practice could not demonstrate that all staff had received IPC training as this was not included in the induction programme for new staff or as part of mandatory training refresh. We were told after the inspection that IPC training had been arranged.
- The last IPC audit had been undertaken internally by the practice in April 2017 and no improvements were identified. Following the inspection we were told that a further IPC audit had been undertaken by an external NHS organisation in October 2017 and that an action plan to address recommended actions to improve standards where applicable, was in progress. This included flooring replacement and re-configuration of the treatment room.

At our last inspection on 25 August 2016 we found the way the practice monitored fridge temperatures where vaccines were stored, did not assure that effective cold chain procedures were followed. At this inspection we saw that the practice had purchased a new fridge for the storage of vaccines and that appropriate fridge temperature monitoring checks were now correctly undertaken.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. A designated member of staff had since our last inspection, been assigned the role as human resources executive to oversee recruitment processes for this practice and the other GP practice which the principal GP was responsible for.

Monitoring risks to patients

At our last inspection on 25 August 2016 there were some procedures in place for monitoring and managing risks to patient and staff safety. Fire safety risk arrangements were not effective as fire evacuation drills were not undertaken and there was no evidence of fire alarm testing. At this inspection we saw that improvements had been made in these areas.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety (H&S) policy available.
- The practice had an up to date fire risk assessment, carried out regular fire drills and fire alarm testing. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Are services safe?

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Emergency medicines held now included those to treat suspected bacterial meningitis, which was not available at the time of the last inspection. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers and in the event of a major problem their other practice site at West London Medical Centre would be used and telephone lines diverted.

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection on 25 August 2016, we rated the practice as requires improvement for providing effective services as there was limited evidence of quality improvement including clinical audit.

These arrangements had significantly improved when we undertook a follow up inspection on 26 September 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2016/17 was 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95.5%. The overall clinical exception rate was 11.5%, which was lower than the CCG average of 9% and England average of 10%. (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).

The most recent published QOF results for diabetes related indicators 2016/17 showed that;

- 79% of patients on the diabetes register had an IFCC-HbA1c less than or equal to 64 mmol/mol

measured in the last 12 months; compared to the CCG average of 77% and national average of 79.5%. (Exception reporting was 19% compared to the CCG and National rates of 9% and 12% respectively).

- 67% of patients on the diabetes register had total cholesterol level of 5mmol/l or less measured in the last 12 months; compared to the CCG average of 75% and national average of 80%. (Exception reporting was 10% compared to the CCG and National rates of 11% and 13% respectively).
- 61% of patients on the diabetes register had a blood pressure reading of 140/80 or less measured in the last 12 months; compared to the CCG average of 80% and national average of 78%. (Exception reporting was 10% compared to the CCG and National rates of 8% and 9% respectively).

The practice was aware of lower QOF performance for some diabetes indicators and had introduced a weekly diabetic clinic where patients could see a GP and diabetic specialist nurse for review. They anticipated that this would improve QOF performance and patient outcomes.

The most recent published QOF results for mental health related indicators 2016/17 showed that;

- All patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months; compared to the CCG average of 92% and national average of 90%. (Exception reporting was 23.5% compared to the CCG and National rates of 9% and 12.5% respectively).
- All patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, whose alcohol consumption has been recorded in the last 12 months; compared to the CCG average of 93% and national average 91%. (Exception reporting was 23.5% compared to the CCG and National rates of 7% and 10% respectively).

The most recent published QOF results for other health related indicators 2016/17 showed that;

- 81% of patients on the register with hypertension had a blood pressure reading measured in the last 12 months

Are services effective?

(for example, treatment is effective)

that was 150/90mmHg or less; compared to the CCG average of 84% and national average of 83%. (Exception reporting was 3% compared to the CCG and National rates of 4%).

- 81% of patients with asthma on the register had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions; compared; to the CCG average of 77% and national average of 76.5%. (Exception reporting was 4% compared to the CCG and National rates of 3% and 8% respectively).
- 90% of patients, on the register, with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months; compared to the CCG average of 93% and national average of 90%. (Exception reporting was 9% compared to the CCG and National rates of 9% and 11% respectively).

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice conducted an audit to review prescribing of Disease Modifying Anti-rheumatic Drugs (DMARDS) to ensure they were following best practice guidelines. First cycle data showed not all patients were receiving three monthly blood tests prior to their prescriptions being issued. The results were discussed in the practice meeting to raise the importance of monitoring blood tests in patients receiving these medicines. Letters were sent out to patients reminding them to have blood tests prior to requesting repeat prescriptions. The practice also changed their DMARD prescribing protocol so that there were only two doctors designated to sign prescriptions to monitor safety and ensure accountability. Following these changes, the second cycle data demonstrated improvement with all patients receiving regular blood testing prior to issue of their repeat prescription.
- Information about patients' outcomes was used to make improvements. For example, the practice used risk stratification tools to identify patients at high risk of

hospital admission and invited them in for review to create integrated care plans aimed at reducing this risk. These patients were discussed in monthly multi-disciplinary team meetings and care plans were updated with any changes.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality but omitted infection prevention and control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff in carrying out reviews of patients with long term conditions such as diabetes management.
- 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, discussion at practice team meetings and attendance at CCG led events.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All applicable staff had received an appraisal within the last 12 months.
- Staff undertook mandatory training that included, safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training relevant to their role. However, it was difficult to assess completion of on-line training by staff as the practice did not fully make use of resources available in the electronic training programme to monitor this.

