

Dr Krishna Singh

Quality Report

303 Bath Road
Hounslow
London
TW3 3DB
Tel: 020 8570 3620
Website:

Date of inspection visit: 15 March 2016
Date of publication: 06/10/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Krishna Singh	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	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 303 Bath Road Surgery on 15 March 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews were adequately recorded. The practice was aware of the duty of candour and patients received an explanation and apology if they had been affected by an incident.
- The practice assessed most risks to patients but we found some gaps in relation to its recruitment practice, infection control, medicines management and readiness for emergencies.
- Data showed patient outcomes were in line with national and local performance. Clinical staff maintained their knowledge and skills. The practice carried out audits and could demonstrate these had driven improvement to patient outcomes.
- The service was principally provided by one male GP. The practice offered limited appointments with a female locum GP and also offered a practice nurse session one afternoon a week.
- The practice provided a range of services, including onsite phlebotomy, which was valued by patients.
- Patients told us they were treated with compassion, they received personalised care and they had high confidence in their GP.
- Patients said they usually found it easy to make an appointment with the principal GP with urgent appointments available the same day. However, demand for appointments with the female GP was high and patients sometimes had to wait two or three weeks for a non-urgent appointment.
- We found that clinical sessions seemed to regularly run with delays.
- Written information about services was available in the form of leaflets and various posters in the waiting room. The practice did not have its own website.
- There was a clear leadership structure and staff felt supported both by the principal GP and the practice manager.

Summary of findings

- The practice sought feedback from staff and patients, with an active patient participation group.

The areas where the provider must make improvements are:

- The practice must ensure recruitment arrangements include the completion of necessary employment checks prior to staff starting work at the practice.
- The practice must improve its systems for ensuring that vaccines are stored at the correct temperature, and that all medicines, including vaccines, are stored securely.
- The practice must carry out audits of infection prevention and control in line with national guidance.
- The practice must have a defibrillator on site or carry out a documented risk assessment showing why this is unnecessary.
- The practice must regularly check its stock of emergency medicines and immediately replace any out of date items.
- The practice must ensure that it has an accessible complaints system which includes clear information for patients about how to make a complaint.

In addition the provider should:

- Reduce the incidence of late-running surgeries.
- Implement a system to review non-clinical safety alerts for relevance to the practice. For example, the practice had not risk assessed or secured looped blind cords in areas of the practice used by patients.
- Continue to review ways to improve the management of diabetes and in particular the control of blood sugar levels of patients diagnosed with the condition.
- Continue to review patient feedback and identify ways to improve its performance in comparative patient surveys.
- Consider developing a practice website with information for patients about the service.
- Continue to evaluate its staffing needs and if necessary expand the number of appointments with a female doctor.
- Assess the feasibility of providing baby changing facilities on the premises.
- Improve the identification of patients who have significant caring responsibilities so that these patients have access to appropriate and available support to meet their needs.

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. The practice had experienced two significant events in the previous year.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions taken to prevent the same thing happening again.
- The practice had systems in place to safeguard patients from abuse.
- Most risks to patients were assessed and well managed but there were some gaps.
- The practice had a comprehensive recruitment policy but did not always carry out all required recruitment checks prior to staff starting work. New staff had a comprehensive induction.
- The practice was clean and staff had been trained on infection control but the practice was not conducting periodic audits to check its infection control practice.
- The practice held emergency oxygen and a small stock of emergency medicines. The practice had removed an expired item (aspirin) several days previously but had not yet replaced it. The practice was not equipped with a defibrillator and had not conducted a risk assessment to show why this equipment was unnecessary.
- The practice carried out checks on its stock of vaccines and the temperature at which they were stored. However, it was not monitoring the vaccines fridge in line with current guidelines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- The practice had consistently met clinical commissioning group targets for example, for effective management of antibiotic prescribing.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality 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.
- Staff liaised with other health and social services 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



- The results from the national GP patient survey showed the practice tended to perform below other GP practices in the local area and nationally. The practice had carried out its own feedback exercises with more positive results.
- Patients we spoke with and who submitted comment cards said they were treated with care and respect by their doctor and several commented on the value of continuity of care over the longer term. Patients described their regular doctor as excellent and gave us examples of compassionate and timely care.
- Patients were also complimentary about the wider staff team including the practice manager and receptionists.
- Some patients told us they particularly valued being able to converse in their first language with the practice staff.
- The practice took steps to protect patient confidentiality.

