

Heston Practice

Quality Report

Cranford Lane
Heston
Middlesex
TW5 9ER
Tel: 02086301379
Website: www.greenbrook.nhs.uk

Date of inspection visit: 18 November 2014
Date of publication: 09/04/2015

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Heston Practice	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Heston Practice on 18 November 2014. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for all the population groups including older people; people with long term conditions; mothers, babies, children and young people; the working age populations and those recently retired; people in vulnerable circumstances and people experiencing poor mental health.

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. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



Are services effective?

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. The Practice had completed audit cycles to improve patient outcomes and care. National Institute for Health and Care Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Staff had received training appropriate for their roles and further training needs had been identified and planned.

Good



Are services caring?

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the local Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and a named GP and 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. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver care. Staff were clear about the vision

Good



Summary of findings

and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management and the organisations wide clinical team and directors. The practice had a number of policies and procedures to govern activity and regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

All patients aged 75 and over had a named GP. Patients were offered an annual health check offered at the practice or at home for those patients that could not travel to the practice. This assessment covered physical health, mobility, nutritional needs and social needs. The practice arranged and held meetings with the district nurses, the end of life care team and the hospice on a regular basis.

Good



People with long term conditions

The practice is rated as good for the population group of people with long term conditions.

The practice offered patients diagnosed with conditions such as diabetes, epilepsy, coronary heart disease and chronic obstructive pulmonary disease ongoing care monitoring and they had a lead GP for this. These patients were offered annual flu vaccination as per national guidance and reminders were sent for those who had still not attended, this included a home visit from the GP.

The nurses offered disease management reviews. The nurses referred patients to the GPs if change of medicines was required.

Asthmatic patients had regular reviews which included checks to ensure they were using their nebulisers according to instructions. Diabetes patients were offered a foot assessment and referral to specialist services.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people. The practice had a policy to offer same day appointments to children aged 0-12 months. They held weekly child health clinics. This clinic was run by the GPs with the nurse. Women were offered six weeks post-natal checks and the practice worked closely with local maternity services and midwives. The GPs examined babies at eight weeks and vaccinated them at eight weeks. The nurses continued the childhood vaccination programme.

The practice held meetings with the local safeguarding teams where a child was identified as being at risk. Family planning clinics and Sexually Transmitted Disease advice was also offered to young people and teenage mothers.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the population group of the working-age people (including those recently retired and students). Late evening appointments were available for working patients once a week.

Patients aged 40 -74 years were offered health checks in accordance to local and national guidance. The practice offered Well Man and Well Woman checks with the nurse. This was an opportunity to discuss any aspect of general health such as dietary problems, stress, alcohol consumption, smoking and all aspects of women`s health; including breast examination, the menopause, cervical smears and contraception.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice had on its list a small number of patients with learning disabilities. The practice had carried out annual health checks for people with learning disabilities and all of these patients had received a follow-up. The check also covered general health, social environment, medication review, mood and lifestyle.

The practice registered patients from the travelling communities. Services were planned according to need recognising that patients would move frequently and as such opportunistic appointments were available. The practice had recognised the needs of different groups in the planning of its services. The practice operated the, `Violet Patients Local Enhanced Service (VPS) for Hounslow, providing primary care services to patients who had been removed from other practices.

Screening services such as smear testing, blood pressure monitoring and smoking cessation advice was offered.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). Over 98% of people diagnosed as having mental health issues had received an annual physical health check while all patients with a diagnosed dementia had received yearly checks. The practice maintained a register of patients experiencing poor mental health. These patients were reviewed on a regular basis and had a named GP.

Reviews involved medication, general health, and psychiatric assessment. The practice made appropriate referrals to the

Summary of findings

community psychiatric team. Leaflets were available on local services that patients could self-refer to such as “Mind”. The practice offered patients general practice services such as smear testing, breast screening and advice on prostate cancer symptoms.

Summary of findings

What people who use the service say

We spoke with 18 patients during our inspection and received 26 completed comments cards.

Patients reported being happy with the care and treatment they received. All patients we spoke with were complimentary on the attitudes of all staff and reported feeling well cared for and respected

Patients reported being happy with the appointments system which they felt suited their needs.

The results of the national patient survey 2014 showed the practice scored higher than the national average for the proportion of respondents who rated their GP surgery as 'good' or 'very good' and in the top range for the proportion of patients who would recommend their GP practice.