Are services effective?

(for example, treatment is effective)

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.
- From the sample of 21 documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- 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.

The most recent published results 2016/17 for the cervical screening programme showed the practice uptake rate was 73.5%, which was comparable to the CCG average of 77% but lower than the national average of 81%.

There were failsafe systems 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. There was a policy to offer telephone or written 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 they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice did not achieve the 90% national expected coverage of immunisations given to children up to two years of age in three of the four areas measured. For example, the most recent published data for 2016/17 showed that;

- 92% of children aged one had received the full course of recommended vaccines.
- 70% of children aged two had received pneumococcal conjugate booster vaccine.
- 70% of children aged two had received haemophilus influenza e type b and Meningitis C booster vaccines.
- 70% of children aged two had received Measles, Mumps and Rubella vaccine.

Immunisation rates for five year olds were at or below CCG and national averages. For example, the most recent published data for 2016/17 showed that;

Are services effective?

(for example, treatment is effective)

- Measles, Mumps and Rubella dose one vaccinations for five year olds was 94%, compared to the CCG average of 93% and the national average of 95%.
- Measles, Mumps and Rubella dose two vaccinations for five year olds was 67%, compared to the CCG average of 72% and the national average of 87%.

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

At our last inspection on 25 August 2016, we rated the practice as good for providing caring services. When we undertook a comprehensive follow up inspection on 26 September 2017 the practice was rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Most of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were approachable, caring, helpful and polite and treated them with dignity and respect. We spoke with three patients including two members of the patient participation group (PPG). They told us they were mostly satisfied with the care provided by the practice and that their dignity and privacy was respected by clinicians but not always by reception staff.

Results from the national GP patient survey published 7 July 2017 showed most patients felt they were treated with compassion, dignity and respect. However, patient satisfaction scores regarding some aspects of consultations with GPs and nurses were significantly lower than CCG or national averages in relation to patients being listened to and given enough time. For example:

- 71% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.

- 74% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 93% 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%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 86%.
- 73% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 82% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 84% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The practice could not demonstrate any discussion or measures they had taken to improve patient experience in relation to low patient satisfaction with GP and nurse consultations.

Care planning and involvement in decisions about care and treatment

Most patients told us they felt involved in decision making about the care and treatment they received. They also told us that they 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 mainly positive and aligned with these views.

Results from the national GP patient survey published 7 July 2017 showed patients responded mostly positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

Are services caring?

- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 74% and the national average of 82%.
- 69% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% and the national average of 86%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 85%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The practice could not demonstrate any discussion or measures they had taken to improve patient experience in relation to low patient satisfaction with GP and nurse consultations.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.

We were told that within the practice team staff had multi-lingual skills including those spoken by some of the practice's population groups, such as Tamil and Malayalam.

- Information leaflets were available or accessible in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29 patients as carers (1.3% of the practice list). Patients identified as carers were offered longer appointments, annual health checks and flu immunisations. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection on 25 August 2016, we rated the practice as good for providing responsive services. When we undertook a comprehensive follow up inspection on 26 September 2017 the practice was also rated as good for providing caring services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Wednesday morning from 7.30am to 8.00am and Thursday evening from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- Longer appointments were available for patients with a learning disability and for those patients with multiple long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could book/cancel appointments and order repeat prescriptions on line if signed up to do so. They could also email the practice directly with any queries.
- The practice did not send text message reminders of appointments and test results.
- Patients were able to receive travel vaccinations available on the NHS or were directed to other clinics for any travel vaccines not performed including those only available privately.
- There were accessible facilities, which included interpretation services and a hearing loop which the latter had not been available at the last inspection on 25 August 2016.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice had accessible facilities and was equipped to treat patients and meet their needs however, as identified at the last inspection there was no emergency call bell in the public toilet facility.

