Church Road Surgery

Quality Report

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Date of inspection visit: 25 August 2016
Date of publication: 20/03/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Road Surgery on 25 August 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, some systems and processes to mitigate these risks were not implemented well enough to ensure patients were kept safe. For example, some aspects of infection and prevention control, medicines management, fire safety precautions, equipment safety and management of safety alerts.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of clinical audit but there were no full cycle clinical audits to demonstrate quality improvement.
- Patients said they felt the practice offered a good service and staff were polite, helpful, caring and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs, however there was no hearing loop to assist patients with hearing impairment.

Summary of findings

- There was a leadership structure in place and staff felt supported by management.
- The arrangements for governance and performance management were not always embedded or operated effectively. There was no consistent governance system in place to monitor the operations of the practice and to inform on required improvements.
- The practice sought feedback from patients which it reviewed and acted on where appropriate.

The areas where the provider must make improvement are:

- Ensure there are effective arrangements for the management of the vaccine cold chain, including staff training, so that appropriate actions are taken and documented where risks are identified.
- Ensure the security and tracking of all prescription stationery in line with national guidance.
- Establish effective methods for timely disposal of expired clinical apparatus.
- Ensure fire safety arrangements include a schedule of regular fire evacuation drills and internal fire alarm testing.
- Ensure all non-clinical staff undertake annual basic life support training in accordance with national guidance and that all recommended emergency medicines are available.
- Ensure there is an effective governance system of quality improvement including audit to assess, monitor and drive improved outcomes for patients.

The areas where the provider should make improvement are:

- Ensure there is an effective system that records the outcomes of actions taken in response to alerts issued by external agencies for example, the Medicines and Healthcare products Regulatory Agency (MHRA).
- Implement a schedule and log for the cleaning of non-disposable privacy curtains and review the arrangements for the disposal of sharps used to administer cytotoxic medicines.
- Review the list of clinical equipment used at the practice to ensure that they are all included in calibration checks.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Ensure all staff are made aware of the clinical code used to identify carers so that the appropriate support can be offered to them.
- Advertise the availability of translation services to patients and consider providing a hearing loop to support patients with hearing impairment.
- Consider a meeting forum for non-clinical staff to raise any issues and to receive relevant information formerly documented.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns and to report incidents and near misses.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- Although risks to patients who used services were assessed, some systems and processes to mitigate these risks were not implemented well enough to ensure patients were kept safe. For example, some aspects of infection and prevention control, medicines management, fire safety precautions and management of safety alerts.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed the practice's performance for indicators relating to diabetes and mental health were similar to or fell below CCG and national averages. Unpublished QOF data at the time of inspection showed improvements for these indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of clinical audit but there were no two cycle clinical audits to demonstrate quality improvement.
- Most staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published July 2016 showed the practice was mostly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses.

Summary of findings

- Patients said they felt the practice offered a good service and staff were polite, helpful, caring and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- There was a leadership structure in place and staff felt supported by management.
- The arrangements for governance and performance management were not always embedded or operated effectively.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue for review.
- Although the practice held monthly clinical meetings there was no meeting forum for non-clinical staff. The practice could not demonstrate an effective system for sharing information and learning outcomes practice-wide.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice sought feedback from patients through their patient participation group (PPG) and from suggestions and comments received.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- All patients over the age of 75 years had a named GP to promote continuity of care.
- Home visits and longer appointments were available if required.
- The practice held monthly multi-disciplinary team meetings attended by members of the district nursing team to discuss and update care plans of older patients with complex medical needs.
- The practice identified older patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk.
- Patients were referred if required to the local rapid response team who could provide extra support in the community.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- All patients with a long term condition had a named GP to promote continuity of care.
- Nursing staff assisted GPs in chronic disease management. Patients were invited to annual health checks including medication reviews.
- Longer appointments and home visits were available when needed.
- The practice held monthly multi-disciplinary team meetings attended by members of the district nursing team to discuss and update care plans of patients with complex medical needs.