Heston Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and a GP specialist advisor. The GP advisors are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Heston Practice

The Heston Practice is a GP practice based in Hounslow in the West London area. The practice is based in a purpose built premises that is shared with other local NHS services. The practice provides NHS primary medical services through an Alternative Provider Medical Services (APMS) contract to 5400 patients in the local community.

The practice population has a higher proportion of younger adults and children and lower proportions of older people. The local area has relatively high levels of deprivation compared to the English average. The practice serves a culturally diverse population, with the majority of patients being from an Asian background. According to the practice they have a high number of young students and a very mobile population.

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

The practice has a lead GP and three salaried GPs of whom one is female and three males. The practice team consists of a practice nurse and a Health care assistant. The practice has a business manager, a practice support manager and six administrative staff.

Appointments were available from 08:00 am to 18:30 pm on weekdays. Extended hours were offered on Thursdays until 21:00 pm. The practice also offered Saturday and Sunday appointments once a month as part of a local agreement with other practices and the 111 service.

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. This 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.

This provider had not been inspected before and that was why we included them.

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.

How we carried out this inspection

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

Detailed findings

- 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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. The practice is on Band 5 of GP intelligent monitoring. The Bands range from 1-6, with 1 being a high priority for inspection. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. We carried out an announced visit on 18 November 2014. During our visit we spoke with a range of staff including GPs, practice manager, practice nurse and administrative staff, and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We received 26 completed patient comments cards.

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. A log book was used to record all incidents. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. For example an error had occurred when an administrative staff had entered the wrong patient information in the computer system. A patient had been added to one of the chronic disease registers by mistake. The administrative staff on recognising this, recorded the mistake and notified the practice manager. This error was rectified and improvements were made to the system used to register patients with a chronic disease.

We reviewed safety records, incident reports and minutes of meetings for the last two years. These demonstrated that safety issues and incidents were discussed and the practice had managed these consistently over time.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred during the last two years and these were made available to us. A slot for significant events was on the practice meeting agenda and a dedicated meeting occurred once a month to review actions from past significant events and complaints. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so. All staff told us that incidents were reported to the practice manager as soon as possible and a written account of the incident was recorded. Examples of incidents included patient details being entered incorrectly. This had resulted in a missed diagnosis. We saw that this incident had been discussed with all staff. The process of entering patient details was then improved with a second staff member verifying all entries to ensure they were correct.

National patient safety alerts were disseminated by the lead GP to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they

were responsible for. For example, nurses responsible for administering vaccines told us about recent alerts relating to changes in childhood vaccines schedules. We saw records confirming alerts were circulated to all relevant staff using email. In addition, copies were kept on files for future use and to provide an audit trail.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. The practice had a dedicated GP appointed as lead for safeguarding vulnerable adults and children who had been trained and could demonstrate they had the necessary skills to enable them to fulfil this role. Arrangements were also available for cover during the absence of the lead GP to ensure staff had a responsible nominated person to contact. The practice also benefited from a nominated lead in safeguarding for the entire Greenbrook service. They were responsible for clinical leadership including the training and supervision of senior clinical staff

All staff we spoke with were aware of who the lead person was and who to speak to in the practice if they had a safeguarding concern. Training records showed that all staff had received relevant role specific training in safeguarding children and adults. All GPs at the practice had received Level 3 child protection training. The practice nurses had received Level 2 child protection training and reception and administration staff had all received Level 1 training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details of the local safeguarding teams were easily accessible to staff through display on notice boards.

The practice used a flagging system to identify all children and families who were on protection plans and Looked after children (LAC) to ensure they were continuously assessed and monitored as required.

The practice sent out safeguarding reports to the local authority as required when they could not attend strategy meetings or case conferences.

A chaperone policy was in place and visible in the consulting rooms. Chaperone training had been undertaken by all nursing staff, including health care

Are services safe?

assistants. If nursing staff were not available to act as a chaperone the receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperoning duties had Disclosure and Barring Service (DBS) checks carried out on them.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including scanned copies of communications from hospitals. GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead GP for safeguarding was aware of vulnerable children and adults and demonstrated good liaison with partner agencies such as the police, social services and health.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. We saw records that confirmed the fridge temperatures were checked and recorded. All recordings for the past 12 months were within the required range. Action to take in the event of a potential failure was available and staff were able to confirm this to us.

