

Dr Kumaran & Partners

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 Dr Kumaran & Partners on 6 October 2015. The practice was rated as requires improvement for providing safe and well-led services and the overall rating for the practice was requires improvement. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Dr Kumaran & Partners on our website at www.cqc.org.uk.

This inspection was an announced comprehensive follow up inspection on 24 July 2017 to check for improvements since our previous inspection. 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 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. However, there was no system to identify how often training should be completed to ensure staff were kept up to date.
- Results from the national GP patient survey 2016 and 2017 showed patients rated the practice below average for satisfaction scores on consultations with the GPs and for several other aspects of care. We did not see evidence that the practice had acted on this feedback to improve outcomes for patients.
- 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 with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of 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.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider should:

- Review the system in place to ensure patient safety alerts are shared with relevant staff.
- Implement a system to ensure staff training is kept up to date.
- Review recruitment arrangements to include records of all necessary employment checks for all staff.
- Consider ways to improve cervical screening uptake to bring in line with local and national averages.
- Advertise that a translation service is available to patients on request.
- Raise staff awareness of the practice's strategy and business continuity 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 systems, processes and practices to minimise risks to patient safety. However, we found patient safety alerts were not disseminated to all clinical staff.
- 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. However, not all staff were aware of the practice's business continuity plan.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- 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.
- Staff had received training relevant to their role. However, there was no system to identify how often training should be completed to ensure staff were kept up to date.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

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

Requires improvement



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients we spoke with provided positive feedback. Patients reported being treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- However, data from the national GP patient survey 2016 and 2017 showed patients rated the practice below average for satisfaction scores on consultations with the GPs and other aspects of care. The practice had yet to review the most recent data and there was no evidence of action taken following the previous survey, which also showed negative patient feedback.
- Information for patients about the services available was accessible. For example, in leaflets, posters and on the website.
- The practice held a register for patients identified as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, providing 'out of hospital' services such as insulin initiation and ambulatory blood pressure monitoring to patients.
- 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 with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from recent examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. However, the formalised strategy had not been shared with all staff.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider complied with the requirements of the duty of candour.
- The partners 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 feedback had been acted on in some but not all cases. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas, for example diabetes, used their expertise to offer additional services to patients.

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.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. All patients aged over 75 had been allocated a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice ran campaigns to encourage eligible patients to have the flu, shingles and pneumococcal vaccinations.
- The practice worked collaboratively with other healthcare professionals in providing care and services to older people with complex needs. For example, utilising primary care coordinators to increase the quality in care planning.

People with long term conditions

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

Good



- Nursing staff supported the GPs in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice had performed well on the Quality and Outcomes Framework (QOF) for managing most long-term conditions. For example, performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national averages.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs. The practice also had a bypass number available for A&E clinicians and ambulance staff.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were comparable to CCG and national averages for all standard childhood immunisations.
- Young people aged 17-18 were invited to receive a meningitis vaccination as part of a local enhanced service.
- Chlamydia screening was included in health checks for new patients if required.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- GP appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group.
- The practice offered family planning, contraception and maternity advice services.
- The practice had emergency processes for acutely ill children and young people.

Good



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



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours until 8pm on Monday and Tuesday evenings for consultations with a GP.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability, and these patients had a named GP.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- In 2015/16, 83% 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 86% and national average of 84%.

Summary of findings

- In 2015/16, 88% of patients with a diagnosed psychosis had a comprehensive care plan in their records, which was comparable to the CCG and national averages of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Clinical staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing below local and national averages for several aspects of care. Three hundred and thirty four survey forms were distributed and 102 were returned. This represented 2% of the practice's patient list.

- 67% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 61% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with CCG average of 74% 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 27 comment cards, 26 of which were positive about the standard of care received.

We spoke with five patients during the inspection and received feedback from three members of the patient participation group. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the NHS Friends and Family test showed that over the past year, 82% of patients would recommend the service to others.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Review the system in place to ensure patient safety alerts are shared with relevant staff.
- Implement a system to ensure staff training is kept up to date.

- Review recruitment arrangements to include records of all necessary employment checks for all staff.
- Consider ways to improve cervical screening uptake to bring in line with local and national averages.
- Advertise that a translation service is available to patients on request.
- Raise staff awareness of the practice's strategy and business continuity plan.