Summary of findings

- The practice identified patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk.
- Patients were referred if required to the local rapid response team who could provide extra support in the community.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- There was a named GP lead for safeguarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent same day appointments were also available for unwell children.
- The practice offered routine antenatal and postnatal care. Mothers were encouraged to attend local children's centres for support and advice.
- The percentage of women aged 25-64 who had attended cervical screening within the last five years was 78%, comparable to the local average of 78% and national average of 82%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired). The provider was rated as requires improvement for safety, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- Extended hour appointments were available for patients unable to attend the practice during normal working hours. Telephone consultations were also available if required.

Summary of findings

- There was the facility to book appointments and request repeat prescriptions online.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Patients were able to receive travel vaccinations available on the NHS or were referred to other clinics for vaccines available privately.
- Health checks for new patients and NHS health checks for patients aged 40 to 74 years of age were available with appropriate follow-up of any abnormalities or risk factors identified.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- There was a named GP lead for safeguarding vulnerable adults and staff knew how to recognise signs of abuse. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients living with a learning disability and offered them longer appointments for health check reviews.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

Summary of findings

- 67% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months (April 2014 to March 15), which was below CCG average of 85% and the national average of 84%. Unpublished QOF data 2015/16 at the time of inspection showed improvement for this indicator with an achievement rate of 100% (CCG average 81%, national average 84%).
- The practice maintained a register of patients experiencing poor mental health and these patients were invited to annual health checks and medication reviews. Longer appointments were available if required.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. Two hundred and sixty five survey forms were distributed and 122 were returned. This represented 5% of the practice's patient list. The results showed the practice was performing in line with local and national averages for some responses and below for others. For example,

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were mostly positive about the standard of care received. Comments received described staff as polite, helpful, caring and attentive and the environment as clean and well kept. Four comment cards described issues with appointments running late and long waiting times to be seen.

During the inspection we spoke with 14 patients including one member of the Patient Participation Group (PPG). All 14 patients said they were satisfied with the care they received and thought staff were friendly, polite and caring. Results from the Friends and Family Test (FFT) for the period August 2015 to July 2016 showed that 80% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service MUST take to improve

- Ensure there are effective arrangements for the management of the vaccine cold chain, including staff training, so that appropriate actions are taken and documented where risks are identified.
- Ensure the security and tracking of all prescription stationery in line with national guidance.
- Establish effective methods for timely disposal of expired clinical apparatus.
- Ensure fire safety arrangements include a schedule of regular fire evacuation drills and internal fire alarm testing.
- Ensure all non-clinical staff undertake annual basic life support training in accordance with national guidance and that all recommended emergency medicines are available.
- Ensure there is an effective governance system of quality improvement including audit to assess, monitor and drive improved outcomes for patients.

Action the service SHOULD take to improve

- Ensure there is an effective system that records the outcomes of actions taken in response to alerts issued by external agencies for example, the Medicines and Healthcare products Regulatory Agency (MHRA).
- Implement a schedule and log for the cleaning of non-disposable privacy curtains and review the arrangements for the disposal of sharps used to administer cytotoxic medicines.
- Review the list of clinical equipment used at the practice to ensure that they are all included in calibration checks.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Ensure all staff are made aware of the clinical code used to identify carers so that the appropriate support can be offered to them.
- Advertise the availability of translation services to patients and consider providing a hearing loop to support patients with hearing impairment.

Summary of findings

- Consider a meeting forum for non-clinical staff to raise any issues and to receive relevant information formerly documented.

Church Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Church Road Surgery

Church Road Surgery is a well-established GP practice which was founded in 1954 and situated within the London Borough of Hillingdon. The practice was taken over by the current principal GP in October 2014 when the previous GP owner retired. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of the Uxbridge and West Drayton GP locality. The practice is an approved training practice for junior doctors and a teaching practice for undergraduate medical students.

The practice provides primary medical services to approximately 2,300 patients living in Hayes. The practice holds a General Medical Services Contract and Directed Enhanced Services Contracts. The practice is located in Church Road, Uxbridge, UB8 3NA with good transport links by bus services.

The practice operates from a purpose built two storey building owned and managed by the principal GP. The premises have recently been extensively refurbished and updated. The practice has four consultation rooms and a reception and waiting area on the ground floor of the premises. The second floor accommodates administration staff, a community podiatrist, staff kitchen and meeting room. There is wheelchair access to the entrance of the building and accessible toilet facilities for people with disabilities. There are limited car parking facilities at the front and side of the practice, off-street pre-paid parking is available in the surrounding area.