Systems were in place to check medicines were within their expiry date and suitable for use. A check list was available and the practice nurse used this to ensure all checks were accurate. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by nurses using current directives that had been produced in line with legal requirements and national guidance. We saw a copy of directives from the Clinical Commissioning Group (CCG) and evidence that nurses had received appropriate training to administer vaccines. All vaccination batch numbers were recorded in the patient records to ensure that if an alert was raised on the vaccine they could easily identify patients who had been affected.

There was a protocol for repeat prescribing which was in line with national guidance and was followed by the practice. Patients could request repeat prescriptions online and in writing. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness & Infection Control

We observed the premises to be clean and tidy and there were cleaning schedules in place for those rooms managed by the practice. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had an infection prevention and control policy that was in line with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. The lead for infection control was the practice nurse who had undertaken further training to enable them to provide advice on the practice infection control policy. All staff received induction training on infection control specific to their role and annual updates thereafter. Audits had been carried out for the last two years and any improvements identified were completed on time. Practice meeting minutes showed the findings of the audits were discussed.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of Legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice had carried out a risk assessment that had identified a low risk. This risk assessment was continuously updated.

Equipment

Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date of October 2014. A schedule

Are services safe?

of testing was in place. We saw evidence of calibration of equipment such as weighing scales and the fridge thermometer. This had been completed in September 2014.

Staffing & Recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure they were enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts which we viewed.

Staff told us there were usually enough personnel to maintain the smooth running of the practice, and there were always enough staff on duty to ensure patients were kept safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

The organisation had their own in-house locum recruitment team. The clinical directors had developed a comprehensive locum pack in place and carried out all checks on locums before they were allowed to work within the organisation.

Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included a health and safety risk assessment of the building and the environment by NHS

property services. The practice had a health and safety policy. Health and safety information was displayed for staff to see and there as an identified health and safety representative.

A clinical risk assessment was also completed annually by the practice. Areas assessed included patient access, medicines management, referrals, infection control, records management and incident reporting. Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. The risk assessment was reviewed annually to ensure actions were followed up.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an external defibrillator (used to attempt to restart a person's heart in an emergency). All staff we spoke with knew the location of this equipment. The defibrillator was available for all practices in the building and arrangements were in place for it to be checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac emergencies, anaphylaxis and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness, disease outbreak and access to the building. The document also contained relevant contact details for staff to refer to including the telephone numbers of all staff and those of other practices within the area.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease, chronic obstructive pulmonary disease (COPD) and asthma. The practice nurse supported this work which allowed the practice to focus on patients with these specific conditions. Annual reviews were carried out on all patients with long-term conditions in line with best practice guidance.

The practice showed us data from the local Clinical Commissioning Group (CCG) of the practice's

performance for antibiotic and NSAID prescribing which compared well with other practices.

Staff we spoke with were aware of the need to keep updated with guidelines in order to improve care. The practice kept information folders that were easily accessible to staff with guidance from the National Institute for Health and Care Excellence (NICE), British Medical Journal (BMJ) and Department of Health (DH), amongst others. The GPs told us that they used local guidelines and care pathways from the local Clinical Commissioning Group (CCG) and other directives to improve patient care. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The practice had an overall QOF score of 858 points out of 900 for the previous year.

Management, monitoring and improving outcomes for people

The Practice had a system in place for completing clinical audit cycles. Examples of clinical audits included Non-steroidal anti-inflammatory drug (NSAID) prescribing. This audit conducted in June 2014 was designed to ensure that patients prescribed an NSAID had their risk of adverse gastro-intestinal events assessed. The practice found that their prescribing was excellent and fulfilled all the criteria. Another audit undertaken was on cervical screening. The purpose was to ensure that the smear takers continued to score highly in terms of successful smears. The audits had not found inadequate smear takers who needed training. The practice had plans to continuously re-audit this.

The practice was involved with other local practices in reviewing their performance. This involved meeting with

the medicines management team from a local cluster of practices. Referral data and prescribing data was discussed with improvement areas highlighted. This formed part of a peer review process.

Effective staffing

The practice had an effective recruitment and induction programme. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support, infection control and confidentiality awareness.

