

Dr Varendar Winayak and Partner

Quality Report

The Medical Centre
192 Twickenham Road
Hanworth
Middlesex
TW13 6HD
Tel: 020 8481 7989
Website: www.drwinayakcentre.co.uk

Date of inspection visit: 15 September 2016
Date of publication: 23/11/2016

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?

Requires improvement 

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	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Varendar Winayak and Partner	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Varendar Winayak and Partner on 15 September 2016. Overall the practice is rated as good.

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

- The practice had a system in place for reporting and recording significant events; however, not all relevant incidents were recorded as significant events, and therefore opportunities to learn from these incidents were sometimes missed.
- Overall, risks to patients were assessed and well managed; however, the practice had not completed a risk assessment of their buddy arrangement with neighbouring practices, which was in place to ensure clinical cover in the case of an emergency.
- 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; however, the practice had no process for recording verbal complaints.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the duty of candour and we saw evidence that where incidents were correctly recognised as significant events, the duty of candour was complied with.

Summary of findings

The areas where the provider must make improvement are:

- They must review their process for recording and reporting significant events to ensure that all staff are aware of the threshold for recording a significant event and that lessons learned are appropriately shared and embedded.

In addition, they should make improvement in the following areas:

- They should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- They should ensure that the details of verbal complaints are recorded.

- They should ensure that they implement quality assurance processes, including audit, to drive improvements in patient outcomes.
- They should review their buddy arrangement with neighbouring practices to ensure that any associated risks are assessed and mitigated.
- They should ensure that all staff know how to use the newly purchased defibrillator.
- They should ensure that their security arrangements for prescription pads are adhered to.
- They should ensure that they regularly review uncollected prescriptions.

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.

Requires improvement



- There was a system in place for reporting and recording significant events; however, this did not effectively capture details of all relevant safety incidents, and therefore, opportunities for learning from these incidents were sometimes missed.
- When things went wrong and the incidents were appropriately recorded, patients received reasonable support, truthful information, a written apology, and they were told about any actions to improve processes to prevent the same thing happening again. However, this did not always happen in cases where the process for recording significant events was not followed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice carried-out clinical audits, and these showed that findings were used by the practice to improve services in the short term; however, there was little evidence that the results of audits were used to effect ongoing improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, but not all staff had received an appraisal within the past year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 staff treated patients with kindness and respect, and maintained patient and 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. For example; doctors at the practice had noted that the discharge letters from the local hospital were very lengthy and detailed, with no clear section highlighting action that the GP must take. The practice's principal GP subsequently became involved in working with the hospital to design re-formatted letters which clearly set out actions for the patients' GP.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from formal complaints was shared with staff; however, details of verbal complaints were not recorded, and therefore there was no evidence that the practice could identify and address trends in these.

Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty; however, as a result of the practice failing to record some incidents as significant events, there was not always evidence of them having complied with the duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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.

- 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 offered annual health checks for elderly patients, and in the past year had completed health checks on 81% of their elderly patients; 37 of these were conducted in the patient's home.
- The practice used their patient records system to identify elderly patients who were at risk of hospital admission and had completed care plans for the most vulnerable 5%, and for 2% of patients most likely to be admitted to hospital, as part of the unplanned admission enhanced service.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall, performance for diabetes related indicators was better than the CCG and national average. The practice achieved 93% of the total QOF points available, compared with an average of 81% locally and 89% nationally.
- Longer appointments and home visits were available when needed; however, these were only allocated on the specific direction of a clinician.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 relatively high 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.
- Cervical screening had been carried-out for 83% of women registered at the practice aged 25-64, which was better than the CCG average of 78% and national average of 82%.
- 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 and health visitors.

Working age people (including those recently retired and students)

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

- 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 services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability; however, we were told that longer appointments were only booked on the specific instruction of a clinician, and there was no process in place to allow for reception staff to routinely book longer slots for particular patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

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

- The practice had 19 patients diagnosed with dementia and 93% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and national average of 84%.
- The practice had 25 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 100% of these patients, compared to a CCG and national average 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and three survey forms were distributed and 111 were returned. This represented 3% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% 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 36 comment cards which were all positive about the standard of care received. Patients commented that they found staff to be knowledgeable, approachable and kind and that they had confidence in the clinical care they received.