Are services responsive to people's needs?

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

Requires improvement



- The practice reviewed the needs of its population and engaged with the clinical commissioning group and other practices in the locality to secure improvements to services. For example the practice had introduced a weekly phlebotomy service.
- Most 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 did not offer extended hours appointments but referred patients to alternative primary care services which were available to Hounslow residents in the evening and at weekends if required.

Summary of findings

- The practice had suitable premises and was appropriately equipped to treat patients and meet their needs. There were no baby changing facilities.
- However, clinical sessions regularly started late and resulted in delayed appointments. Patients commented on the frequency of long waits at the surgery. Late running appointments were particularly difficult for working patients and patients attending with young children.
- The practice had not recently had any written complaints. The practice had a complaints policy and encouraged comments and suggestions but did not provide patients with clear information about how to make a complaint.
- Written information for patients about local services and other health information was displayed in English. The practice did not have its own website.

Are services well-led?

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

- The practice aimed to deliver high quality care and promote good outcomes for patients. Staff were clear about these aims and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the principal GP and the practice manager. The practice had policies and procedures to govern activity and carried out longer term planning for example covering staffing and succession arrangements.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk. The practice managed most risks well although we identified some gaps, for example with its recruitment practices.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, and could show it had acted to address most issues.
- The patient participation group was active. The GP and practice manager attended meetings with the group.

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 requires improvement for the care of older people.

The practice was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice patient list included around 130 patients aged over 75. The practice team spoke Hindi, Sinhala and Nepali in addition to English and this was valued by some older patients.
- We spoke with a number of older patients who told us they had developed a trusted relationship with their GP over many years and experienced good continuity of care.
- The practice was responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with complex needs.
- The practice carried out care planning with patients who had more complex needs and had good links with local community services.

Requires improvement



People with long term conditions

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

The practice was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Patients with long-term conditions had a structured regular review to check their health and medicines needs were being met. Patients with long term conditions told us they received good advice on how to manage their condition and live healthily.
- Longer appointments and home visits were available when needed.
- The practice carried out care planning with patients with complex needs and at risk of unplanned hospital admission. The practice did not hold multidisciplinary meetings at the practice but we saw evidence of good coordination and communication with other health and social services professionals to deliver coordinated care.

Requires improvement



Summary of findings

- The practice monitored its performance in managing long term conditions and tended to perform close to the national for most indicators. For example, 80% of patients diagnosed with hypertension had a recent blood pressure reading in the normal range compared to the national average of 84%.

Families, children and young people

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

The practice was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice was achieving child immunisation targets.
- 81% of patients diagnosed with asthma had an asthma review in the last 12 months which was close to the national average of 84%.
- Appointments were available outside of school hours and the premises were suitable for children although there were no baby changing facilities.
- Some appointments were available with a female GP.

Requires improvement



Working age people (including those recently retired and students)

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

The practice was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered appointments until 6.30pm in the evening. Most patients were satisfied with the opening hours.
- The practice also offered online appointment booking and an electronic prescription service.
- The practice provided health promotion and screening services reflecting the needs for this age group.
- The practice's cervical screening coverage was 77% compared to the national average of 82%.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

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

The practice was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability and carers. Vulnerable patients were supported to register at the practice.
- The practice offered longer appointments for patients with a learning disability or other complex needs. All patients on the learning disability register had had a face-to-face review with the GP within the last 12 months.
- The practice liaised with other health and social services professionals to coordinate the care of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations, for example the local carers centre.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

The practice was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- All of the patients on the practice mental health register had a documented care plan. The practice also offered these patients an annual face-to-face review.
- The practice liaised with specialist mental health teams to support patients experiencing poor mental health and was aware of the local mental health crisis pathway.
- The practice referred patients with mental health and substance misuse problems to specialist services in the area
- The practice signposted patients experiencing poor mental health to various support groups and voluntary organisations.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. Questionnaires were sent to 355 patients and 113 were returned: a completion rate of 32% (that is, 5% of the patient list). The results showed the practice tended to perform below other GP practices in the local area and the national average.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 89% had confidence and trust in the last GP they saw or spoke to compared to the national average of 95%.
- 64% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 47% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards. We also spoke with three patients. The practice had also conducted its own patient feedback exercise with positive results.

