

Hatton Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hatton Medical Practice on 2 June 2015.

Overall the practice is rated as Good.

Specifically, we found the practice to be good for providing, effective, caring, responsive and well-led services. It was also good for providing services to the six population groups we looked at: 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; and people experiencing poor mental health (including people with dementia).

We found the practice requires Improvement for providing safe services.

Our key findings were as follows:

- Staff were clear about reporting incidents, near misses and concerns and there was evidence of communication of lessons learned with staff.

- The practice worked in collaboration with other health and social care professionals to support patients' needs and provided a multidisciplinary approach to their care and treatment.
- The practice promoted good health and prevention and provided patients with suitable advice and guidance.
- The practice had several ways of identifying patients who needed additional support, and was pro-active in offering this.
- The practice learned from patient experiences, concerns and complaints to improve the quality of care.
- The practice had a clear ethos that put patients first and was committed to providing the best possible service to them.
- There was an open culture and staff felt supported in their roles.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure patients are fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment reference checks are carried out and recorded prior to a staff member taking up post.

In addition the provider should:

- Ensure a record is kept of the serial numbers of prescription forms to conform with national guidance.
- Ensure that when daily checks of medicine storage fridge temperatures are carried out the signature of the member of staff completing the checks is recorded.

- Ensure gaps in staff training in infection control and fire safety are addressed and evidence of all training completed is documented in staff records; and arrange for outstanding annual appraisals to be conducted for staff due one.
- Review the practice's consent protocol to ensure mental capacity is appropriately taken into account.
- Take steps to raise clinical staff awareness and understanding of deprivation of liberty safeguards (DoLs).
- Make a written record of GP partner meetings to document action agreed to drive improvement, and enable follow up and review of progress to be tracked at subsequent meetings.
- Consider inviting regular locum GPs to the partner meetings to engage them more fully in clinical assessment, monitoring and review.

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 as there are areas where improvements are needed.

Prescription pads were securely stored but there was no record kept of the serial numbers of the prescription forms. We saw that checks of fridge temperatures were carried out daily to ensure that medicines were kept at the required temperatures. However, the signature of the member of staff completing the checks was not recorded.

There were recruitment policies and procedures in place and there arrangements for pre-employment checks, including a protocol for reference checks. However, four staff records we sampled did not have references from previous employers on file.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice worked in collaboration with other health and social care professionals to support patients' needs and provided a multidisciplinary approach to their care and treatment. Clinical audits were carried out to demonstrate quality improvement in care and treatment and people's outcomes. Patients had access to appropriate health assessments and checks. The practice identified patients who may be in need of extra support and made provision for this

There were arrangements in place to support staff appraisal, learning and professional development, although practice had not completed recent appraisals for three of five staff due one and there were some gaps in the training administrative and clinical staff had received. However, arrangements were in hand to address this.

The practice had a consent protocol which staff were aware of and followed. The protocol did not make reference to the Mental Capacity Act 2005 with regard to mental capacity and "best interest" assessments in relation to consent. Clinical staff were aware of the Act with regard to consent although they needed to improve their knowledge of Deprivation of Liberty Safeguards (DoLS).

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

There was plenty of supporting information to help patients understand and access the local services available. We also saw that staff treated patients with kindness and respect. Where patient feedback showed any dissatisfaction with the way patients regarded their treatment the practice had action plans in place to address this.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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 the practice had signed up to a CCG led enhanced service for patients with dementia to promote early diagnosis and intervention. The practice had listened and responded to patient feedback about access to appointments and had taken action to improve this.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had a clear ethos which involved putting patients first and was committed to providing them with the best possible service. The ethos was reflected in the practice's vision set out in its statement of purpose. Not all staff we spoke with were aware of this statement and it was not on display for patients. However, staff were able to articulate the essence of the practice ethos and were committed to it. There were governance arrangements in place through which risk and performance monitoring took place and service improvements were identified. However, partner meetings were not documented and locum doctors did not attend. The practice had a range of policies and procedures to govern activity which had been reviewed. There was an open culture, staff were clear about their own roles and responsibilities and felt supported in their work. The practice proactively sought feedback from staff and patients, including a patient participation group (PPG), which it acted on.

