

Sheen Lane Health Centre

Inspection 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 location		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	

Overall summary

This service is rated as Good overall. (Previous inspection 16 March 2022 – Inadequate)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Richmond General Practice Alliance by visiting its three registered locations of Hampton Wick Surgery, Sheen Lane Health Centre and Essex House to follow up on concerns found at our last inspection in March 2022. This was the second CQC inspection of these locations under the current CQC inspection methodology, since the service registered with CQC in 2016.

Hampton Wick Surgery is the headquarters of the federation Richmond General Practice Alliance (RGPA) which is made up of 25 member practices across Kew, Sheen, Barnes, Richmond, Twickenham, Hampton and Teddington. They provide hub support and governance of six primary care networks (PCNs) for the member GP practices and additional healthcare services to the patient population. This includes extended access and microsuction services. Microsuction is a specialist service for patients who require treatment for their ears.

CQC inspected the service on 16 March 2022 and found breaches of regulations 12 and 17. We asked the provider to make improvements regarding the following areas:

- The way the service was led and managed did not promote the delivery of high-quality care. Governance policies had been established without considering the way that care was delivered, and where policies specified processes these had not been implemented.
- The service did not have good systems to manage risks to patient and staff safety.
- There was insufficient oversight and assurance of this service which meant that care was not consistently safe and effective.
- The service did not have effective systems to ensure that all staff involved in delivering the service were suitable and appropriately qualified for their roles or to ensure that all staff received an appropriate induction and ongoing training.
- The service did not have good systems to ensure that all patients received effective care and treatment.

We checked these areas as part of this comprehensive inspection and found these areas of concern had been resolved.

One board member of the federation is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

Overall summary

- The management team had worked hard to implement improvements since the last inspection throughout their governance arrangements.
- Policies, protocols and communication with all three locations had improved and developed so that there was good consistent care across the provider's locations.
- There were effective processes in place to ensure patient and staff safety.
- The service had suitable systems to ensure all staff had recruitment checks in place and adequate training.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to allow patients to access care and treatment in a timely way.
- The service had good systems to ensure that all patients received effective care and treatment.
- Clinical records showed improvements were being made throughout this year since the last inspection in regards to safety netting and details of consultations.
- Staff surveys had not yet been completed to enable complete involvement for staff in the vision and future of the service.

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

- All staff should be involved in a feedback process which ensures continual improvement and strong internal positive culture.

This service was placed into special measures following the last inspection in March 2022. The service made sufficient improvements so that it will now be taken out of special measures.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC inspector on site. The team included a specialist GP adviser who carried out work remotely.

Background to Sheen Lane Health Centre

Richmond General Practice Alliance (RGPA) is an independent health provider which is a federation of 25 member practices and six PCNs. This service is registered to carry out diagnostic and screening procedures along with treatment of disease, disorder and injury.

The head office is based on the second floor of Hampton Wick Surgery. RGPA previously provided care from three sites: Hampton Wick Surgery, Essex House Surgery and Sheen Lane Surgery. From October 2022 RGPA will not be providing care from Hampton Wick Surgery. The GP practices at these locations provide consultation rooms, equipment, patient reception and waiting areas and reception staff, under a contract with Richmond General Practice Alliance (RGPA), who are responsible for the care delivered. At Essex House the RGPA provides extended access hubs. At Sheen Lane Surgery the RGPA provides microsuction services. RGPA is led by three GP board members.

How we inspected this 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- The provider had safe infection control and health and safety processes in place at each registered location;
- All staff had completed mandatory training and had appropriate recruitment checks in place;
- Medicines were safely managed;
- There was developing evidence of internal learning and improvements from incidents, events and audits.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider, Richmond General Practice Alliance (RGPA) ensured that appropriate safeguarding arrangements were in place at the places from which care was delivered. Staff received up-to-date safeguarding training appropriate to their role. No safeguarding concerns had been identified. The service had systems to safeguard children and vulnerable adults from abuse.
- There were safety policies and governance processes which worked alongside policies in place at the host practices. The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Assessments and audits had been carried out at each location by the separate practices. The management team then routinely audited the locations to ensure the premises assessments and audits were sufficient.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place including medical indemnity for clinicians.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Some staff told us that the IT system was old and unintuitive but this had not impacted on patient safety.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service had begun to implement a routine audit cycle to ensure prescribing was in line with best practice guidelines for safe prescribing. This audit had found one clinician prescribing an antibiotic outside of guidance. The provider ensured the clinician was given a reminder of antibiotic prescribing guidelines so this did not happen again.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Patient Group Directives had been signed and authorised correctly.
- There were consistent checks of fridge temperatures to ensure vaccine safety and cold-chain compliance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. Although there had not been any events since the last inspection, the provider was able to show us the newly implemented vaccination pathway guidance for babies which was created following an incident last year.