The patient feedback we received was mostly very positive with the majority of patients praising the quality of care and the professionalism of the staff. Patients described the principal GP and practice nurse as caring and attentive. Patients also commented on the helpfulness and kindness of the practice manager and receptionists.

Patients were also generally positive about the ease of obtaining an appointment although several commented that they sometimes had to wait to book an appointment with their preferred GP.

Patients also said GP clinical sessions frequently ran late. We were told that waits of an hour occurred regularly and staff confirmed this. The national GP patient survey results also reflected higher than average patient dissatisfaction with delays to appointments.

- 25% of patients said they felt they normally did not have to wait too long to be seen compared to the national average of 58%.

Dr Krishna Singh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to Dr Krishna Singh

Dr Krishna Singh provides NHS primary medical services to around 2100 patients in Hounslow through a general medical services contract. The service is provided from one site.

The current practice staff team comprises the principal GP (male), a locum GP (female), and a practice nurse. The practice also employed a practice manager and receptionists and administrators.

The practice is open from 8.00am and closes at 6.30pm every weekday except Wednesday when the practice is closed from 2.30pm. Appointments can be booked between 9.30am and 1.00pm daily and between 4.30pm and 6.30pm on Monday, Tuesday, Thursday and Friday.

The practice offers online appointment booking and an electronic prescription service. The principal GP makes home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet and on a recorded telephone message.

The practice has lower proportions of patients aged over 85 and babies and young children compared to the English average, with a high proportion of male patients aged between 25-59 years. The local population is ethnically diverse and the majority of patients registered with the practice are black or Asian by ethnicity. The practice staff speak English and Sinhala. Income deprivation levels in the area are similar to the English national average but the prevalence of some chronic diseases, notably diabetes, is very high locally.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection assessed whether the registered 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.

The practice has not previously been inspected.

Detailed findings

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 March 2016. During our visit we:

- Spoke with a range of staff (the principal GP, the practice nurse, the practice manager and members of the reception team). We spoke with three patients who used the service.
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of 25 personal treatment records and care plans of patients.
- Reviewed 25 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.
- Observed and inspected the environment, facilities and equipment.

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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or GP principal of any incidents and there was a structured recording form for doing so on the practice computer system.
- We saw evidence that when things went wrong with care and treatment, patients were invited to meet with the principal GP and were told about any actions to prevent the same thing happening again. The practice kept a record of all correspondence.
- The practice analysed significant events and maintained a log on the computer system.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with the whole team and action was taken to improve safety in the practice. For example, the practice had experienced a near-miss when a prescription was almost issued to the wrong patient. The practice checked all historical prescriptions for the patient in question, discussed the event in a staff meeting and held an update session on repeat prescription process and necessary checks.

However, we found that the practice did not always act on non-clinical patient safety alerts. For example, the blinds in the doctor's consultation room had free hanging cord loops despite the NHS issuing an alert about this some months previously.

Overview of safety systems and processes

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

- Arrangements 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. The principal GP was the practice lead for safeguarding children and vulnerable adults. The GP 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. The principal GP and practice manager were trained to child protection 'level 3' and the other staff members to 'level 2'.
- Notices in reception, the waiting area and consultation rooms advised patients that chaperones were available if they wished. The reception staff also routinely offered this when patients booked an appointment. Members of staff who acted as chaperones had been trained on 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 be clean and tidy. The GP principal was the infection control clinical lead and the practice manager and practice nurse carried out day to day infection control checks and monitoring. There was an infection control policy in place and staff received regular training. Sharps bins were appropriately located but were not labelled with the date of installation. This increased the risk that the bins might not be replaced sufficiently often. There was also no information or checklist in the consultation rooms for staff using 'sharps' about what to do should they receive a needlestick injury although this information was available in the relevant practice policy. The practice had not carried out an audit of infection control to check how well it was following current guidance and identify any areas for improvement.
- The practice had arrangements for managing medicines safely including the emergency medicines and vaccines that were stored on the premises. The practice had systems in place for obtaining, prescribing and repeat prescribing, recording, handling and storing medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. A repeat prescribing policy was available in each consulting room. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines

Are services safe?