Good



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. Home visits were available for older patients if required. Flu vaccinations were provided to older people in at-risk groups. The practice worked in conjunction with the local district nurses, the local Integrated Community Response Service (ICRS) and care navigators to ensure older people were receiving the appropriate care. Urgent access appointments were available for older patients and home visits were available those who needed them. All patients over 75 had a named GP. Emergency bypass numbers were given to the London Ambulance Service, the out of hours and certain patients as identified by the doctor and the local palliative care team to enhance patient care. Carers were identified and offered a carers assessment referral.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. The practice used a risk assessment tool to identify patients at risk of hospital admission, particularly those with long term conditions. The practice offered screening for long term conditions including participation in the NHS health checks programme. There were longer (double) appointments available for people with long term conditions. Patients with long term conditions were referred to the community matron, respiratory nurse, paediatric asthma service, heart failure nurse, local diabetic service and dietitians where appropriate. Home visits were available for patients with long term conditions if required. Patients with long term conditions were reviewed opportunistically or recalled for an annual review.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice provided family planning advice, a contraceptive service and referred patients to local sexual health clinics where appropriate. There were shared ante-natal and post-natal clinics with the local maternity services. There were procedures in place to safeguard children and young people from abuse and the senior GP partner was the named safeguarding lead for the practice. There was a system to highlight vulnerable patients on the practice's electronic records and the practice kept 'at risk registers' for both children and vulnerable adults. The practice

Good



Summary of findings

offered a full range of immunisations for children and there was a recall system for children who had missed immunisations. Flu vaccination was offered to pregnant women. There were appointments for children available outside core school hours.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The practice was accessible to working people. 6:00am, early morning appointments were available for working patients. The practice also participated in a local weekend working enhanced service scheme which allowed patients to access to the service six hours on a Saturday and six hours on a Sunday. There were online services including appointment booking and prescription ordering. The practice also used text messaging to communicate with patients. The practice offered a range of health promotion and screening services which reflected the needs for this age group. The practice offered all patients in the 40-74 age group a health check. Health promotion advice was provided on diet, smoking and alcohol cessation. Flu vaccinations were offered to patients aged 65 and older and the practice provided travel vaccinations and advice.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable.. The practice kept registers of vulnerable patients, including the homeless, people with mental health issues, patients with learning disabilities and children on the child protection register. Care plans were in place for high risk patients. Patients were referred to substance misuse programme where appropriate. The practice sought to offer appointments at times suitable to patients in this group and provided double appointments where necessary. The practice was part of a multidisciplinary group made up of local practices who met monthly to monitor the health and well-being of patients with complex needs, including patients in this group.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health and sign posted patients to the appropriate services. The practice participated in enhanced services for dementia and used screening tools to identify those patients at risk.The practice kept a mental health and dementia register and carried out annual mental health

Summary of findings

and dementia assessments. There were care plans in place for these patients. The practice sought to offer appointments at times suitable to patients in this group and provided double appointments where necessary.

Summary of findings

What people who use the service say

We received 29 completed Care Quality Commission (CQC) comments cards providing feedback about the service. On the day of our inspection we also spoke with 12 patients, including seven representatives of the practice's patient participation group (PPG). Patients said they felt the practice offered an excellent service and staff were professional, helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded promptly to patients, took time to listen and made them feel at ease when they needed help and provided support when required. Three comments cards were less positive and raised problems in getting through on the telephone to make an appointment.

In the national patient survey 2014/15 patients views were mixed. Whilst in some respects patients were

broadly satisfied with their treatment, scores were generally below CCG and national averages for satisfaction in consultations with doctors and nurses, involvement in decisions about their treatment, access to appointments and waiting times. Views from the practice's own survey were more positive in some of these areas but the practice acknowledged the relatively low scores from the national survey and had worked with the practice Patient Participation Group (PPG) to draw up an action plan to secure improved satisfaction. This included the allocation of additional staff resources to the reception team to help answer phone calls and reduce queues in reception and the planned installation of new phone system for which had funding had been approved through the 'Prime Minister's Challenge Fund'.

Areas for improvement

Action the service **MUST** take to improve

- Ensure patients are fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment reference checks are carried out and recorded prior to a staff member taking up post.

Action the service **SHOULD** take to improve

- Ensure a record is kept of the serial numbers of prescription forms to conform with national guidance.
- Ensure that when daily checks of medicine storage fridge temperatures are carried out the signature of the member of staff completing the checks is recorded.

