

Dr Muhammad Akbar Khan

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Muhammad Akbar Khan on 21 August 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The procedure for disseminating and acting on safety alerts was not failsafe.
- We were not assured that all staff were trained in safeguarding to the appropriate level for their role and that the healthcare assistant administered vaccines safely.
- Risks to patients were assessed and generally well managed although some risks had not been identified. For example, those relating to fire safety.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, the provider could not demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available however the complaints procedure was not displayed in the patient waiting area to empower patients to make a complaint.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had facilities and equipment to treat patients and meet their needs although the premises were in need of a general upgrade. The provider was looking for suitable premises for relocation and in the meantime plans were in place to improve the current premises.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Implement a system to ensure patient safety alerts are acted on.
- Carry out a fire risk assessment to identify and mitigate risks relating to fire safety.
- Ensure that all staff are trained in safeguarding to the appropriate level for their role and role specific training can be evidenced for the healthcare assistant and the nurse.
- Ensure patient specific prescriptions or directions are in place from a prescriber to allow the healthcare assistant to administer vaccines safely.

In addition the provider should:

- Carry out and record regular checks of the oxygen cylinder and defibrillator to ensure they are in good working order.
- Ensure written references are sought for all staff prior to employment.
- Review the child protection register to ensure it is accurate.
- Consider ways to identify more patients who are also carers.
- Ensure information about how to complain is readily available to empower patients to raise concerns.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was a system in place for reporting and recording significant events however the procedure for disseminating and acting on safety alerts was not failsafe.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we were not assured that all staff were trained in safeguarding to the appropriate level for their role and that the healthcare assistant administered vaccines safely.
- Risks to patients were assessed and generally well managed although some risks had not been identified. For example, those relating to fire safety.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The provider could not demonstrate that all 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 worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, out of hospital services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had facilities and equipment to treat patients and meet their needs, although the premises were in need of a general upgrade. The provider was looking for suitable premises for relocation and in the meantime plans were in place to improve the current premises.
- Information about how to complain was available however the complaints procedure was not displayed in the practice to empower patients to make a complaint.

Are services well-led?

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

Requires improvement



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, although some risks had not been identified. For example, those relating to fire safety. We also found that the systems in place for dealing with patient safety alerts, vaccine administration and staff training were not robust.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 providing safe, effective and well-led services. The concerns that led to these ratings apply to all the population groups including the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out care planning for the top 5% of patients at risk of hospital admission.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe, effective and well-led services. The concerns that led to these ratings apply to all the population groups including the care of people with long-term conditions.

- The practice nurse supported the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework performance for diabetes related indicators was 100% with 5% exception reporting.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for providing safe, effective and well-led services. The concerns that led to these ratings apply to all the population groups including the care of families, children and young people.

- Immunisation rates were comparable to others for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Requires improvement



Summary of findings

- The practice's uptake for the cervical screening programme was 58%, which was considerably below the CCG average of 78% and the national average of 82%. However, exception reporting was 5% which was below the CCG average of 9%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided maternity care including antenatal and postnatal care.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe, effective and well-led services. The concerns that led to these ratings apply to all the population groups including the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8:00pm and Wednesday morning from 7:00am for working patients who could not attend during normal opening hours.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, effective and well-led services. The concerns that led to these ratings apply to all the population groups including the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe, effective and well-led services. The concerns that led to these ratings apply to all the population groups including the care of people experiencing poor mental health (including people with dementia).

- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was comparable to the CCG average of 91% and the national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had an adequate understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty three survey forms were distributed and 82 were returned. This represented a completion rate of 23% and 1.7% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 80% 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 79% and the national average of 85%.

- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 91 comment cards which were all positive about the standard of care received. We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Implement a system to ensure patient safety alerts are acted on.
- Carry out a fire risk assessment to identify and mitigate risks relating to fire safety.
- Ensure that all staff are trained in safeguarding to the appropriate level for their role and role specific training can be evidenced for the healthcare assistant and the nurse.
- Ensure patient specific prescriptions or directions are in place from a prescriber to allow the healthcare assistant to administer vaccines safely.

Action the service **SHOULD** take to improve

- Carry out and record regular checks of the oxygen cylinder and defibrillator to ensure they are in good working order.
- Ensure written references are sought for all staff prior to employment.
- Review the child protection register to ensure it is accurate.
- Consider ways to identify more patients who are also carers.
- Ensure information about how to complain is readily available to empower patients to raise concerns.

Dr Muhammad Akbar Khan

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Muhammad Akbar Khan

Dr Mohammad Akbar Khan is a single-handed GP based at 156 Horn Lane, Ealing, W3 6PH. The practice provides primary care services through a General Medical Services contract (GMS) to approximately 4,940 patients living in the London borough of Ealing. The practice is part of the NHS Ealing Clinical Commissioning Group (CCG) which comprises 79 GP practices.