The practice population is ethnically diverse and has a lower than the national average number of male and female patients between 5 and 14 years of age and higher than the national average number of patients 45 to 64 years of age. There is a lower than the national average number of patients 65 to 79 years of age and a higher than the national average of patients 85 years plus. The practice area is rated in the fifth less deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (43%, 50%, and 54% respectively).

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

The practice team comprises of one male principal GP, one female salaried GP and one male permanent locum GP, who all collectively work a total of nine clinical sessions per week. They are supported by two part time practice nurses, a part time trainee health care assistant, a part time practice manager and five administration staff. The principal GP is also the registered provider of West London Medical Centre which has a separate registered patient list and is located one mile from Church Road Surgery. The principal GP works across the two GP practices and attends Church Road Surgery for one clinical session a week. The practice manager works at both locations and spends a similar amount of time at each per week.

Detailed findings

The opening hours are 8am to 6pm Monday to Friday with the exception of Wednesday when closed from 1pm. Appointments in the morning are from 8.30am to 11am Monday, Tuesday, Thursday, Friday and 8.30am to 10.30am Wednesday. GP appointments in the afternoon are from 2pm to 4pm Monday and Tuesday, 2.30pm to 5pm Thursday and 3pm to 5pm Friday. Extended hour appointments are offered from 7.30am to 8am Wednesday and from 6.30pm to 7pm Tuesday and Thursday. Telephone consultations are offered daily and pre-bookable appointments can be booked two weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years of age. The practice also provides health promotion services including, cervical screening, childhood immunisations and contraception advice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We had not previously inspected this service.

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 25 August 2016

During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

Staff told us they would inform the practice manager or principal GP of any incidents and there was an incident recording form on the practice's computer system, although some staff were unsure of its existence. 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). Staff told us that incidents were discussed as they arose at clinical meetings attended by the GPs, nurses, practice manager and medical students.

- We were told that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and an apology.
- The practice carried out investigation of significant events and documented the actions taken and lessons learnt from them.

We were provided with one significant event record as part of our information request, which had occurred in the last year. This related to a medical emergency involving a patient who became unwell. Analysis and learning from this concluded that staff had responded in a timely way and that appropriate actions had been taken by those involved. We were told that the incident was verbally discussed with staff however, there was no record to demonstrate that learning was shared with the whole practice team.

Safety alerts such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) when received were disseminated by email from the principal GP to practice, staff for those that may or may not require action. Whilst safety alerts were disseminated a systematic process was not in place to log the outcomes of the actions taken or those that were not required.

Overview of safety systems and processes

The practice had some defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, but some were not effectively managed:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies 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. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses to level two and non-clinical staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.(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 although, there were some operational gaps. We observed the premises to be clean and tidy. There was an infection control protocol in place and the senior practice nurse was the infection control clinical lead. The latest internal infection control audit was undertaken by the practice in January 2016 with no required actions identified. The practice used non-disposable curtains and although they appeared visibly clean, no logs were kept of when they were cleaned or when next due for cleaning. There were no separate receptacles for the disposal of sharps used to administer cytotoxic medicines for example, hormone-containing medicines.
- Some arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and disposal). There were processes in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been

adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).However, we identified that operational procedures in relation to prescription security and vaccine storage were not effectively managed. Blank prescriptions were not securely stored and there were no systems in place to monitor their use. The vaccine fridge temperature was monitored daily by reception staff, however records maintained indicated that temperature readings had on several occasions in the last year fallen outside the normal operating ranges for vaccine storage.This meant there could have been a possible breach in the cold chain, but no actions had been taken in response. We brought this to the attention of the management team who immediately sought professional advice.After the inspection we were informed that specialist checks had identified the fridge thermometer as faulty and causal to fluctuations in temperature readings, which the practice had since rectified as they advised. We also observed that some vaccines were stored in the fridge with limited space between packages, there were no records of when the fridge was manually defrosted to prevent build up of ice and vaccine stock management records omitted running stock totals. The practice did not operate effective methods to dispose of expired consumables as we saw some out of date clinical apparatus in the nurses room including, syringes and urine dipsticks.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS)
- Patient records were stored securely in fire retardant locked cabinets.