- Ensure gaps in staff training in infection control and fire safety are addressed and evidence of all training completed is documented in staff records; and arrange for outstanding annual appraisals to be conducted for staff due one.
- Review the practice's consent protocol to ensure mental capacity is appropriately taken into account.
- Take steps to raise clinical staff awareness and understanding of deprivation of liberty safeguards (DoLS).
- Make a written record of GP partner meetings to document action agreed to drive improvement, and enable follow up and review of progress to be tracked at subsequent meetings.
- Consider inviting regular locum GPs to the partner meetings to engage them more fully in clinical assessment, monitoring and review.

Hatton Medical Practice

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 and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service. The GP and expert by experience were granted the same authority to enter the practice as the CQC inspector.

Background to Hatton Medical Practice

The Hatton Medical Practice provides primary medical services through a General Medical Services (GMS) contract to around 4,800 patients living within the boundary of Bedfont, Middlesex and surrounding area. The services are provided from a single location situated near Terminal 4 of Heathrow Airport and is part of Hounslow Clinical Commissioning Group. The practice has an ethnically diverse patient population. There were rates of deprivation similar to practice averages across England.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

The practice team is made up of a team of two GP partners (one currently part time). There were also three regular locum GPs employed at the time of the inspection (including one female). The practice also employed a practice manager, business manager, a practice nurse, a phlebotomist, an administrator/healthcare assistant/phlebotomist, a data clerk and three receptionists.

The practice is open between 8:30am and 6:30pm Monday, Wednesday, Thursday and Friday and 8:30am to 1:30pm on Tuesday. Appointments are from 6:00am to 6:30pm Monday, Wednesday, Thursday and Friday and 6:00am to 1:30pm on Tuesday. The practice also participated in a local weekend working enhanced service scheme which allowed patients to access to the service six hours on a Saturday and six hours on a Sunday.

Out of hours services are provided by a local provider. Patients are advised that if they have a problem out of surgery opening hours, to ring the practice's main surgery number and follow the instructions given. The Out of Hours service will triage their condition and take appropriate action.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

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 whose circumstances may make them vulnerable
- 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. We liaised with NHS Hounslow Clinical Commissioning Group (CCG), Healthwatch Hounslow and NHS England.

We carried out an announced visit on 2 June 2015. During our visit we spoke with 12 patients and a range of staff including two GP partners, a locum GP, phlebotomist and administrator/health care assistant/phlebotomist, the practice manager, business manager and reception staff. We reviewed 29 comments cards where patients who visited the practice in the week before the inspection gave us their opinion of the services provided. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We reviewed personal care plans and patient records and looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record and learning

The practice prioritised safety and used a range of information to identify risks and improve patient safety, for example reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for staff to complete. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The practice kept records of significant events and provided us with a summary of events that had occurred during the last year. These records provided the background to the significant event, a description of the issues raised and the action taken

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was mix up with labelling of a cervical smear test. Notes of patients affected and appointments were reviewed. Meetings were held with the pathology laboratory and NHSE managers and a cervical smear audit was done. As a result of the incident the incident was discussed within the practice, a new computer system was put in place to manage cervical smears and staff were trained to follow the new system protocol. Two patients who were identified for a repeat test were recalled, and an explanation and apology offered.

There were appropriate systems for managing and disseminating patient safety alerts and guidance issued by the National Institute for Health and Care Excellence (NICE). The senior partner GP reviewed all alerts and guidelines and emailed anything relevant to the practice to clinical staff. Where appropriate the alert or guidance would be put on the agenda for staff meetings for discussion and review of any changes in practice required. We saw evidence of this in the minutes of two recent meetings we looked at.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and the policy was accessible to all staff. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and contact details were also available in the reception area. The senior partner GP was the lead member of staff for safeguarding and attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received up to date training relevant to their role. GPs and the practice nurse had Level three child protection training, and reception and administrative staff Level 2. Three staff including two of the GPs and had undertaken training in safeguarding of vulnerable adults and arrangements were in hand for the remainder of staff to complete on-line training.
- A notice was displayed in the waiting room and in some consulting rooms, advising patients that a chaperone service was available, if required. Staff who acted as chaperones had received in-house briefing and instruction for the role and had received a disclosure and barring check (DBS). (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).
- 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. The practice had up to date fire risk assessments and regular fire alarm testing and fire drills were carried out. We saw the records for this. However, there was no documentary evidence that all apart from two staff had undertaken update training since fire safety training during their induction, including long standing members of staff. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw the certificates dated May 2015 for this. The practice also had a variety of other risk assessments in place to monitor safety of the premises

