

Hillingdon Health Centre

Quality Report

4 Freezeland Way
Hillingdon
Uxbridge
UB10 9QF

Tel: 01895 234440

Website: www.hillingdonhealthcentre.co.uk

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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

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hillingdon Health Centre on 11 July 2016. Overall the practice is rated as requires improvement.

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

- Although there was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, there was no evidence to demonstrate how these were shared with the rest of the team and how lessons were learnt to make improvements.
- Not all risk assessments were performed and gender specific health advice was not always documented as offered to patients.
- Although the practice had good facilities and was well equipped to treat patients and meet their needs, some aspects relating to infection control were not well met and there was no hearing loop available for patients with impairment.
- There was no consistent governance system in place to monitor the operations of the practice and inform on required improvements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns, although there was no system in place to record and deal with verbal complaints.
- Patients did not always find it easy to make an appointment with a named GP however, there was continuity of care with urgent appointments available the same day.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff through meetings and patients through patient surveys, which it acted on.

The areas where the provider must make improvements are:

- Ensure safety incidents are systematically recorded, investigated and learning shared with staff to prevent a reoccurrence.
- Ensure that infection prevention and control measures are effective and subject to annual audit and that there are appropriate waste disposal arrangements in all areas of the practice.
- Ensure there is a programme of quality improvement including clinical audit to inform improvements in patient outcomes.

- Ensure there is an effective governance system that identifies areas for improvement and ensures lessons are learnt. For example, reviewing complaints to identify and analyse trends and monitor and facilitate all staff training and development.

The areas where the provider should make improvements are:

- Ensure risk assessments are undertaken and managed in all cases.
- Consider installing a hearing loop for those who are hard of hearing.
- Review systems in place to identify patients with caring responsibilities in order to offer appropriate advice and support.
- Review how verbal complaints are recorded and dealt with in the practice.

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 requires improvement for providing safe services.

- There was an ineffective system in place for reporting and recording significant events
- Lessons were not always shared with the rest of the team members to ensure actions were taken to improve safety in the practice.
- The practice did not always have clearly defined systems, processes and practices in place to keep patients safe for example, some staff had not received training in fundamental areas like basic life support.
- A random review of patients' case notes we conducted on the day revealed that not all patients' risk assessments were up to date.
- The practice had clearly defined and embedded processes and practices in safeguarding vulnerable patients.

Requires improvement



Are services effective?

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

- There were no clinical audits to demonstrate quality improvement.
- Although there was no evidence of appraisals and personal development plans for all staff, the manager informed us and we saw evidence that they were planned for.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, with the exception of diabetes which was an outlier.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence that most staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence that staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Home visits were available for those who were not able to access the surgery and telephone consultations were offered where appropriate.
- Patients did not always find it easy to make an appointment with a named GP however urgent appointments were available on 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?

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

Requires improvement



- The practice did not have a systematic governance system that identified areas for improvement and learnt lessons.
- There was no system to ensure that all risks were identified and managed appropriately.
- The practice did not have quality improvement programmes in place to facilitate continuous improvements.
- The practice had a vision to deliver high quality care and promote good outcomes for patients however, there was no evidence of a strategy in delivering this vision. Staff were not always clear about their responsibilities.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures.

Summary of findings

- There was evidence of continuous learning and improvement at all levels most of the times.
- The practice engaged in collaborative working with Age UK, Well care network and a nursing home attached to the surgery.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients through in-house questionnaires and the national GP patient survey, which it acted on. There was no active patient participation group however there was evidence that efforts were previously made to restart the group.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice engaged in an Integrated Care Pathway programme with the CCG to deliver better health outcomes for elderly people within the Hillingdon area.
- The practice provided medical care and treatment to a local care home for the elderly.

Requires improvement



People with long term conditions

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.