Monitoring risks to patients

Some risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing some risks to patient and staff safety. There was a health and safety policy available with a poster displayed, although this did not identify the local health and safety representative. There was no evidence of a health and safety or fire risk assessment for the premises but one had been undertaken in relation to work related violence. All fire equipment had been inspected March 2016 however, the practice was unable to demonstrate that fire evacuation drills and internal fire alarm testing were regularly performed. The practice had not assigned or trained any members of staff as fire marshals. An external fire risk assessment was booked to be undertaken eight days after the inspection.
- Electrical equipment had been checked in August 2015 to ensure they were safe to use and clinical equipment had been checked the day prior to inspection to confirm they were working properly. However, the list of clinical equipment checked excluded the calibration of the vaccine fridge, this was undertaken two days later because of concerns we found with fridge temperature readings. The practice had other risk assessments in place to monitor safety of the premises such as air filtration, infection control, and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We were told that staff worked across the two GP practices and helped cover in times of staff absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Clinical staff received basic life support (BLS) training annually and administration staff every two years. There were emergency medicines available in the nurse's room, these included those for the treatment of cardiac arrest, anaphylaxis, breathing difficulties, and chest pain. There was no emergency medicine to treat suspected bacterial meningitis or formal risk assessment for its exclusion. The practice had a defibrillator with in date battery and pads available on the premises and oxygen with adult and children's masks. An accident book and first aid kit were available.

Requires improvement

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a business disaster recovery plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers and in the event of a major problem their other practice site at West London Medical Centre would be used and telephone lines diverted.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2014/15 were 88% of the total number of points available, which was below the CCG and national averages of 95%. Clinical exception reporting was 6%, which was below the CCG average of 8% and the national average of 9%. (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).

Unpublished QOF data for 2015/16 at the time of inspection showed an improved overall total QOF achievement rate of 97.5%, which was above the CCG average of 96% and the national average of 95%.

This practice was an outlier for the following QOF clinical targets. Data from 2014/15 showed:

- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (01/07/2014 to 30/06/2015) was 13% which was significantly above the CCG average of 6% and the national average of 5%. Unpublished QOF data for 2015/16 at the time of inspection showed improvement for this indicator with an achievement rate of 5% which was the same as CCG and national averages.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 56%, which was significantly below the CCG and national averages of 78%. Unpublished QOF data for 2015/16 at the time of inspection showed improvement for this indicator, with an achievement rate of 71% (CCG average 78%, national average 78%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 69%, which was below the CCG average of 83% and the national average of 84%. Unpublished QOF data 2015/16 at the time of inspection showed improvement for this indicator with an achievement rate of 83% (CCG average 82%, national average 83%).

Performance for other diabetes related indicators 2014/15 was similar to or fell below CCG and national averages. For example,

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 73%, which was similar to the CCG average of 74% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 77%, which was similar to the CCG average of 77% and the national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 73%, which was below the CCG average of 86% and the national average of 88%. Unpublished QOF data 2015/16 at the time of inspection showed slight improvement for this indicator with an achievement rate of 75% (CCG average 85%, national average 88%).

Performance for mental health related indicators 2014/15 was similar to or fell below CCG and national averages. For example,

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90%, which was similar to the CCG average of 92% and the national

Requires improvement

Are services effective?

(for example, treatment is effective)

average of 88%. Unpublished QOF data 2015/16 at the time of inspection showed improvement for this indicator with an achievement rate of 100% (CCG average 91%, national average 89%).

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 67% which was below the CCG average of 85% and the national average of 84%. Unpublished QOF data 2015/16 at the time of inspection showed improvement for this indicator with an achievement rate of 100% (CCG average 81%, national average 84%).

With the exception of improved QOF achievements for 2015/16 there was limited evidence of quality improvement including clinical audit.

- There were several examples of clinical audits completed in the last two years, one of these was an annual external audit of cervical screening services that was repeated every two years. However, there were no independent full cycle clinical audits to demonstrate that improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice attended CCG led meetings and reviewed performance data, including prescribing which they compared to local practices to identify areas for improvement.