Are services safe?

such as infection control, legionella and control of substances hazardous to health. The certificate stating the practice was free from legionella dated March 2015 was on display in the reception area. The practice used the BIRT2 risk assessment tool to identify patients at risk of hospital admission, particularly those with long term conditions. There were risk registers for a range of at risk patients accompanied by alerts on the patient records.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. However, we found two containers of unused cleaning substances in an unlocked, under stairs cupboard, which potentially patients could access. The practice undertook to remove these immediately. The senior GP partner was the nominated 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 policy in place. All staff received induction training about infection control specific to their role. The senior GP partner had completed recent refresher training but no details were available about any recent training undertaken by any other staff. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw an infection control audit dated November 2014 and noted the majority of the action plan had been implemented. The practice was awaiting a start date from builders to address outstanding issues including the provision of appropriate washable walls and floors and new sinks and mixer taps in consultation and treatment rooms.
- There were arrangements for managing medicines, including emergency drugs and vaccinations, which in most respects ensured the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored but there was no record kept of the serial numbers of the prescription forms, as required under national guidance on prescription security. There was a process for ensuring that medicines were kept at the required temperatures. We saw that checks of fridge temperatures were carried

out daily, although the signature of the member of staff completing the checks was not recorded as required under national guidance on vaccine management and storage.

- Recruitment checks were carried out including proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service; However, four files we sampled did not have references from previous employers on file. The senior GP partner told us that references were not sought until new staff had completed two weeks induction. However, in all four cases sampled induction had been completed.
- 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 that enough staff were on duty. We discussed with the practice the nursing resources available (one session of 2.5 hours per week) in relation to the size of the patient list. The practice considered the nursing resources were sufficient to meet the current nursing demands, particularly as there was a part time phlebotomist who supported the nursing team for two sessions per week and one of the administrative staff had also had also been trained as a phlebotomist and healthcare assistant (HCA). The practice manager told us they monitored demand for nursing services and brought the nurse in to provide additional cover if needed.

Arrangements to deal with emergencies and major incidents

There were appropriate policies in place to manage medical emergencies including treatment of anaphylaxis, a heart attack action protocol and oxygen handling and storage policy. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had pulse oximeters, oxygen with adult and children's masks on the premises. According to current external guidance and national standards, practices are encouraged to have defibrillators. The practice told us they would like to have a defibrillator on the premises but would need to consider the training implications for this and draw up an appropriate operational protocol before doing so. In the meantime, the practice had a documented risk assessment of the decision

Are services safe?

for not having a defibrillator at present. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.

The practice had a continuity and recovery 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 carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The GPs we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, including children and families, vulnerable adults, homeless patients, those with learning disabilities and poor mental health, and those receiving palliative care.

The practice took part in the avoiding unplanned admissions scheme. The clinicians reviewed their

individual patients and discussed patient needs at informal meetings to ensure care plans were in place and regularly reviewed.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from the latest data available were 96% of the total number of points available, with 3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:

- Performance for diabetes related indicators was similar to the CCG and national average: 88.7% compared to 93.8% and 90.1% respectively;
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average: 80.1% compared to 79.6% and 79.2% respectively;
- Performance for mental health related indicators was better than the CCG and national average: 95% compared to 91.9% and 90.4% respectively; and
- Performance for dementia related indicators was better than the CCG and national average: 100% compared to 78.8% and 80.2% respectively.