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.

The practice's Friends and Family Test results for the period March to August 2016 showed that 100% of respondents would recommend the practice to friends or family members.

Dr Varendar Winayak and Partner

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 Dr Varendar Winayak and Partner

Dr Varendar Winayak and Partner provides primary medical services in Hanworth to approximately 3,700 patients and is one of 54 practices in Hounslow Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 21%, which is comparable to the CCG average of 22%, and for older people the practice value is 18%, which is lower than the CCG average of 21%. The age distribution of the practice's patients followed local averages. Of patients registered with the practice, the largest group by ethnicity are white (73%), followed by asian (15%), black (5%), mixed (4%), and other non-white ethnic groups (2%).

The practice operates from a 2-storey purpose-built premises. A small amount of car parking is available at the practice, and there is plenty of space to park in the surrounding streets. The reception desk, waiting area, and four consultation rooms are situated on the ground floor. The practice manager's office, a consultation room which

they said they seldom used, administration offices and staff kitchen are situated on the first floor. The practice has access to three doctors' consultation rooms and two nurse consultation rooms.

The practice team at the surgery is made up of one part time male GP who is a partner, in addition, one part time male GP and two part time female GPs are employed by the practice. In total 15 GP sessions are available per week. The practice also employs one part time female nurse, one part time female nurse practitioner, and one part time healthcare assistant/phlebotomist. The clinical team are supported by a practice manager who is a partner in the practice, five reception staff, one administrator and one medical secretary.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 9am until 12:20pm on Monday, Thursday and Friday mornings and until 12pm on Tuesday and Wednesday mornings. In the afternoon appointments are from 1:20pm to 5:50pm on Mondays; from 4:40pm to 6:30pm on Tuesdays; from 3:50pm to 6:10pm on Wednesdays and Thursdays; and from 4:20pm to 6:30pm on Fridays. GPs and the Nurse Practitioner provide telephone consultations from 12pm to 12:30pm every weekday. The practice's telephone lines remain open all day, and in the event of a medical emergency, a member

Detailed findings

of the clinical team is on site at all times to speak to the patient and determine whether they needed to be seen urgently. Extended hours appointments with both GPs and nurses are offered from 6:30pm to 7:30pm on Tuesdays.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; and family planning.

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.

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 15 September 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, nursing staff and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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.

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; however, this was not sufficiently robust to ensure that all safety incidents were recorded and that lessons were learnt and improvements made, and we found evidence of significant events which had occurred but had not been formally recorded.

- 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; however, several members of staff failed to find the form on the computer system when asked. 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).
- Due to the inconsistent recording of significant events, patients were not always notified when things went wrong with care and treatment; for example, we saw one instance where a patient had attended for a blood test, but had not returned for the result. The patient later attended the practice for an unconnected reason, but the clinician they saw failed to notice that the patient had attended for the blood test, and therefore, an opportunity was missed for the results of the test to be reviewed. The patient shortly after became very ill, which may have been prevented had the blood test results been noted previously. We saw evidence that this incident was discussed in a clinical meeting, but it was not recorded as a significant event. The records of the incident did not record whether the practice made the patient concerned aware that they had made a mistake in failing to review their blood test results sooner; and therefore, there was no evidence of the practice carrying-out its duty of candour.
- We saw evidence that incidents were discussed in clinical meetings; however, these were not always recorded as significant events when they should have been. For example, we noted a discussion in a clinical meeting regarding a patient whose abnormal blood test result was not picked up, resulting in the patient becoming unwell, and another regarding a patient who was taking Warfarin, who had attended A&E with

bleeding and raised INR; neither of these clinical incidents had been recorded as significant events. We also saw memos from the principal GP to staff notifying them that an increasing number of patient hospital referrals were being declined, and one highlighting that that staff had a large number of "tasks" outstanding on their clinical system; these were also not recorded as significant events, and there was no evidence of the content of these memos being discussed in face to face meetings with staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that issues were resolved swiftly once the practice became aware of them; however, there was not always evidence of learning from these incidents being identified to ensure that they did not reoccur.