All GPs were up to date with their yearly continuing professional development requirements and were due for revalidation in 2015 and 2016 respectively. The organisation kept records for the performers list with the General Medical Council and they were both up to date. The practice had records supplied by the practice nurse that showed their registration with the Nursing and Midwifery Council (NMC) was current.

Records showed that all staff had received an appraisal within the last 12 months. Both records reviewed and discussions with staff confirmed that the appraisal process was linked to professional development. The practice nurses received appropriate training updates that enabled them to carry out specific roles such as vaccinations and other specialist role and this training was offered regularly within the local cluster.

The practice used locum staff that they were familiar with and were recruited by the Greenbrook organisation. All locum staff were well vetted and were offered induction to ensure they were safe to work as stand-alone staff and were always supervised. The practice had a very low turnover of staff.

Working with colleagues and other services

Blood results, X ray results, letters from the local hospital including discharge summaries, out of hours providers and the 111 service were received both electronically and by post. On receipt these were stamped to show date received and processed on the day by a designated administrative staff member. The practice used a computer system that alerted the GPs or nurses of the results allocated to them and the action required. The system would highlight an alert if this had not been followed up by a specific time.

Are services effective?

(for example, treatment is effective)

Staff explained that these checks were undertaken on a daily basis to ensure all results due were acted on. All staff fully understood their role and the expectations of the practice on dealing with patient results promptly.

The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients such as those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. The practice also benefited from being located close to other services such as health visitors and district nurses. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information Sharing

Information was available in the reception about the patient summary care records and who else may access the information within them. Sharing some specific patient information with other services allowed external services to work with patients as soon as possible. Patients were given details of how to opt out of the service and restrict access to their summary care record if they did not want their information shared.

Through connecting for better health some health information was available to other health care professionals. This allowed records to be updated by professionals treating patients and for all those involved in someone's care to have influence over the best care and treatment for individual patients.

Consent to care and treatment

The practice had policies on the Mental Capacity Act 2005 and the application of Gillick competencies legislation. (Gillick competence is a term originating in England and is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge). The GPs were able to explain to us the importance of seeking consent and situations when they had to apply the Mental Capacity Act and Gillick competency while helping patients to consent to care and treatment.

Records reviewed indicated consent was sought prior to treatment and situations where the GPs had to involve

other patient representatives when seeking consent for treatment. Patient records evidenced that the practice had made appropriate referrals to Social Services for Mental Capacity Assessment when required.

Health Promotion & Prevention

The practice offered all new patients registering with the practice a health check with the health care assistant or the practice nurse. Any health concerns identified during this new patient check were referred to the GP.

The practice offered patients a variety of health promotion leaflets. The practice nurse offered a range of health promotion clinics. These included baby vaccines, travel information and vaccinations, chronic disease management for asthma, diabetes, epilepsy, and HIV, ell Man and Woman clinics that offered advice on breast cancer and prostate cancers. Weight management and dietary advice were also available. The practices referred patients to a local weight and exercise group.

The practice offered a full range of immunisations for children, adults and travel, in line with current national guidance. The practice's performance on childhood immunisations for children aged three months to 12 months were as follows; Dtap/IPV/Hib 77%, Men C and PCV 77%, Hep B 77% and MMR 96%. The practice were aware that the immunisation of children below 12 months was below the local average and the main reasons for this were to do with the mobile population they had.

Most of the children were also born abroad which meant they received catch up immunisations as opposed to standard ones. There was a policy to offer telephone reminders for parents whose children failed to attend immunisation sessions. The 'did not attend' information was also shared with other services who might have been in contact with families. This was designed to improve uptake rates.

Performance results for patients with diabetes receiving a yearly flu vaccination and was 59% compared to 73% in the CCG. The practice demonstrated the policies they were following to try and reduce uptake.

The practice had an overall smear test rate of 61%. Data had also been collected for specific sub-groups. For example, their performance for cervical smear uptake for females aged 25-64 with schizophrenia, bipolar affective disorder and other psychoses was 89% which was better

Are services effective?