The practice had reviewed its QOF performance in the light data published by the CQC and had put an action plan in place to improve scores in general and for COPD, cervical smear and flu immunisation uptake related indicators in particular.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice provided evidence of seven clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. For example, an audit of prescribing of aspirin and anti-coagulant medicine led to better identification and management of patients on dual therapy being prescribed both medicines and improvements in documentation of their treatment, including individualised prescribing plans. The practice participated in applicable local audits, such as a CCG audit on reducing medicines related harm. As a result of the audit the practice changed its prescribing practice in particular to ensure the practice team avoided mixing medications with side effects when in combination.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and information governance, including confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Three of the five non-clinical staff due an appraisal had not had one in the last reporting year but arrangements were in hand for this. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. At the time of the inspection there were some gaps in the records of training completed. For example, there was no documentary evidence that all apart from two staff had undertaken update training since fire safety training during their induction, and no details were available to confirm recent infection control training undertaken by all but the senior GP partner. We were told this would be addressed through on-line training now in place.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and test results. We saw examples of care plans in individual patient records and noted that the practice had completed 266 care plans (7% of the eligible population) under the avoiding unplanned admissions enhanced services programme. We noted there were risk registers for a range of at risk patients accompanied by alerts on the patient records, for example for vulnerable patients. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. We saw shared care records (SCRs) in patient records to support referrals.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that regular multi-disciplinary team (MDT) meetings took place and that

care plans were routinely reviewed and updated. For example, the practice attended monthly clinical care meetings arranged by the CCG at which 12 local practices presented complex medical cases for MDT discussion. The practice presented its own cases and entered into discussion with other practices about their cases. We saw evidence of these meetings on the practice's MDT folder.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The practice had a consent protocol which staff were aware of and followed. The protocol did not make reference to the Mental Capacity Act 2005 with regard to mental capacity and "best interest" assessments in relation to consent. However, staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The senior GP partner acknowledged though, that the clinical team needed to improve their understanding of Deprivation of Liberty Safeguards (DoLS) and undertook to arrange this. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The consent protocol made provision for documenting consent for specific interventions. For example, for any procedure that carried a degree of risk to the patient.

Patients with a learning disability and mental health problems (including those with dementia) were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service. For example, the practice referred appropriate patients to the local substance misuse team. The practice worked in

Are services effective?

(for example, treatment is effective)

conjunction with the local district nurses, the local Integrated Community Response Service (ICRS) and care navigators to ensure older people were receiving the appropriate care.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 66%, which was below the CCG average of 79% and the national average of 82%. The practice had identified this as an area for development and had put an action plan in place which included telephone and text message reminders for patients who did not attend for their cervical screening test and prompting patients during appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages in the 12 months and five year old age groups but below for two year olds. For example, in 2013/14 childhood immunisation rates for the vaccinations given to two year olds ranged from 58% to 79% compared to the CCG averages of 81% to 100% and

five year olds from 63% to 90% compared to CCG averages of 77% to 92%. However, the practice reported that rates in quarter 3 of 2014/15 were 87% for 12 months old and 79% for five year olds.

Flu vaccination rates for the over 65s were 56%, and at risk groups 37%. These were also below national averages and the practice had identified this as an area for development. They had identified that many patients had gone elsewhere for vaccinations such as pharmacies and supermarkets and had put an action plan in place to improve practice rates. This included better advertising of the flu vaccination programme and early invitations and a system to identify when patients had gone elsewhere to better monitor overall uptake.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The checks were also used to identify patients with long term conditions.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception area offered limited privacy. However, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 29 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were professional, helpful, caring and treated them with dignity and respect. We also spoke with seven members of the patient participation group (PPG) on the day of our inspection. 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 promptly to patients, took time to listen and made them feel at ease when they needed help and provided support when required.

Results from the national GP patient survey 2014/15 were less favourable than the views patients expressed during the inspection and in comment cards. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 62% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 64% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 78% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 58% 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%.
- 68% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.

- 64% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 85%.

The practice acknowledged these and other relatively low scores from the survey and felt this was explained in part by a several staff changes in the practice over the last year or so, which may have affected the views of some patients. As a result they had been working with the Patient Participation Group (PPG) to gauge views on change and secure rapid feedback to the effectiveness of changes. An action plan was in place to secure improved satisfaction in the national survey and this was reported in the practice's 2014/15 Patient Participation Enhanced Service report to the London Region North West Area Team. The report also included the outcome of the patient survey conducted through the PPG. Eighty seven percent of respondents reported that the doctor listened to and understood their needs and 91% said the same about the nurse; and 89% reported that the nurse always treated them with respect and put them at ease. Both of these results presented a more favourable picture than the national GP survey.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 63% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 52% 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 81%

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. The self-check in terminal was provided in three languages in addition to English to reflect the languages most commonly spoken by patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, details were provided on a local charity which provided support and information for anyone affected by cancer.