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 had concerns about the operation of the vaccines fridge. The staff monitored the temperature of the fridge using a maximum and minimum thermometer but were not resetting the thermometer regularly. There was no indication that temperatures had risen or fallen beyond the normal range but this approach greatly increased the risk that spikes in temperature might be missed. The practice did not have a second thermometer or other form of regular calibration for the fridge temperature. The fridge was lockable but the staff tended to leave it unlocked during the day. The fridge was not easily accessible to patients but was possible. The fridge was plugged into an extension cord which was not labelled. In our view there was a risk that the fridge might be accidentally unplugged.
- The practice did not keep controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises.
- We reviewed the personnel files of three staff members. The files for two members of staff were complete. However, the practice had not asked the practice nurse to obtain a Disclosure and Barring Check until almost a year after starting at the practice. All other checks were in place, for example, proof of identification, references, qualifications, registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the office. The practice had an up to date fire risk assessment. The practice also carried out daily premises checks including fire safety.
- All electrical equipment was checked to ensure the equipment was safe to use. All 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 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. The practice was small and secured locum GPs when the principal GP was away or needed additional support. The practice employed a practice nurse for one session a week and had been seeking to expand its nursing hours but without success. The practice also employed a phlebotomist for a weekly session who primarily carried out blood tests. Staff were appropriately supported and trained for their roles. Non-clinical staff were trained to cover each other's duties in the event of annual leave or sickness.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents although these could be improved.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training within the last 12 months.
- There were appropriate emergency medicines. 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 fit for use. The practice had removed a packet of aspirin some days previously as this had passed its expiry date and had not yet replaced it. The practice must ensure that expired items are replaced immediately.
- The practice had emergency oxygen available with adult and child masks but was not equipped with a defibrillator nor had it risk assessed the need or otherwise to have one on site. A first aid kit and accident book were available. All staff knew where the oxygen was located.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had systems in place to divert all digital patient notes and phone calls to other practices in the locality in the event of a major incident. The locality group of GP practices had arrangements to share facilities or premises should the need arise.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed the needs of patients and delivered care in line with 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 peoples' needs. We reviewed a sample of patient records that showed that the practice was following good practice guidelines.

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 92.4% of the total number of points available compared to the national average of 94.8%. The practice had low rates of exception reporting (that is, where patients are excluded from the QOF calculation for certain pre-defined reasons).

Data from 2014/15 showed:

- Practice performance for diabetes related indicators tended to be close to the CCG practice average. For example, the percentage of diabetic patients whose blood sugar levels were adequately controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 64% compared to the CCG of 69% and the national average of 78%. The percentage of diabetic patients whose most recent blood pressure reading was in the normal range was 79% compared to the CCG average of 74% and the national average of 78%.
- The practice had few patients with diagnosed psychoses. All of these patients had a comprehensive care plan documented in their records and were offered regular face-to-face reviews with the GP.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits and benchmarked its performance against other practices in the locality. It shared this information with us which showed it consistently met local targets for example for antibiotic prescribing and patient use of out of hours services.
- The practice showed us two recent clinical audits one of which was a fully completed audit cycle. That is, the audit had been repeated after several months to ensure that good practice was being maintained. The audit investigated the advice given to pregnant women about vitamin D. The audit found that in the first half of 2015, 27% of pregnant patients were advised about vitamin D. This had risen to 64% following the second audit. The GP planned to reaudit again as the expectation was that all women should receive advice about this.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff. For example, the GP had signed up for an update course after a patient was diagnosed with a rare condition.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet identified learning needs and to cover the scope of their work.
- Non-clinical staff were able to access support day to day either from the principal GP or the practice manager.
- Staff described the working environment and colleagues as supportive. The practice held regular staff meetings.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information

Are services effective?