The practice is registered with the Care Quality Commission to provide the following regulated activities; Diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The ethnicity of the practice population is of mixed origin with a significantly higher than national average number of patients 20-44 years old. There is also a slightly higher than average number of children 0-4 years old. Life expectancy is 80 years for males and 86 years for females which is above CCG/national averages. The practice serves a multi-lingual community including English, Arabic, Somali, Gujarati and Punjabi speakers. The local area is the fourth more deprived in the London Borough of Ealing (people living in more deprived areas tend to have greater need for health services).

The practice team consists of a principal male GP (eight sessions), a salaried female GP (four sessions), two regular locum GPs (eight sessions), a part time practice nurse, healthcare assistant and a practice manager who is supported by a team of non-clinical staff.

Services provided by the practice include substance misuse clinics, minor surgery, smoking cessation, maternity services, NHS health checks, cervical screening and immunisations. The practice provide the following out of hospital services; ambulatory blood pressure monitoring, electrocardiogram, spirometry and wound care. The practice is a yellow fever centre. The principal GP is a GP with Special Interests (GPwSI) in substance misuse, minor surgery and cardiovascular disease.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 August 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff (two GPs, the healthcare assistant and two reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events. There was a notebook where significant events were recorded which detailed one incident that occurred in May 2015. The incident was where a vaccine had been brought into the practice by the mother of a baby having been obtained by private prescription. The vaccine was administered to the baby by the nurse via the intramuscular route when it was licensed to be administered subcutaneously. It was found that the nurse had not followed guidance for the route of administration. Action taken was the practice discussed with the manufacturer of the vaccine to seek guidance and advise and the mother of the baby was informed of the error. The incident was discussed with nurse that in future they should check the manufacturer guidance for route of administration and if not sure check with GP. We were also made aware of an incident which occurred recently involving an abusive and aggressive patient where the police were called to the practice. The incident had been reported however a significant event analysis had not been carried out despite the incident occurring three weeks prior to our inspection. The principal GP explained that the significant event analysis had been delayed due to the preparation of the CQC inspection. After our inspection the practice provided evidence to show that the incident was discussed at a staff meeting and learning shared.

The system for acting on safety alerts was not failsafe. The principal GP told us that safety alerts when received into the practice were disseminated to other clinicians by email. The GP told us that he would check with the other clinicians that they had received and acted on them. However there were no examples to verify this and no meeting minutes to evidence discussions of safety alerts in clinical meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff we spoke with demonstrated they understood their responsibilities although the practice nurse was not available for interview at our inspection. GPs were trained to child protection or child safeguarding level 3. However, we found that the nurse, healthcare assistant and non-clinical staff had been trained in-house by the principal GP and therefore it could not be demonstrated that these staff had been trained to the appropriate level (clinical staff to at least level 2 and non-clinical staff to level 1). The principal GP told us he did not attend safeguarding meetings and could not evidence examples of recent safeguarding referrals made as he told us there had not been any concerns raised in the last 12 months. However, after our inspection the principal GP provided evidence of safeguarding referrals made in previous years. We did find the child protection register was not accurate as children no longer subject to a child protection plan were still on the register.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, there were no patient specific prescriptions or directions in place from a prescriber and therefore the practice could not demonstrate that vaccines administered by the healthcare assistant were done so safely.

- We reviewed 12 personnel files including four regular locum GPs, practice nurse, healthcare assistant and six non-clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we did have to take it on word that references had been sourced for new staff members as the principal GP told us they had been taken verbally.

Monitoring risks to patients

Risks to patients were assessed and well managed although some risks had not been identified.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had some risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). However, we found the practice did not have a fire risk assessment in place to assess and mitigate the risks associated with fire.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, not all staff had been updated in the last 12 months. After our inspection the provider sent us evidence that all staff had been booked onto an update course in October 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, there was no written evidence of checks for the oxygen and defibrillator to ensure they were in working order. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 96% of the total number of points available with a low exception reporting of 5% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% with 5% exception reporting.
- Performance for mental health related indicators was 99% with 3% exception reporting.
- Performance for hypertension related indicators was 100% with 3% exception reporting.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The audit was carried out to review patients with type 2 diabetes and ensure they were managed in line with NICE guidance. The initial audit identified 38 patients who met the audit criteria out of which 87%

were being managed in line with NICE guidance. Following the audit an action plan was implemented and on re-audit four months later, 90% of patients were being managed in line with NICE guidance.

Data from intelligent monitoring showed that the practice were outliers for:

- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD).
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disorder (COPD).

The practice had recently started to carry out spirometry which they felt would help identify more patients with COPD. The provider also told us that they would look at ways of identifying more patients with CHD.