The practice's computer system alerted GPs if a patient was also a carer. Carers were offered additional support, for example, by offering a carers assessment referral including health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. A sign on the waiting room notice board encouraged carers to identify themselves to the practice team.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed by advice on how to find a support service, for example the local council's bereavement service. Occasionally the senior GP partner attended a patient's funeral.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice participated in an enhanced service scheme aimed at reducing unplanned hospital admissions.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early morning pre-booked appointments at 6.00am Monday to Friday for working patients who could not attend during normal opening hours.
- There were longer (double) appointments available for people with long term conditions and complex needs, and vulnerable patients, including those with a learning disability, and mental health problems.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for older patients, children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- All patients over 75 had a named GP. Emergency bypass numbers were given to the London Ambulance Service, the out of hours and certain patients as identified by the doctor and the local palliative care team to enhance patient care.
- Patients with long term conditions were referred to the community matron, respiratory nurse, paediatric asthma service, heart failure nurse, local diabetic service and dietitians where appropriate.
- The practice provided family planning advice, a contraceptive service and referred patients to local sexual health clinics where appropriate.
- There were shared ante natal and post-natal clinics with the local maternity services.
- The practice ran a phlebotomy service and HIV screening service.
- Patients experiencing poor mental health were referred to local mental health services and memory clinic where appropriate, for example for support for anxiety and stress management.

- Dementia screening was carried out under an enhanced services scheme.

Access to the service

The practice was open between 8:30am and 6.30pm Monday, Wednesday, Thursday and Friday and 8:30am to 1:30pm on Tuesday. Appointments were from 6:00am to 6:30pm Monday, Wednesday, Thursday and Friday and 6:00am to 1:30pm on Tuesday. The practice also participated in a local weekend working enhanced service scheme which allowed patients to access to the service six hours on a Saturday and six hours on a Sunday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. On the spot appointments were available if a patient/child walked in as an emergency. There were also separate appointments given out to see a female doctor which were both pre-bookable and available on the day depending on the doctor's availability. There were appointments for children available outside core school

hours. There were online services including appointment booking and prescription ordering. The practice also used text messaging to communicate with patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was broadly comparable to local and national averages in some areas but below average in other areas. For example:

- 84% of patients said the last appointment they got was convenient compared to the CCG average of 88% and national average of 92%.
- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 46% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 49% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 75%.
- 49% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 65%.

The majority of patients we spoke with on the day were able to get appointments when they needed them but one

Are services responsive to people's needs?

(for example, to feedback?)

mentioned the difficulty of getting through to the practice by phone. We also spoke with seven members of the Patient Participation Group (PPG) who had some criticisms of the appointments system but they were full of praise for the 6:00am, early morning appointments, which they felt were of particular benefit to shift workers and school children.

The practice had reviewed the patient satisfaction with the appointments system in the light of the national survey and based on similar feedback from the PPG and the NHS Friends and Family Test. There was an action plan in place as reported in the practice's 2014/15 Patient Participation Enhanced Service report to the London Region North West Area Team. This included the planned installation of new phone system for which funding had been approved through the 'Prime Minister's Challenge Fund'. In addition, the practice had employed an extra receptionist to answer the telephone calls. This had reduced the waiting time for patients as calls were now dealt with by two members of staff.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. There were additional policies to guide staff in the handling of complaints and concerns covering being open, a blame free culture, whistleblowing, dignity and respect and equal opportunities of service provision.

We saw that information was available to help patients understand the complaints system. The complaints policy and procedure was on display on the notice board in the patient waiting area. There was also advice about making a complaint in the practice leaflet made available to all patients and on the practice's website. Patients we spoke with were aware of the process to follow if they wished to make a complaint and one told us that they had complained and the matter had been resolved satisfactorily.

We looked at four written complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned. We saw meeting minutes where complaints were discussed, for example a complaint about child immunisations where the process for recording immunisations was reviewed.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, there were complaints about the waiting time to speak to the receptionist by phone and in person during busy periods when the surgery opened in the morning. This was also fed back by the PPG and discussed within the practice. As a result the practice assigned a member of the administrative team to support the receptionist for three days a week between 8:30am and 10:00am.