(for example, treatment is effective)

governance. Staff had access to and made use of e-learning training modules, in-house training and local training put on by the practices in the locality and the CCG.

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 shared drive.

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice used risk profiling to identify patient needs and care plans for those at risk of unplanned admission.
- 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 services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that care plans were routinely reviewed and updated. The practice regularly reviewed any patients receiving palliative care. The practice also followed up patients attending A&E.

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. Staff had recently undergone online refresher training about this.
- 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice recorded patient consent for vaccinations in the patient records.
- The process for seeking consent was monitored through patient records and staff training and discussion.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice offered health promotion advice on smoking and weight management.
- The practice's coverage for the cervical screening programme was 77% compared to the national average of 82%. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Practice uptake levels for bowel and breast cancer screening were lower than average.

Childhood immunisation rates for the vaccinations given tended to be in line with the CCG average. For example, 89% of two year olds had received the recommended childhood immunisations which was the same as the CCG average.

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. If these checks identified significant risk factors or other abnormalities, the patient was offered a consultation with the GP for further investigation and review.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were pleasant and helpful to patients and treated them with 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 told us they could offer patients a private area to discuss their needs if patients wanted to discuss sensitive issues or appeared distressed.

The patient feedback we received from the comment cards and interviews was mostly very positive with the majority of patients praising the quality of care and the professionalism of the staff. Patients described the principal GP and practice nurse as caring and attentive. Patients also commented on the helpfulness and kindness of the practice manager and receptionists.

The results showed the practice tended to perform below other GP practices in the local area and the national average.

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The principal GP had also commissioned a patient feedback exercise with a small group of patients about the quality of their consultations and had received positive feedback from this.

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 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 patient scored their involvement in decisions about care again tended to be below average. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 77% 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 the national average of 85%.

The practice population was ethnically diverse. The practice provided facilities to help patients communicate effectively with the staff and be involved in decisions about their care:

- The practice team spoke a number of locally spoken languages in addition to English. Translation services were available for patients who did not have English as a first language but we were told that most patients preferred to bring someone known to them to translate. The practice did not allow children under 16 to act as interpreters for family members. Some patients told us they particularly valued being able to converse in their first language with the practice staff.

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. Patients commented on the emotional support they received from the GPs.

Information about support groups was also available on the practice website. The practice's computer system had

Are services caring?

the facility to alert staff if a patient was also a carer. The practice had identified 15 patients who were also carers (that is 0.7% of the practice list). Carers were offered the flu vaccination, an annual review and were involved in their family members' care where appropriate. Written information was available to direct carers to the local carers centre and social services support and the practice had links with the local care coordinators if a full assessment was needed.

The principal GP contacted patients by telephone following a bereavement and offered a consultation. Patients in this situation were referred to specialist bereavement counselling services if they wanted this type of support.

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 population and engaged with the clinical commissioning group and other practices in the locality to secure improvements to services. For example the practice had introduced a weekly phlebotomy service. Patients told us this was a useful service and they appreciated the convenience.

- The practice offered appointments until 6.30pm four days a week so the service was accessible to children outside of school hours and patients who worked locally. The practice did not offer extended hours appointments (that is, appointments available later in the evening or on weekends) but was able to refer patients to alternative primary care services open at these times and available to patients resident in Hounslow.
- There were longer appointments available for patients with communication difficulties or who had complex needs.
- 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 patients with urgent medical problems.
- Patients were able to receive a range of commonly required travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for vaccinations which are only privately available.
- The practice had disabled facilities, a hearing loop and translation services although we were told that in practice, most patients preferred to arrange their own interpreter.
- All consultation rooms and the patient toilet were located on the ground floor and were accessible to patients with mobility difficulties.

Access to the service

The practice was open from 8.00am and closed at 6.30pm every weekday except Wednesday when the practice was closed from 2.30pm. Appointments were available between 9.30am and 1.00pm daily and between 4.30pm and 6.30pm on Monday, Tuesday, Thursday and Friday.

Results from the national GP patient survey showed that patient satisfaction with access to the service was comparable or better than the local average.

- 57% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 70% 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 80% and the national average of 85%.