Effective staffing

On the day of our inspection the practice could not demonstrate that all 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 policies and procedures, health and safety matters and confidentiality.
- The practice could not fully demonstrate how they ensured role-specific training and updating for relevant staff. We saw some certificates for staff that showed they had attended courses relevant to their role. For example, we saw the healthcare assistant had attended courses in phlebotomy and smoking cessation. However, there was no evidence that they had attended courses that demonstrated competence to administer flu and vitamin B12 injections. We addressed this with the healthcare assistant who told us they had attended training courses with the local CCG including training for flu and B12 injections, electrocardiograms and 24 hour blood pressure monitoring however the CCG did not issue certificates for these courses. For the practice nurse we saw certificates that she had attended courses in travel health and ear care in 2016 and an update course in Chronic Obstructive Pulmonary Disorder (COPD) in 2015. However, there was nothing else in her training file other than certificates dating back to 2010 and prior. There was no evidence of specific update training for taking samples for cervical screening or

Are services effective?

(for example, treatment is effective)

administering vaccines. We asked the principal GP to provide evidence of nurse competence in these areas. After our inspection we were sent evidence of update training in cervical screening for the nurse.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance although basic life support training had not been updated annually for all staff. After our inspection the practice sent us evidence that basic life support training had been booked for all staff in October 2016. Staff had access to and made use of e-learning training modules and in-house training. However, because safeguarding children training for staff other than the GPs was in-house and not accredited the practice was unable to demonstrate those staff were trained to the appropriate level.
- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, 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.
- Smoking cessation advice was available from the healthcare assistant. Certificate seen for the practice achieving the highest smoking quit rate in Ealing CCG for 2015/16

The practice's uptake for the cervical screening programme was 58%, which was considerably below the CCG average of 78% and the national average of 82%. However, exception reporting was 5% which was below the CCG average of 9%. The principal GP told us that the low uptake was due to cultural factors. Since our inspection the practice have put in measures to improve uptake including proactively contacting patients and increasing nursing time. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 84% to 97% and five year olds from 71% to 93%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 91 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% 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%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 91% 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%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patient responses were similar to CCG/national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 74% 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%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Notices were displayed in the reception areas informing patients this service was available

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice had identified 20 patients as carers (0.4% of the practice list) which was low compared to the patient list

size. We also noted that the practice's computer system did not alert GPs if a patient was also a carer and therefore difficult for the practice to offer them support during consultations.

Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, by providing out of hospital services.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8:00pm and Wednesday morning from 7:00am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately such as yellow fever.
- There were disabled facilities, a hearing loop and translation services available. Staff spoke a range of languages appropriate to the local population. Languages spoken included Arabic, Somali, Gujarati, Punjabi, Urdu, Hindi, Romanian and Italian.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday with the exception of Thursday where the practice closed at 1:30pm. Appointments were from 8.30am to 12:30pm every morning and 2:00pm to 6:30pm daily with the exception of Thursday. Extended hours appointments were offered on Wednesday from 7:00am to 8:30am and Tuesday 6:30pm to 8:00pm. In addition to pre-bookable appointments that could be booked up to three months in advance, routine and urgent appointments were also available for people that needed them.

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

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% 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 69% and national average of 73%.
- 50% of patients usually got to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%.
- 80% 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 79% and the national average of 85%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 87% and the national average of 92%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. All home visit requests were triaged by the doctor on duty.

Listening and learning from concerns and complaints

The practice had received one complaint in the last 12 months. We reviewed the complaint and found it had been satisfactorily handled and dealt with in a timely way. The complaint concerned a patient who did not receive a repeat prescription after 48 hours of submitting a request. The prescription had been posted through the letterbox of the flat connected to the surgery rather than handed in in person. Learning from the complaint was to educate patients to hand over requests in person.

- The practice's 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 limited information available to help patients understand the complaints system. To make a complaint patients had to request a copy of the complaints procedure which was kept behind the reception desk behind a glass partition and there was confusion with staff over the location of the leaflet. They

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

could also access information on the practice website. However, there was no information in the waiting area to empower patients to make a complaint which outlined the procedure for them to follow.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy which reflected the vision and values and were regularly monitored.

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.
- An understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, not all risks had been identified. For example, those relating to fire safety. We also found that the systems in place for dealing with patient safety alerts, vaccine administration and staff training were not robust.

Leadership and culture

On the day of inspection the principal GP in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings however meeting minutes were limited.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and a suggestion box at reception. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, as a result of feedback the practice had re-organised the patient waiting area.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Requires improvement



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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Surgical procedures 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 registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with fire, patient specific directions were not in place for healthcare assistants to administer vaccines safely and they could not demonstrate that all staff had the competence, skills and experience to provide care and treatment safely The registered person could not demonstrate that patient safety alerts were complied with.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that that was reasonably practicable to safeguard service users from abuse and improper treatment because they could not demonstrate that all staff had received safeguarding training that was a suitable level for their role.</p> <p>This was in breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>