(for example, treatment is effective)

than 85% average for the CCG. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who did not attend annually.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP national patient survey 2014, NHS Choices feedback and the last patient satisfaction survey carried out by the practice. We spoke to 18 patients during our inspection and patients also completed 26 Care Quality Commission (CQC) comment cards to provide us with feedback on the practice. The evidence from all these sources showed patients were satisfied with their GP practice. The results of the national patient survey 2014 showed the practice scored the same as the national average at 85% for the proportion of respondents who rated their GP surgery as 'good' or 'very good' and in the top range for the proportion of patients who would recommend their GP practice.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that all consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private.

The practice had a chaperone policy and details of how to request a chaperone were displayed in areas easily accessible to patients. Records confirmed that staff had completed the chaperone training at the practice. Staff we spoke with were able to fully explain what the role involved.

We saw from staff training records that all non-clinical staff had attended training in equality and diversity and information governance. Initial training had been undertaken and was refreshed at given points in time. This training helped support staff when dealing with patients face to face and when managing patient information.

Care planning and involvement in decisions about care and treatment

We noted that where appropriate patients had been involved in making decisions on hospitals they wished to receive their care from. Patients told us that the GPs respected their decisions of requesting care at hospitals that were not within the area.

Data from the national patient survey showed that, 73% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared to 85% from the local CCG average. The practice worked closely with the end of life care teams and helped their patients to make end of life decisions. The practice provided information on independent organisations such as Age Concern to its patients.

Staff told us that translation services were available for patients who did not have English as a first language. Most of the staff working at the practice spoke local languages which helped with patient registrations. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

Staff told us families who had suffered bereavement were called by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or signposting to a support service. Patients we spoke to who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

Notices in the patient waiting room, on the TV screen and patient website also signposted people to a number of support groups and organisations such as the housing team or the citizen's advice bureau. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice delivered a number of specific enhanced services to support the needs of the local population. This included supporting patients in avoiding unplanned admissions and offering extended opening times.

Each enhanced service was led by a clinician. The practice held continuous learning days to ensure learning in specific areas. Learning took place throughout the organisation and this was shared with the team through practice meetings. The practice used specially designed templates for care pathways and this helped to improve patient care. For example the practice had a chronic disease template. This had the most current guidance from NICE and it clearly demonstrated the pathway that clinicians followed. Records viewed showed that GPs were using the templates to structure care plans.

Care plans were completed in a holistic way ensuring that all healthcare professionals involved with someone's care had access to the information and could update the information as required. This ensured the plans remained current documents changing as the patients' needs changed.

The practice used the Referral Facilitation Service (RFS) system to make referrals to secondary (hospital) services. This ensured the patient had influence over where their care and health care needs were met. The practice had a comprehensive system for making referrals. This was managed through a referral centre for the whole organisation. There was a clear policy that outlined the process of making referrals such as the investigations that a clinician needed to have carried out before making a referral.

Patients who were too ill to attend the surgery were visited at home by the GPs. This also included home visits for flu vaccines for patients who were housebound. Staff told us that longer appointments were available to patients that needed them such as elderly, patients experiencing poor mental health or those with chronic disease and we saw examples of this on the bookings screens.

Tackling inequity and promoting equality

The practice had an online system for patients to book appointments and for repeat prescription requests and this allowed patients some flexibility.

All patients we spoke with reported being happy with the current appointments system at the practice. Patients felt that the practice prioritised emergency appointments and working patients did not experience difficulties because of the extended hours that were offered. We saw that parents attended the practice in the afternoon after children had finished school. They told us that they were given the option to bring children at this time to ensure they did not miss school if they needed to see a GP or nurse.

Staff explained to us the process of requesting emergency appointments. They were clear in explaining the procedure and how they would transfer all urgent calls to the on-call GP for triage. We were shown emergency appointments that were available on the day of our inspection. These appointments included slots for children and the elderly.

Patients had a choice of seeing a female or male GP at the surgery. The practice worked on reducing inequalities by ensuring the surgery was accessible to patients from all groups. The practice was accessible to patients from disadvantaged groups such as asylum seekers, travelling communities or those with learning disabilities. The practice had recognised the needs of different groups in the planning of its services. The practice operated the, 'Violet Patients Local Enhanced Service (VPS) for Hounslow, providing primary care services to patients who had been removed from other practices. They ensured health promotion interventions such as smoking cessation, smear checks and family planning were available for these patients as well. Staff had completed diversity training to help them understand the different needs of patients.