Overview of safety systems and processes

The practice had clearly defined and embedded 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; nurses were trained to level 2 and administrative staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

Are services safe?

be clean and tidy. The nurse practitioner nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- 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; however, the process for ensuring that prescriptions were collected by patients were not effective, as we found prescriptions which had been waiting for collection for a number of months, including one for a seven-week old baby which had been issued four months previously. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Unused stocks of blank prescription forms and pads were securely stored and there were systems in place to monitor their use; however, we found a partly used prescription pad in a drawer in one of the consultation rooms, which had been left unlocked. The nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- 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 (DBS); however, we found that in some cases new staff had started work before the results of the DBS checks had been received by the practice, which was not in line with their own recruitment policy. We were told that in

these cases the members of staff involved had presented DBS checks from their previous employment; and therefore the practice was satisfied that the risk of allowing them to begin work was low.

Monitoring risks to patients

Risks to patients were assessed and 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 equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice told us that they had a reciprocal buddy system with other local practices to cover the practice should there be an emergency whilst the principal GP and practice manager were away (for example, should one of the salaried doctors be unable to work). They explained that they had never had to use this resource. However, there were no processes in place to ensure that the staff who may cover the practice were suitable.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- At the time of the inspection, the practice did not have a defibrillator available on the premises, and we were told that in the event of an emergency they would either get the defibrillator from the gym to the rear of the surgery or call for an ambulance; we have since seen evidence that a defibrillator has been purchased for the surgery. Oxygen with adult and children's masks was available, along with a first aid kit and accident book.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Overall performance for diabetes related indicators were better than the CCG and national averages. The practice achieved 93% of the total QOF points available, compared with an average of 81% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 84%, which was comparable to the CCG average of 74% and national average of 78%; the proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 76%, compared to a CCG average of 69% and national average of 78%; and the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 96%, compared to a CCG average of 85% and national average of 88%.
- The practice had 19 patients diagnosed with dementia and 93% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and national average of 84%.

They also had 25 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for all of these patients, compared to a CCG and national average of 88%.

- The practice had performed better than the local and national average for the proportion of patients with hypertension who had well controlled blood pressure; the practice's achievement for this indicator was 91% compared to a CCG average of 81% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits and four administrative audit carried out in the last two years, 11 of these were completed two-cycle audits.
- We reviewed four clinical and one administrative audit in detail and observed that findings were used by the practice to improve services in the short term; however, there was little evidence that the results of audits were used to effect ongoing improvement. For example, the practice had conducted an audit to check that patients who were diagnosed with moderate or severe chronic obstructive pulmonary disease (COPD) had "rescue packs" at home in case they became unwell. The initial audit found that 16 out of 18 patients had a rescue pack (89%). As a result of this audit the practice identified the need to review the patients who did not have a rescue pack to establish whether it would be appropriate for them to have one. A follow-up audit conducted nine months later found that rescue packs had been issued to 100% of patients who needed them. Whilst the re-audit showed an improvement, there was no evidence of any new arrangements having been put in place to ensure that in future patients needing rescue packs are identified and that packs are issued.
- The practice participated in local audits, national benchmarking and research.

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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff had received training on wound care, spirometry and phlebotomy.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Not all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, and those at risk of developing a long-term condition. The practice was particularly active in identifying patients who were at risk of developing diabetes; they explained that they would routinely discuss the risk of diabetes with patients when they attended for appointments, and when ordering blood tests for other conditions, with the patient's consent they would also screen for diabetes. Patient who were identified as pre-diabetic would be referred to the practice nurse for advice on healthy lifestyles.
- Patients were referred to Hounslow Stop Smoking Service for smoking cessation advice.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 78% and 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 a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; their uptake for breast cancer screening was 56%, which was

Are services effective? (for example, treatment is effective)

below the CCG average of 65% and national average of 72%. Their uptake for bowel cancer screening was 52% compared to a CCG average of 48% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 100% to 76% and five year olds from 90% to 59%.