Patients were generally positive about the ease of obtaining an appointment although several commented that they sometimes had to wait to book an appointment with their preferred GP. Patients told us they could book an appointment the same day if they had an urgent problem.

Patients also said GP clinical sessions frequently ran late. We were told that waits of an hour sometimes occurred and some staff members confirmed this. The national GP patient survey results also reflected higher than average patient dissatisfaction with delays to appointments. We reviewed the appointment records system for three weeks selected at random from the previous December, January and February. In around half of the sessions we reviewed, the session began late. In most of these cases, only the first few appointments were affected and usually by around 10-20 minutes but on occasion delays affected more appointments and for longer. We were told the most common cause of delays was traffic congestion delaying the arrival of clinical staff.

The principal GP told us it was their normal practice to extend clinical sessions if required to prevent demand for appointments building up.

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. This was done by asking patients or carers to request home visits early in the day wherever possible to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to

Are services responsive to people's needs?

(for example, to feedback?)

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.

The practice had not received any recent written complaints in the last year. The practice had a complaints

lead and a clear complaints policy which included offering patients a written apology and clear timelines for the practice to acknowledge, investigate and respond to complaints. We were told that complaints would be reviewed to identify any lessons and action was taken as a result to improve the quality of care. For example, the practice told us that in the past they had put on additional staff training following patient complaints about poor communication.

We found that there was no information displayed in the waiting room about how to make a complaint. The practice leaflet included a section requesting feedback from patients and any suggestions for improvement. However this referred to welcoming 'constructive criticism' rather than providing information about how to make a complaint.

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's stated vision was to 'improve the health, well being and lives of patients' and to work in partnership with patients to secure the best outcomes.

- The practice also a mission statement reflecting its vision. This was not displayed in the waiting area or the practice leaflet, and patients and staff we spoke with were not aware of it. However, patients consistently told us the practice provided a family focused service with good continuity of care and this was what they valued.
- The practice had a strategy and supporting business plans which were regularly monitored by the lead GP and practice manager. The practice carried out longer-term planning, for example around succession.

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. The practice was developing the skills of the practice team and increasing the range of services available at the surgery.
- Practice specific policies were implemented and were available to all staff in folders and on the shared drive.
- There was an understanding of the performance of the practice. Benchmarking information and clinical audit was used to monitor practice performance in comparison to other practices within the same locality.
- There were arrangements for identifying, recording and managing most risks and implementing mitigating actions. We found some gaps however, for example around the safe storage of vaccines that required improvement.

Leadership and culture

The GP principal and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised high quality and compassionate care.

- The practice held regular monthly staff meetings and kept minutes were kept for future reference and to check that outstanding actions had been completed.
- There was evidence that changes to policies, guidelines, systems and processes were shared with staff. For example, staff members had signed updated policies to indicate they had read and were aware of the current version.
- Staff said they felt respected, valued and supported by the principal GP and the practice manager.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issue.
- The provider complied 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 we found that the practice was tolerating regular late starting clinical sessions, despite the fact that this was impacting on patient experience. We could not be fully assured that the practice acted to tackle more challenging or uncomfortable issues, for example involving more senior members of the practice team.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the PPG had recently discussed the rates of missed appointments at a recent meeting and possible options to reduce this.
- The practice had also gathered feedback from staff through appraisals and staff discussion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 practice was not doing all that is reasonably practicable to mitigate risks to the health and safety of patients. For example it did not have sufficiently robust systems in place to ensure that vaccines were stored at the correct temperature to maintain their effectiveness. Additionally, the practice was not meeting current infection control guidelines, for example to audit its infection prevention and control. The practice was not equipped with a defibrillator and had not carried out a risk assessment to show this position was reasonable.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met</p> <p>The practice had not established an accessible system for identifying and receiving complaints. Patients were not provided with clear information about the complaints process and how to make a complaint.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met</p> <p>The practice had recruitment procedures in place but did not always apply these in line with its own policy. For</p>

This section is primarily information for the provider

Requirement notices

example, checks to determine whether applicants were of good character as specified in Schedule 3 had in some cases been carried out several months after new staff members had commenced work at the practice.