Information about patients' outcomes was used to make improvements. For example, the practice engaged in the local admissions avoidance scheme and used risk stratification tools to identify patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk.

Effective staffing

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

- The practice had an induction training programme for all newly appointed staff. This covered such topics as safeguarding, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

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 on-going support, supervision, one-to-one meetings and facilitation and support for revalidating GPs. Monthly clinical meetings were introduced in April 2016 in which junior doctors, medical students and nurses presented cases to the senior clinical team for discussion, reflection and shared learning.

- Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on

Requires improvement

Are services effective?

(for example, treatment is effective)

a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. However, we were told minutes from these meetings were not disseminated to clinical staff.

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.
- Verbal consent was documented in patient's electronic records for procedures such as joint injections.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme 2014/15 was 78%, which was similar to the CCG average of 78% and the national average of 82%. Unpublished QOF data 2015/16 at the time of inspection showed a slightly lower achievement rate of 77% (CCG 77%, national 81%). The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake 2014/15 for female patients aged 50-70 screened for breast cancer in the last 36 months was 74% which was above the CCG average of 69% and the national average of 72%. The practice uptake 2014/15 for patients aged 60-69, screened for bowel cancer in the last 30 months was 52% which was just above the CCG average of 51% but below the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100% (CCG averages from 90% to 95%) and five year olds from 96% to 100% (CCG averages from 88% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years of age. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs or to wait in a different area of the practice away from the main waiting room area.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were polite, helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the CCG average of 83% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 87% and the national average of 92%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 90% 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%.
- 92% of patients said the nurse was good at giving them enough time compared to the CCG average of 89% and the national average of 92%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We were told that the GPs' spoke a range of languages, including those spoken by some of the practice's population groups.

Patient and carer support to cope emotionally with care and treatment

Patient information was made available in the practice which told patients how to access support groups and organisations. Information about support groups was also available on the practice website.

The practice had a generic system on registration that asked if a patient was also a carer however, some clinical staff told us they did not routinely code carers on the electronic patient record system if opportunistically identified. We were told that the practice had identified 28 patients as carers (1.2% of the practice list). There was no written information displayed in the practice or on the practice's website to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice sent a condolence letter or the GP contacted them and this call was either followed by a patient consultation and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hour appointments from 7.30am to 8am on Wednesday and from 6.30pm to 7pm Tuesday and Thursday, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those with multiple medical conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients could book/cancel appointments and order repeat prescriptions on line if signed up to do so. They could also email the practice directly with any queries.
- Patients were able to receive travel vaccinations available on the NHS or were referred to other clinics for vaccines available privately.
- The practice had access to translation and sign language services but there was no information advising patients that these were available. The practice did not have a hearing loop for patients with impairment. A wheelchair was available for loan to patients whilst attending the practice.
- There were accessible facilities although these had scope for improvement for example, in the public toilet there was no emergency call bell in place. Breast feeding and baby changing facilities were available.

Access to the service

The practice was open between 8am to 6pm Monday to Friday with the exception of Wednesday when closed from 1pm. Appointments in the morning were available from 8.30am to 11am Monday, Tuesday, Thursday, Friday and 8.30am to 10.30am Wednesday. Afternoon appointments were from 2pm to 4pm Monday and Tuesday, 2.30pm to 5pm Thursday and 3pm to 5pm Friday. Extended hour appointments were offered form 7.30am to 8am Wednesday and from 6.30pm to 7pm Tuesday and Thursday. Telephone consultations were offered daily and in addition to pre-bookable appointments that could be booked two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was similar to or above local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 94% of patients said the last appointment they got was convenient compared to the CCG average of 89% and the national average of 92%.
- 28% of patients said that they usually wait more than 15 minutes after their appointment time to be seen compared to the CCG average of 31% and the national average of 28%.

People told us on the day of the inspection that they were able to get appointments when they needed them, though some patients said it could be up to a two week wait to get an appointment with a GP of choice.

The practice had a system in place to assess whether a home visit was clinically necessary and urgency of the need for medical attention. All home visit requests were logged by reception staff which were then considered and prioritised by the duty GP 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.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, information on the practice's web site, details on the information screen in the practice waiting area and in the practice information leaflet.