- There was not always evidence of a structured and provision of annual medication reviews to ensure patients' needs were being adequately met.
- There was no evidence of options for longer appointment times for those who needed them however, home visits were available when needed.
- The number of patients with diabetes who had flu vaccinations was much lower than local and national averages.
- The number of patients with diabetes whose total cholesterol levels (measured within the last 12 months) was 5 mmol/l or less, was lower than local and national averages.
- All patients with a long term condition had a named GP.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- 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 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 were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were higher than national average rates for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for cervical screening was higher than local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). 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.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

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.

- The practice did not have a register of patients living in vulnerable circumstances including homeless people and travellers however, they had a register of those with a learning disability.
- There was no evidence that practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients through regular forums.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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.

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- 95% of patients diagnosed with mental health problems had a comprehensive and agreed care plan documented in the preceding 12 months which was above the national standard of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Requires improvement



Summary of findings

- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. There was information about the services available to them.
- Staff understood how to support patients with mental health needs and dementia. However, the practice did not show evidence of a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty one survey forms were distributed and 104 were returned. This represented 1.4% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the local average of 70% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 73% and national average of 76%.
- 89.5% of patients described the overall experience of this GP practice as good compared to the local average of 78% national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 72% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Most patients told us that the staff were caring and compassionate and the facilities were very good at the practice.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Eighty-eight per cent of respondents to the practice's family and friends test stated they would recommend the service to their family or friends if they required a similar service. This was in line with responses captured from comments cards where 99% of respondents told us the surgery was good or very good.

Areas for improvement

Action the service **MUST** take to improve

- Ensure safety incidents are systematically recorded, investigated and learning shared with staff to prevent a reoccurrence.
- Ensure that infection prevention and control measures are effective and subject to annual audit and that there are appropriate waste disposal arrangements in all areas of the practice.
- Ensure there is a programme of quality improvement including clinical audit to inform improvements in patient outcomes.
- Ensure there is an effective governance system that identifies areas for improvement and ensures

lessons are learnt. For example, reviewing complaints to identify and analyse trends and monitor and facilitate all staff training and development.

Action the service **SHOULD** take to improve

- Ensure risk assessments are undertaken and managed in all cases.
- Consider installing a hearing loop for those who are hard of hearing.
- Review systems in place to identify patients with caring responsibilities in order to offer appropriate advice and support.
- Review how verbal complaints are recorded and dealt with in the practice.

Hillingdon Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hillingdon Health Centre

Hillingdon Health Centre is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of the Wellcare Hillingdon Network.

The practice provides primary medical services to approximately 7,500 patients living in Hillingdon up to Uxbridge Road. The practice holds a General Medical Services Contract and Directed Enhanced Services Contracts. The practice is located in Freezeland Way, Hillingdon, Uxbridge with good transport links by bus and rail services.

The practice operates from a purpose built building owned and managed by the GP Partners. The building is set over two floors with all clinical areas located on the ground floor where there are five consultation rooms and two nurse treatment rooms. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are disabled toilet facilities and on site pay and display car parking facilities with designated disabled spaces.

The practice population is ethnically diverse and has a similar patient age distribution as the national average.

There are slightly less than the national average number of male and female patients between 20 and 29 years of age and slightly higher than average number of patients 80 years plus. The practice area is rated in the second least deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

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

The practice team comprises of two male GP partners and two female salaried GPs, who collectively work a total of 28 clinical sessions per week. They are supported by two part time practice nurses, a healthcare assistant, practice manager, reception manager and five administration staff.

The opening hours are 8am to 6.30pm Monday to Friday and 8am to 6.30pm. Consultation times in the morning are from 8.30am to 11am and in the afternoon from 2pm to 5.30pm. Extended hour appointments are offered from 7am to 8am Wednesday and from 6.30pm to 7.30pm Monday, and Tuesday. 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 plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

Detailed findings

Why we carried out this inspection

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

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 11th July 2016.

During our visit we:

- Spoke with a range of staff comprising of nurses, reception staff, GPs, practice manager who was new in post and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- We reviewed in-house GP questionnaire results and the national GP patient survey.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's 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).