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. The practice had exceeded the annual target for carrying-out annual health checks by 16% in 2014/15 and by 33% in 2015/16. 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 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 36 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.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's scores were comparable to local and national averages 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 84% and national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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:

- 83% 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%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format, which the practice had created themselves.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (approximately 1% of the practice list). The practice provided annual health checks and flu immunisations for patients who were registered as carers; they also endeavoured to arrange appointments for times that fitted around the patients' caring responsibilities. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. For example, they participated in a rota with other local practices to provide weekend appointments for patients in the locality.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours. Both doctor and nurse appointments were available.
- There were longer appointments available for patients with a learning disability; however, we were told that longer appointments were only booked on the specific instruction of a clinician, and there was no process in place to allow for reception staff to routinely book longer slots for particular patients who needed them.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 9am to 12:20pm on Monday, Thursday and Friday mornings and until 12pm on Tuesday and Wednesday mornings. In the afternoon appointments were from 1:20pm-5:50pm on Mondays, from 4:40pm to 6:30pm on Tuesdays, from 3:50pm to 6:10pm on Wednesdays and Thursdays, and from 4:20pm to 6:30pm on Fridays. GPs and the Nurse Practitioner provided telephone consultations from 12pm to 12:30pm every weekday. The practice's telephone lines remained open all day, and in the event of a medical emergency, a member of the clinical team would be on site at all times to speak to the patient and determine whether they needed to be seen urgently. Extended hours appointments with

both GPs and nurses were offered from 6:30pm to 7:30pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG and national average 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.

When a home visit was requested, the receptionist would make a note of the patients' details in the visits book and the duty doctor would contact them by telephone to assess the urgency of the appointment. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- 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 leaflet available, and information about making a complaint on the practice's website.

The practice had received two formal written complaints in the past year, and we looked at one in detail and found that it was dealt with in a timely way, with openness and

Are services responsive to people's needs? (for example, to feedback?)

transparency. In the case of the complaint that we looked at, lessons were learnt from the incident, which were shared with staff in order to improve the service in the future. We were told that if a patient made a verbal

complaint, the practice manager would try to deal with the issue at the time; however, verbal complaints were not recorded; and therefore, there was no evidence of the practice being able to identify trends.

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.

- The practice had a mission statement and staff knew and understood the values.
- The practice had identified the main challenges it faced over the coming few years, which included having a cut to their funding following the re-negotiation of the PMS contract, and the pending retirement of the principal GP; they had ideas about how these issues could be managed, but these had not been formulated into a structured strategy or business plan.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical audit was used to identify areas where the practice was not meeting guidelines; however, there was not always evidence of these resulting in sustainable improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, in the case of significant event recording, the process was not sufficiently robust to ensure that adequate records were kept and lessons learned and shared.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider 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); however, the systems in place were not effective to ensure that details of

all notifiable incidents were recorded appropriately. In cases where the procedures for reporting and recording incidents had been followed, we saw evidence that the practice had complied with the duty of candour, and that:

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

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.
- 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 from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, they reviewed the practice newsletter before it was published. However, the PPG's activities were largely led by the practice, and they lacked independence.
- The practice had gathered feedback from staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

The principal GP was chair of the Local Medical Committee (LMC), and was therefore able use that forum to address problems that were endemic in the locality. For example; doctors at the practice had noted that the discharge letters from the local hospital were very lengthy and detailed, with no clear section highlighting action that the GP must take. The practice's principal GP had taken this issue to the LMC and was subsequently involved in working with the hospital to design re-formatted letters which clearly set out actions for the patients' GP.

Staff we spoke to during the inspection told us that they were supported in implementing changes to processes in

order to improve efficiently and patient experience. We saw several examples of this; for example, nursing staff explained that following incidents where patients had attended for health check appointments before results of blood tests had been received, they provided additional training to reception staff to show them how to check that blood test results had been received before booking an appointment for a health check. Staff also explained that the practice had begun to use the text message service to notify patients when their repeat prescription was ready for collection or when their test results had been received, to avoid patients attending the surgery unnecessarily.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users:</p> <p>They had failed to ensure that all significant events were fully recorded and that lessons were learned from incidents.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>