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 ethos which involved putting patients first and was committed to providing them with the best possible service. Underpinning this, the practice followed standards set by external health agencies including the local CCG and NHS England. The practice's statement of purpose set out the overall purpose and aims and objectives of the service. It also contained the practice's vision to work in partnership with its patients and staff to provide the best primary care services possible, working within local and national governance, guidance and regulations. Not all staff we spoke with were aware of the statement of purpose and the practice vision and aims were not on display for patients. However, all staff were able to articulate the essence of the practice ethos and it was clear that patients were at the heart of the service they provided.

Governance arrangements

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

- 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 range of information was reviewed to provide a comprehensive understanding of the performance of the practice;
- a programme of continuous clinical and internal audit was used to monitor quality and to make improvements; and
- there were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had appointed a business manager whose role included the review and update of all practice policies and procedures, including those supporting governance. We reviewed many of the updated policies as part of the inspection evidence. When new policies were introduced they were discussed with the practice team. For example, we saw the minutes of a staff meeting when the whistleblowing policy was discussed.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing broadly in line with national standards across all indicators. QOF performance was audited monthly by the business manager to ensure the quality of patient care was kept under continuous scrutiny and enable improvement action to be taken in targeted areas.

There were six weekly staff meetings to disseminate relevant information throughout the practice and give staff the opportunity to raise issues. There is a monthly meeting of the GP partners to discuss clinical issues in particular prescribing practice and referrals. However, these are not documented and the three regular locum doctors did not attend.

Leadership, openness and transparency

We saw from minutes that staff meetings were held six weekly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Staff felt that the practice worked well as a team and provided mutual support. They said communication within the practice was generally good.

The senior GP partner told us he had identified four areas which he kept strictly under his control to ensure the overall quality of the service. This included signing all repeat prescriptions; the actioning of all daily messages from patients and others recorded in the practice's message book; the issue of all sick leave certificates requested by patients and addressing any patient complaints and dissatisfaction. These activities were not delegated unless the senior partner GP was on leave. We discussed with the senior GP partner whether such an approach imposed too heavy a workload on him and prevented other doctors, including the three regular locums, from sharing full responsibility for quality and standards. The senior partner GP recognised that he shouldered a heavy workload but said he was very passionate about quality of patient care. He expected nevertheless to be able to achieve a more balanced workload when the new GP partner, who currently worked part-time, committed to a full time role.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example recruitment policy, induction policy, and

Are services well-led?

Good 

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

disciplinary procedures, which were in place to support staff. We were shown the staff handbook that was available to all staff, which included sections on work standards, sickness, on equality, harassment and health and safety at work. Staff we spoke with knew where to find these policies if required.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), through surveys and complaints received and the NHS friends and family test. In 2014 the practice expanded the PPG to include a virtual Patient Participation Group (vPPG). In previous years the practice held annual patient group meetings only, but attendance was poor. The aim in setting up the virtual patient group was to include views from a wider range of patients, including patients that were unable to attend meetings at the practice. The main method of communication was by email to gain views quickly on practice issues and proposals.

Through the PPG, the practice reviewed patient feedback, carried out patient surveys and agreed proposals for improvements to the service. For example, the latest PPG action plan had addressed concerns about difficulties in getting through to the practice to make appointments highlighted through the GP patient survey and Friends and

Family Test. As a result patients now had a shorter waiting time when getting through to a receptionist at the practice and this was expected to improve further with the introduction of a new telephone system.

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

Management lead through learning and improvement

Staff told us that the practice supported them to maintain and update their knowledge, skills and competence through training. We looked at staff records and saw that staff received appraisals which included a learning and development plan. Not all staff had received an appraisal in the current year and there were gaps in their refresher training in some areas, but arrangements were in hand to address this. Staff told us they had undergone an induction process on appointment. We saw the induction template but there was no documentary evidence of its completion for individual staff members.

The practice had completed reviews of significant events and other incidents which included lessons learned. Staff we spoke with confirmed that the outcomes of significant events were discussed with them and we saw evidence of this in practice meetings minutes. For example, when there was a mix up with labelling of a cervical smear test.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: People who use services were not fully protected against the risks associated with the recruitment of staff, particular in ensuring all appropriate pre-employment reference checks are carried out and recorded prior to a staff member taking up post.