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We did not see evidence that lessons were shared and actions were taken to improve safety in the practice. For example, records from June 2016 team meeting minutes showed that there had been concerns about aggression from members of the public and patients however, there was no record of detailed incidents that would inform trends and promote learning. Patients' risk assessments were not always updated. We saw two significant events in 2015 were adequately dealt with.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. 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 3 and nurses and non clinical staff were trained to level 2.
- 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 did not maintain appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead. Whilst we observed the premises to be clean and tidy, there was no evidence of any infection control audits undertaken. We found that there were no appropriate disposal bins for nappies in public toilets and there were no purple lid bins for the disposal of sharps used to administer cytotoxic medicines.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice and guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed four 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.

Monitoring risks to patients

Risks to patients were assessed and not always well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical and clinical equipment was checked to ensure it was working properly and safe to use, with the exception of one item in a doctors bag that was overdue for calibration. The practice did not have other risk assessments in place to monitor safety of the premises

Are services safe?

such as control of substances hazardous to health and infection control. A legionella risk test had been conducted in June 2016 and the practice was waiting for the results (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.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents but there were improvements that could be made.

- On the day of inspection some clinical and non-clinical staff had not received or had an up to date basic life

support training, however the manager informed us that the training was booked for non-clinical staff for the 25 July 2016 and for clinical staff for 26 July 2016. There were some emergency medicines available in the treatment room but we found that there was no hydrocortisone, a drug for use in an emergency for the treatment of asthma attacks. The practice however told us that this was in short supply and they were working on obtaining this as soon as it was available.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not detail when it had been implemented, when reviewed and who had authorised it. The plan did not include appropriate emergency contact numbers.

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.
- There was evidence that the practice monitored that guidelines were followed through risk assessments 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 for 2014/15 were 93% of the total number of points available. The practice were in line with CCG & national averages for exception reporting. (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). QOF data from 2014/15 showed;

Performance for diabetes related indicators was 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 68% (CCG average 74%, national average 77%).
- 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 73% (CCG average 78%, national average 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 71% (CCG average 77%, national average 80%).

The practice was an outlier for one diabetes indicator in 2014/15;

- The percentage of patients with diabetes, on the register, who have had influenza immunisation, was 82% (CCG average 92%, national average 94%). The manager told us and showed that this was due to nonattendance for immunisation appointments by patients.

Performance for mental health related indicators was above CCG and national averages.

- 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 95% (CCG average 92%, national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 89% (CCG average 85%, national average 84%).

There was limited evidence of quality improvement including regular clinical audit.

- The practice participated in peer review, local audits, access to online updates and resources. It engaged with CCG updates/meetings which facilitated staff learning and development.

Information about patients' outcomes was used to make improvements for example, rigorous follow up of patients with chronic diseases such as diabetes and heart conditions including regular reviews and testing however, in some areas like immunisation the attendance rate average was low comparatively. We found that QOF data was not always commonly shared with all clinical staff to inform learning of staff and improvements of services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.

Are services effective?

(for example, treatment is effective)

Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence in 2014.

- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to most of appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring and facilitation and support for revalidating GPs and nurses. Records showed that all staff, except GP's, had not received an appraisal within the last 12 months however, these were booked in the coming weeks.
- Staff received training that included: safeguarding, fire safety awareness and information governance and basic life support. 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.

- 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.

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. There was evidence of documented consent for intimate procedures such as smear tests however, there was no process in place for seeking consent for minor surgical procedures.
- 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. There was evidence that patients were signposted to the relevant services.

- A dietician was available to visit on the premises and smoking cessation advice was available from a local support group.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. There was evidence that patients were signposted to the relevant services.
- A dietician was available to visit on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 78% and below the national average of 82%. There was a policy to offer telephone 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 that 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 due to abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.5% to 99% and five year olds from 91% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 40 patient Care Quality Commission 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 and that staff responded compassionately when they needed help and provided support when required.