Dr Kumaran & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included two GP specialist advisors.

Background to Dr Kumaran & Partners

Dr Kumaran & Partners, also known as Queens Park Medical Practice, provides NHS primary medical services to approximately 4,950 patients living in the surrounding areas of Feltham and Bedfont. The practice has a Personal Medical Services (PMS) contract (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hounslow Clinical Commissioning Group (CCG).

The practice team consists of two GP partners (one male and one female) providing seven clinical sessions each. The partners are supported by three regular locum GPs (two male and one female) who provide five sessions collectively; a practice nurse (22 hours); a health care assistant (four hours); a practice manager (16 hours); and four administrators / receptionists.

The practice is located on the third floor of a health centre, and shares the premises with other health care providers. The premises are accessible by wheelchair.

The practice is open from 8am to 8pm on Monday and Tuesday, 8am to 6pm on Wednesday, and 8am to 6.30pm on Thursday and Friday. Pre-booked appointments are from 8.30am to 11am daily, and 4pm to 6pm on Monday, Tuesday, Thursday and Friday. Extended hours evening appointments are available from 6.30pm to 8pm on

Monday and Tuesday. Same day appointments are available for patients with complex or more urgent needs. There is a reception only service on Wednesday from 1.30pm to 6pm. When the practice is closed, patients are advised to use the local out-of-hours provider or attend the local 'hub' primary care service.

The practice population is characterised by average levels of income deprivation, employment rates and life expectancy. The practice age-sex profile is also similar to the English average. The population is ethnically diverse.

The practice service is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning services; surgical procedures; and maternity and midwifery services.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Kumaran & Partners on 6 October 2015 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 and well led services, and was therefore rated as requires improvement overall.

We issued a requirement notice to the provider in respect of safe care and treatment. The provider sent us an action plan which stated they would be compliant by 31 January 2016. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Dr Kumaran & Partners on our website at www.cqc.org.uk.

We undertook an announced comprehensive follow-up inspection of Dr Kumaran & Partners on 24 July 2017. This inspection was carried out to check for improvements since our previous inspection.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 July 2017. During our visit we:

- Spoke with a range of staff including two GP partners, practice nurse, practice manager and two non-clinical staff.
- Spoke with five patients who used the service and received feedback from three members of the patient participation group.
- 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.
- Visited all practice locations
- 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 with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 6 October 2015, we rated the practice as requires improvement for providing safe services as the arrangements for monitoring patients on high risk medicines and the system for recording significant events were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 24 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would record incidents within the practice's log book and inform the practice manager of any incidents. 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 the 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, and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- Patient safety alerts were received by the GP partners and practice manager. The GP partners would review patients affected by safety alerts, however there was no evidence that the information was disseminated to other clinical staff.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a heater had been accidentally left on overnight.

The practice took action to identify the risks and develop a protocol regarding the safe use of heaters. The incident was discussed at a practice meeting and learning shared with staff.

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.

- 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. GPs did not attend safeguarding meetings, however the examples we reviewed showed the GPs provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs, practice nurse, healthcare assistant and practice manager were trained to child protection or child safeguarding level three, and non-clinical staff level one.
- A notice in the waiting room and consulting rooms 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. (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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A GP partner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

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. We reviewed records of patients taking high risk medicines and found blood tests were carried out prior to a repeat prescription being issued. 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Evidence of satisfactory conduct in previous employments in the form of references was seen in three out of four files. We were told that verbal references had been obtained for this staff member however the practice had not kept a record of this.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and the health centre carried out regular fire drills. 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.
- The practice had a variety of other risk assessments to monitor safety of the premises such as infection 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 a consulting room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date 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 for staff. However, some staff we spoke with were not aware of the business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 October 2015, we rated the practice as good for providing effective services.

When we undertook a comprehensive follow up inspection on 24 July 2017 we found the practice was providing effective services and therefore remains 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. 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 audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average and national average of 95%. Clinical exception reporting was 4% which was below the CCG average of 8% and national 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80

mmHg or less was 83% compared to the CCG average of 74% and the national average of 78%. Exception reporting was 1% compared to the CCG average of 8% and the national average of 9%.

- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 83% compared to the CCG average of 86% and the national average 84%. Exception reporting was 14% (three out of 21 patients) compared to the CCG average of 12% and the national average of 7%.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit was carried out to improve baseline renal function testing for patients prescribed new oral anticoagulant (NOAC) medicines. The initial audit identified 84% of patients had their baseline renal function test at the start of treatment. To improve baseline testing following the initial audit, GPs carried out online training and reviewed latest guidance. A second audit cycle showed that 100% of patients taking NOACs had their baseline renal function performed at the start of treatment, an improvement of 16%. A third audit cycle was planned in two years to ensure standards had been maintained over a longer period of time.

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 non-clinical staff. This covered such topics as health and safety, confidentiality, and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Are services effective?

(for example, treatment is effective)

example, the safeguarding lead had attended a recent safeguarding course and had carried out further continuing professional development to be able to share learning with the practice team.

- 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 online resources and attendance at external meetings.
- 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. Staff had completed their pre-appraisal reflections for the current year and were awaiting dates for their appraisal meeting.
- Staff received training that included: safeguarding, fire safety awareness, infection prevention and control, confidentiality, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, there was no system to identify how often training should be completed to ensure staff were kept up to date. For example, some staff had completed information governance and fire safety training in 2015, but there was no practice guidance on when this training should be updated.

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 26 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.

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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from 2015/16 showed uptake rates were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds averaged 86% compared to the national standard of 90%. Uptake for five year olds ranged from 55% to 96% (CCG 62% to 87%; national 88% to 94%). Unpublished data for 2016/17 showed improvements, with

Are services effective?

(for example, treatment is effective)

uptake rates for under two year olds averaging 93% and five year olds averaging 96%. The practice also invited young people aged 17-18 to receive a meningitis vaccination as part of a local enhanced service.

The practice's uptake for the cervical screening programme for 2015/16 was 72%, which was below the CCG average of 78% and the national average of 81%. Unpublished data for 2016/17 showed some improvement to 73%. The practice offered 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 ensuring a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Uptake rates for breast cancer screening from 2015/16 were comparable to CCG and national averages. For example:

- Females, 50-70, screened for breast cancer in the last 36 months was 70% compared to the CCG average of 68% and the national average of 73%.

Uptake rates for bowel cancer screening from 2015/16 were lower than the CCG and national averages. For example:

- Persons, 60-69, screened for bowel cancer within six months of invitation was 37% compared to the CCG average of 44% and the national average of 56%.

The practice were aware of this and there was a poster in the patient waiting area encouraging patients to attend bowel cancer screening.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (including HIV and chlamydia screening if required), and NHS health checks for patients aged 40-74. Practice data for 2016/17 showed the practice had carried out 254 NHS health checks, exceeding the CCG target of 204. 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 previous inspection on 6 October 2015, we rated the practice as good for providing caring services.

When we undertook a comprehensive follow up inspection on 24 July 2017 we found the practice required improvement for providing caring services as the practice had not reviewed or taken action on results from the national GP patient survey 2016 and 2017.

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.

Twenty six of the 27 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients and received feedback from three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2017 showed patients had mixed responses to questions about how they were treated and if this was with compassion, dignity and respect. The practice was below

average for its satisfaction scores on consultations with the GPs, and in line with the CCG and national averages for its satisfaction scores on consultations with the nurses. For example:

- 72% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 86% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 95% 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 86% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The practice had yet to review the results from the national GP patient survey published in July 2017, and there was no action plan following similar poor results from the previous survey published in July 2016. We saw evidence of a recent practice survey, however this did not address areas of low satisfaction as highlighted by the national GP patient survey. Patients we spoke with and 26 CQC comment cards highlighted positive interactions with the GPs.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey 2017 showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 85%.

We did not see evidence of how the practice were improving patient satisfaction with regards to their involvement in planning and making decisions about their care and treatment.

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. However, we did not see information to inform patients that this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- 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. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice held a register for patients identified as carers (69 patients which represented 1.4% of the practice list). They used this register to improve care for carers. For example, carers were offered annual health checks and the flu vaccination. Posters in the waiting area and written information was available to direct carers to the various avenues of support available to them.