We looked at three complaints received in the last 12 months and found that these were being or had been satisfactorily handled, dealt with in a timely way and with openness and transparency. However, there was limited evidence to demonstrate the lessons that had been learnt from complaints received, as two of the complaints had only recently been submitted and were on-going at the time of the inspection. The third a verbal complaint concluded that the practice had appropriately responded to a walk-in-patient who felt that not enough time had been afforded to their presenting problem.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to provide high quality healthcare and promote good outcomes for patients. The practice did not have a mission statement but they had statement of purpose that set out their aims and objectives, although this was not publically displayed. They had a practice charter which set out their responsibilities to patients and also of patient responsibilities to the practice which was displayed on the practice's website. The principal GP described the focus and strategy of direction since taking over the practice in October 2014 had been to refurbish and update the premises and to extend and improve services provided. There was a future goal to become a training practice for GP registrars and to recruit another salaried GP.

Governance arrangements

The arrangements for governance were not always embedded or operated effectively.

- There was a staffing structure in place and staff we spoke with were aware of their own roles and responsibilities. However, not all were fully aware of the requirement of tasks they were assigned for example, effective vaccine cold chain monitoring. There were no formal documented roles and responsibilities for all staff groups.
- Practice specific policies were implemented and were available to all staff although there was limited evidence to demonstrate that they were regularly reviewed, as some incorrectly referred to obsolete external agencies and some were not dated or did not demonstrate any version control.
- The practice maintained an up to date understanding of their QOF performance.
- There was evidence of clinical audit however, there was not an effective programme of quality improvement including clinical audits in place to drive improvement in patient outcomes. Reflective practice was demonstrated in the presentation of patient cases by junior and student staff at clinical meetings.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some operational processes were not effectively implemented and they were not monitored to assess where quality and safety maybe compromised.

Leadership and culture

- There was a leadership structure in place and staff told us that they felt supported by the management team however, day to day processes and risk management were not always effectively overseen. Staff told us that they felt supported by the management team.
- We saw evidence of monthly clinical staff meetings which had been introduced in April 2016 but there were no whole team practice meetings or formal forum for non-clinical staff to receive and share information. The practice could not demonstrate an effective system for sharing information and learning practice-wide. Staff told us that the practice team communicated well with each other and that the management team took the time to listen to staff.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us the management team encouraged a culture of openness and honesty.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG), surveys, the Friends and Family Test (FFT) and through comments and complaints received. The practice was trying to expand the PPG membership through advertisement on the practice's website and in the reception area. Two PPG meetings had been held at the practice since inauguration in September 2015. The practice considered suggested proposals for improvements to the practice from the various sources of feedback. For example, they had explored options for the installation of cold water dispensing machines in the waiting area.

Are services well-led?

Requires improvement

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

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

Continuous improvement

Since taking over the practice in October 2014 the principal GP had made improved changes to the practice environment with extensive refurbishment of the premises and to the delivery of services provided. They had introduced a number of practice efficiencies and had improved overall QOF achievement from 88% in 2014/15 to 97.5% in 2015/16. The practice was committed to contribute to medical education and since acquisition in October 2014 had been approved as teaching practice for undergraduate medical students. They had recently been approved as a training practice for junior doctors and aimed to become a training practice for trainee GPs in the future. One of the practice nurses had completed training as a nurse mentor. The principal GP had set up a mutual support and educational group for sessional GPs in Hillingdon.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not ensured care and treatment was provided in a safe way for patients.** **The provider had not done all that was practicable to assess, monitor and mitigate risk to the health and safety of service users.** • Systems in place to manage the risks associated with medicines were not sufficiently effective. Potential risks identified through vaccine cold chain monitoring had not immediately been acted upon. Staff had not been properly trained to monitor the vaccine cold chain. Blank prescription sheets were not securely stored or monitored. • Systems in place for managing risks relating to fire safety were not well managed as there was no schedule of fire evacuation drills and internal fire alarm testing. **This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems and processes were not operated effectively to ensure the provider could assess, monitor and improve the quality and safety of services provided.** • There was not an effective governance system of quality improvement including audit to assess, monitor and drive improved outcomes for patients. • There was no consistent governance system to monitor the operations of the practice and to assess where quality and safety maybe compromised.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014