The practice did not have an active patient participation group (PPG) at the time of inspection. It had last met in 2014.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above or in line with CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 93.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 87% and the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 84% 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%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that telephone translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- There was a complaints/compliments box in reception area.
- There were clear signs on availability of the chaperone service if required.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had a generic system on registration that asked if a patient was also a carer. The practice had identified 30 patients who were carers (less than 1% of the patient list). In the reception area there were posters that

alerted patients of the support offered to carers. Reception staff routinely asked all patients on registration if they had caring roles which triggered them to be sign posted to appropriate and various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We saw that GP's offered home visits to those patients who could not attend the surgery and not too ill to be referred to emergency services. We observed that there were daily meetings that took place to ensure telephone consultation for those that required it.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone advice was available between 3:30pm and 4pm on Monday, Tuesday, Thursday and Friday.
- The practice offered online access to appointment booking and repeat prescription requests.
- A text reminder service was provided for appointments and recalls.
- Patients were able to receive travel vaccinations available on the NHS and those available privately.
- There were accessible facilities and translation services available however, there was no hearing loop available to aid communication with patients who were hard of hearing.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments in the morning were from 8.30am to 1pm and in the afternoon from 2pm to 6.30pm daily. Extended hours appointments were offered from 6.30pm to 7.30pm on Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. People told us that they could book an appointment on the same day.

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

- 78% of patients were satisfied with the practice's opening hours compared to the local average of 73% and national average of 78%.
- 73% of patients said they could get through easily to the practice by phone compared to the local average of 70% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example there was a display poster in reception area.

We looked at all four complaints received in the last 12 months and found two of these were satisfactorily handled, dealt with in a timely way, and with openness and transparency showing evidence of outcomes on both. Two other complaints however were verbally raised but there was no evidence of any outcomes from these. The practice did not keep written records of verbal complaints. There was no analysis of complaints trends on the whole and there was no evidence of actions taken on verbal complaints so as to improve the quality of care.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had defined ambitions and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice did not have a governance framework to support the delivery of the strategy and good quality care. This meant that:

- Although there was a clear staffing structure, not all staff were fully aware of their own roles and responsibilities for example, infection control lead in undertaking infection control audits.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- There were no effective arrangements for identifying, recording and managing all risks, issues and implementing mitigating actions. While there was a business continuity plan in place for responding to a range of situations this document did not include relevant telephone numbers and had not been reviewed and updated.

Leadership and culture

On the day of inspection the partners in the practice informed us that 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 was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

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

- 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. We noted there had been no team away days however staff told us that they have social gatherings at festive seasons.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and 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 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 through surveys and written complaints. There was no active Patient Participation Group (PPG). The group had last met in 2014.
- The practice had gathered feedback from staff through staff meetings and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff described an example when the

Are services well-led?

Requires improvement 

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

management team had listened to their feedback and as a result led to the recruitment of a support staff member who was now engaged in health promotion and monitoring of some designated clinical areas.

- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was evidence of a focus on continuous learning and improvement at all levels within the practice with staff

engaging with on-going training and development, engaging with local peer groups and accessing updated resources online for further improvement and update. The practice team also worked in collaboration with CCG's and other local practice teams across Hillingdon in an Integrated Care Pathway programme to drive local and national health improvements for elderly people within the locality.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured care and treatment was provided in a safe way for patients.</p> <ul style="list-style-type: none">• The provider had not done all that was practicable to assess, monitor and mitigate risk to the health and safety of service users.• We found that not all safety incidents were documented, investigated and lessons learnt shared with practice staff.• Infection prevention and control risks were not identified through regular audits. There was a lack of suitable waste disposal arrangements for the disposal of sharps used to administer cytotoxic drugs. <p>This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to ensure the provider could assess, monitor and improve the quality and safety of services provided.</p> <ul style="list-style-type: none">• There was no continuous quality improvement programme including clinical audit to drive improvement in patient outcomes.• The provider did not have adequate arrangements in place to seek and act on feedback from patients using the service or their representatives in the form of a PPG.

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