The GPs told us that if families had experienced bereavement, the practice tried to send a sympathy card and on occasions staff would attend the funeral. Advice on how to find a support service was provided to patients during consultations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 6 October 2015, we rated the practice as good for providing responsive services.

When we undertook a comprehensive follow up inspection on 24 July 2017 we found the practice was providing responsive services and therefore remains good for providing responsive 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 a Monday and Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, carers, patients whose first language was not English and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available and online services including appointment booking and repeat prescription requests.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for acutely ill children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities. Interpretation services were available to patients on request however, this was not advertised.

- Other adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, the practice used fax to communicate with patients who were deaf or unable to speak.
- The practice had signed up to provide 'out of hospital' services to their patients. These included insulin initiation, spirometry, asthma monitoring, and ambulatory blood pressure monitoring.

Access to the service

The practice was open from 8am to 8pm on Monday and Tuesday, 8am to 6pm on Wednesday, and 8am to 6.30pm on Thursday and Friday. Appointments were from 8.30am to 11am daily, and 4pm to 6pm on Monday, Tuesday, Thursday and Friday. Extended hours appointments were offered from 6.30pm to 8pm on Monday and Tuesday. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey 2017 showed that patients' satisfaction with how they could access care and treatment was comparable to or below local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared with the CCG average of 69% and the national average of 71%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 73% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 61% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 48% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.

The practice told us they had a high number of patients who did not attend their appointment and this may have

Are services responsive to people's needs?

(for example, to feedback?)

affected patient satisfaction with accessing the service. The practice carried out a monthly audit to record the number of patients who did not attend their appointment and displayed the results in the waiting area so that patients were reminded to cancel their appointment if they were unable to attend. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

A GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

The practice were also part of a local 'hub' of practices that provided emergency weekend cover on a rotational basis to patients in the area. If patients had consented, their medical records would be accessible by the GP they saw.

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 in the practice leaflet and on the website to help patients understand the complaints system.

We reviewed three complaints out of six received in the last year and found they were satisfactorily handled and dealt with in a timely way, and with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint was received from a patient regarding lack of appropriate care and treatment of their condition by the practice. A detailed response was sent to the patient highlighting the rationale for treatment. The practice accepted that there should have been better communication between reception staff and the patient. The patient received a written apology and learning was shared amongst staff.

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 previous inspection on 6 October 2015, we rated the practice as requires improvement for providing well-led services as there was no formalised vision or strategy, arrangements for monitoring patients on high risk medicines were not adequate, some staff were not aware of who the clinical leads were for areas such as safeguarding and infection control, not all staff had received role specific training, and there was inconsistent evidence of practice meetings.

These arrangements had significantly improved when we undertook a follow up inspection on 24 July 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

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

- The GP partners had a formalised strategy which reflected the vision and values of the practice, however it had not been shared with other staff and there were no supporting business plans to deliver it.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the male GP partner led on diabetes, infection control and safeguarding.
- Practice specific policies were implemented and were available to all staff. However, we found old policies were stored with updated versions which caused confusion for staff trying to access the most current version.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, monthly fire risk assessments were carried out.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice 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 partners were approachable and always took the time to listen to all members of staff.

The provider had systems 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). The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept records of written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to develop the practice, and the partners 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 feedback from patients and staff. It sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG were part of Feltham Locality PPG and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following the most recent PPG survey staff told us the practice had improved information on the television screen in the waiting area to include more information on accessing mental health services.
- the NHS Friends and Family test, complaints and compliments received. However, we did not see action taken following the results of the national GP patient surveys published in 2016 and 2017.

- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice.

- The practice used clinical audit as a tool to drive improvement. The practice had carried out five clinical audits over the previous 12 months and used these to ensure that patients received evidence based treatment in line with current guidelines. There was a wider sharing of learning from audits, with the results from one audit being shared with practices in the locality to improve health outcomes for other patients in the area.
- The practice was part of a clinical commissioning group (CCG) scheme to improve outcomes for patients in the area. A primary care coordinator provided administrative support to staff to enhance and improve pro-active care, prevention and self-care for patients including at risk groups, over 65s, patients with long-term conditions and those receiving health and social care support from multiple providers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <p>Results from the national GP patient survey 2016 and 2017 had not been reviewed or acted on.</p> <p>Regulation 17(1)(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> |