Access to the service

The practice opened at 08:00am and closed at 18:30 Monday to Friday. Extended hours were available on Thursdays until 21:00 hours which was useful for working age patients. The practice participated within the NHS Hounslow weekend Locality rota for shared opening at weekends for patients from other practices for emergency needs. Patients who attended the weekend appointments were referred on from the 111 services. If patients called the practice when it was closed, there was an answerphone

Are services responsive to people's needs?

(for example, to feedback?)

message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients on notice boards and contained in the practice leaflet.

All patients we spoke with were satisfied with the appointments system. They confirmed they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. The GPs operated a telephone triage system where patients with urgent needs would be offered same day appointments or a consultation over the telephone.

The practice was situated on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The majority of the practice population were English speaking. Staff told us that they requested interpretation services if a patient need them. The interpretation service was available via the telephone.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and 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. This was included in the practice information leaflet and displayed in the reception area. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

We looked at six complaints received in the last 12 months. All complaints had been dealt with in a timely manner and had been resolved. We also noted all complaints had been discussed and shared with all staff at practice meetings.

The practice reviewed complaints on an annual basis to detect themes or trends. We looked at the report for the last review in 2013 and no themes had been identified, however lessons learnt from individual complaints had been acted upon. The practice welcomed comments from patients. These were via a suggestion box. Staff told us this was checked monthly and common themes were feedback in meetings with solutions. Meeting minutes we saw confirmed this.

Are services well-led?

Good 

(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 as stated in a statement on its website-The “Greenbrook Healthcare philosophy” which was, “to provide quality NHS care, putting patients first, providing them with excellent, safe and timely care.

We found details of the vision and practice values were part of the practice’s five year business plan. These values were clearly displayed in the waiting areas and in the staff room. The practice vision and values included to offer a friendly, caring good quality service that was accessible to all patients.

All staff we spoke with knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance Arrangements

The practice had nominated leads for clinical and non-clinical roles that were supported by Greenbrook Healthcare. The leads were responsible for specific areas such as QOF, enhanced services and there were specialist interest leads in cardiology and gynaecology. The practice also benefited from having a medical director, director of nursing and a governance lead. This provided a rigorous clinical governance structure. For example monthly clinical risk meetings were held including a systematic incident reporting process. Learning from all incidents and complaints were shared with all staff.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

Leadership, openness and transparency

The leadership structure of the practice was clear to all staff. All four staff we spoke with told us who the lead person was at the practice and the wider organisation.

From our discussions with staff we found that the organisations senior management including clinical directors frequently visited the practice and were easily accessible to staff.

Records showed that team meetings were held weekly and monthly. Staff told us that there was an open culture within the practice and they had the opportunity to, and were happy to raise issues at team meetings or at any time with the practice manager or GPs.

The human resources manager was responsible for human resource policies and procedures. We reviewed a number of policies, such as disciplinary procedures, induction policy and management of sickness which were in place to support staff. All policies were up to date. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from users, public and staff

The practice had an active patient participation group (PPG) which had steadily increased in size. Findings from PPG surveys and information on how to be involved with the PPG was shared with patients via a newsletter or on the practice website. The PPG contained representatives from various population groups; including the retired and some ethnic minority patients. The PPG had carried out yearly surveys and met every quarter. Feedback from surveys resulted in changes to appointment times and waiting times to be seen.

The practice had also recently introduced the Family and Friends Test six weeks prior to our inspection visit. The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

The practice had gathered feedback from staff generally through staff meetings and appraisals. All the staff we spoke with said the practice had an open environment and they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice had a whistle blowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning & improvement

Are services well-led?

Good 

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

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. The practice nurse told us that they were supported to attend a local nurses' forum where information was shared which improved their knowledge and practice.

Significant events including accidents, incidents and complaints were discussed and improvements agreed and shared within the team. Practice staff all told us they wanted the practice to succeed. Regular training was delivered by different methods that included e-learning and internal and external speakers on practice related

topics. The practice reviewed the previous 12 months performance and reinforced improvement action. Plans were developed with a continued focus on practice developments and improvements.

The local Greenbrook organisation took responsibility for peer review and GPs also worked with other members from the CCG. GPs who attended the meetings told us case studies were shared and performance against enhanced services and contractual obligations were discussed. The CCG and representative GPs agreed solutions for group wide performance improvements.