Access to the service

The practice was open from 8am to 6pm Monday to Friday with the exception of Wednesday when closed from 1pm. Appointments in the morning were from 8.30am to 11am Monday, Tuesday, Thursday, Friday and 8.30am to 10.30am Wednesday. Appointments in the afternoon were from 2pm to 4pm Monday, Tuesday, 2.30pm to 5pm Thursday and 3pm to 5pm Friday. Extended hours pre-bookable appointments were offered from 7.30am to 8am Wednesday morning and from 6.30pm to 7.30pm Thursday evening. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published 7 July 2017 showed that patient's satisfaction with how they could access care and treatment was mostly comparable to or above local and national averages. Patient satisfaction scores in relation to accessing appointments was significantly below CCG and national averages in some areas. Data showed;

- 61% of patients said that the last time they wanted to see or speak to someone they were able to get an appointment compared with the CCG average of 72% and the national average of 75%.
- 36% of patients said they usually get to see or speak to their preferred GP compared with the CCG average of 55% and the national average of 56%.
- 89% of patients said they could get through easily to the practice by phone compared to the compared with the CCG average of 68% and the national average of 71%.
- 78% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 54% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.
- 72% of patients said they usually wait 15 minutes or less after their appointment time compared with the CCG average of 60% and the national average of 64%.

Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients were very satisfied or fairly satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.

Difficulties in getting appointments with the preferred GP and waiting from time of appointment and not being informed of delays were described in verbal and written feedback we received from some patients.

The practice had implemented measures in attempt to improve patient experience in accessing services. This included recruitment of an additional GP, initiation of a weekly diabetic clinic and encouragement of patients to use on-line resources.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was managed by the duty doctor who 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 a system 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, details on the information screen in the practice waiting area and in the practice information leaflet. However, information about the NHS independent complaints advocacy service was not included.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint received about a delay in receiving a repeat medication, the practice apologised to the patient and discussed the issue in the practice meeting. They made changes to the repeat prescription procedure so that a note was added to prescriptions for medicines that required blood test monitoring to advise patient that prescriptions would not be issued without up to date blood tests. However, although complaint records were kept there was no formal analysis conducted to identify and monitor trends over time.

Are services well-led?

Good 

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

Our findings

At our last inspection on 25 August 2016, we rated the practice as requires improvement for providing well-led services as there were areas of weakness in governance arrangements, leadership capacity and quality monitoring to make improvements.

These arrangements had been improved when we undertook a follow up inspection on 26 September 2017. The practice remains rated as requires improvement for providing well-led services.

Vision and strategy

The practice had a vision to provide high quality healthcare and promote good outcomes for patients. They had a mission statement that set out their aims and objectives which was publically displayed. Staff we spoke with were aware of the vision and their responsibilities in relation to it.

The practice did not have a formal strategy and supporting business plans. The principal GP described the focus and strategy of direction for the practice was to expand the range of services provided and a key priority was to recruit a GP partner or another salaried GP as well as a permanent practice nurse. There was a future ambition to become a training practice for GP registrars.

Governance arrangements

At our last inspection on 25 August 2016 the governance arrangements were not always embedded or operated effectively. Practice policies were not well maintained, risk management was lacking in some areas and there was no evidence to demonstrate improvements to patient outcomes as a result of clinical audits undertaken.

At this inspection we saw that the practice had an improved governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure in place and staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These now included dates they had been reviewed and version control, which had been missing at the time of the last inspection.

- The practice maintained an up to date understanding of their QOF performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice could demonstrate improvements as a result, for example to its antibiotic prescribing rates following implementation of revised protocols.
- There were now more effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Since our last inspection the practice had incorporated additional steps in operational processes to ensure effective monitoring of vaccine cold chain, fire safety arrangements and response to medical emergencies. However, there were weaknesses in some infection and prevention control operational procedures which we were told after the inspection had been addressed. An emergency call bell in the public toilet facility remained absent.

Leadership and culture

On the day of inspection the principal GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us the management team encouraged a culture of openness and honesty.

- 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.

At our last inspection on 25 August 2016 we found weaknesses in the leadership structure and capacity of the management team to provide sufficient oversight and direction. At this inspection we saw that the leadership structure had been expanded with the appointment of a deputy practice manager, human resource executive and reception supervisor, each with designated areas of

Are services well-led?

Good 

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

responsibility. Since our last inspection additional practice meetings had been introduced including a weekly senior staff meeting and a quarterly whole practice team meeting. Clinical team meetings continued to be held monthly.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the management team encouraged 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 encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG), the Friends and Family Test (FFT) and through comments and complaints received. The practice had held two

PPG meetings since inauguration in September 2015 but had struggled to increase patient participation and attendance at others planned. The PPG had not carried out any patient surveys but had submitted suggestions for improvements that could be made in the practice waiting area. For example, installation of a cold water dispenser, a clock and a waiting time message board, which the practice had considered but not yet actioned.

- The practice had gathered feedback from staff through team social events and generally through staff meetings, staff appraisals and informal discussions.

Continuous improvement

The practice was committed to contribute to medical education and was an approved teaching practice for undergraduate medical students and had recently been approved as a training practice for junior doctors. The practice aspired to become a training practice for trainee GPs in the future. One of the practice nurses had completed training as a nurse practitioner. The principal GP had set up a mutual support and educational group for sessional GPs in Hillingdon. Reflective practice was encouraged by junior and student staff at clinical meetings in the presentation of patient cases.