When there were unexpected or unintended safety incidents:

Are services safe?

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

- There was a newly implemented audit cycle to ensure effective clinical care;
- There were competency checks and appraisals for staff;
- Consultation notes were improving and developing in reaction to auditing by management.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. An audit had been completed of consultation notes which indicated a growing improvement in detailed medical histories and safety netting for patients. We saw the improvements in the notes we reviewed throughout the last six months. Clinicians had clearly taken on board the feedback generated by the audit and had improved their recording in consultations.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an anti-biotic audit was completed in August 2022 to ensure safe prescribing practices were in place. Another audit in May 2022 had reviewed all patients who required cervical screening to see how many patients were overdue screening. The provider told us that the audit showed the service had better statistics than the London average.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) or Nursing Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The IT system enabled clinicians to record notes and send referrals back to patients' GPs.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. They had carried out a detailed survey across all member practices which had provided 17,000 responses. The responses were used to decide the future of the service.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The service had carried out a survey with all of its locations and member practices to establish patient views on the future locations of hub services. They received 17,000 responses which had then enabled them to choose which locations best served their patient lists. They had also received hundreds of free text comments which they were analysing for improvements or changes that could be made to the services.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. One complaint had raised concerns about reception staff being impolite. The service had directly spoken with all reception staff and implemented training to improve customer service.

Are services well-led?

We rated well-led as Good because:

- Leaders had correctly followed their own policies, contracts and procedures to ensure good governance.
- There were effective assurance processes and systems carried out internally.
- The provider demonstrated clarity and cohesion throughout its organisation in terms of its policies and communication of information.
- The leaders understood how to ensure appropriate risk management.
- There was evidence of information being used to drive improvements and developments.

However,

- The service had not completed any staff surveys or used staff feedback to drive improvements. The provider described plans to issue staff surveys in the very near future along with staff away days so as to obtain feedback so they could act upon it. This issue did not present any risk to patient safety.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Leaders were not always visible to all staff in this service which was a challenge given the multiple separate locations and the operating hours of the extended access. The management team were able to demonstrate that they had attended 1:1s with clinicians and had made efforts to provide staff with newsletters and updates in relation to the future of the service.

Vision and strategy

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

- There was a clear vision and set of values which was in development at the time of this inspection. The service had a realistic strategy and supporting business plans to achieve priorities. Some staff had told us that they were unaware of the vision and had not been informed of the future of this service. However, this had been because of the fluid nature of this service as an extended hours provider which had been going through contractual changes in the last six months. The provider was also able to demonstrate a positive amount of dissemination of information to employees through consistent emails, 1:1s with directors and future plans for staff training and days out.
- The service developed its vision, values and strategy jointly with staff and external partners. The board members of this service were in the process of changing at the time of this inspection and all member practices/stakeholders were involved in that process through meetings and emails.

Culture

The service had a culture of high-quality sustainable care.

Are services well-led?

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service had ensured that all policies were shared, understood, integrated and adapted to each of their locations. Furthermore, an audit using mystery shopper patients had been completed to assess quality of care and make note of any improvements that were required. The management team had visited each registered location and had audited health and safety throughout the buildings. At one location they found the cleaning room was untidy and disorganised. The head office was aware of this fact and it was resolved on the day of the visit.
- Staff meetings were now always minuted to ensure all staff or member practices could review information discussed and plans for the service. Although there had not been any clinical meetings between all of the clinical staff, the clinical director had met with all staff on a 1:1 basis. The provider told us clinical meetings had been impossible to arrange due to conflicting schedules of the clinicians who all had separate roles outside of this extended access service. The service had attempted to arrange meetings but was unable to due to the availability of its clinicians. This gap was mitigated by clinical audit cycles, 1:1 meetings with each staff member and the clinical director and staff newsetters.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for how to deal with major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality sustainable services but had not involved staff.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. A full patient survey had been completed with 17,000 responses. This had been used to choose the future locations of the hub service.
- There had not been any staff surveys since the last inspection. The provider had attempted to arrange full clinical staff meetings but was unable to due to availability. The provider described plans to issue staff surveys in the very near future along with staff away days so as to obtain feedback and act upon it.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The service recorded all the information it sent to its employees in an information distribution log. The log showed that the management team emailed its staff with new guidance, survey results, available training courses scheduled and consistent relevant updates to enable continual development and learning.
- The service made use of internal reviews of incidents and complaints. This was demonstrated by new pathways, training and minutes of meetings which discussed areas of required learning.