

Little Park Surgery

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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Inadequate	

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	11

Detailed findings from this inspection

Our inspection team	12
Background to Little Park Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow up focussed inspection on 14 September 2017. During this inspection we found a number of concerns and decided to carry out a further visit to look at the full range of services at the practice. All previous reports can be found by selecting the 'all reports' link for Little Park Surgery on our website at www.cqc.org.uk.

We revisited the practice on 19 October 2017 to carry out an announced comprehensive inspection. Overall the practice is rated as inadequate.

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

- There was a lack of good governance and the practice had not addressed all the concerns raised at the previous inspection.
- Monitoring procedures were in place but were not always carried out consistently and effectively and there were inconsistent arrangements in how risks were assessed and managed.

- The practice was unable to demonstrate they followed national guidance on infection prevention and control.
- The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment.
- The practice was unable to demonstrate that their systems for handling complaints, responding to safety alerts and the management of patients confidentiality were operated effectively.
- Staff appraisals had not always been completed in a timely manner. Staff were up to date with training relevant to their role.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- There was some evidence of quality improvement activity including clinical audit.
- Staff we spoke with informed us the management was approachable and always took time to listen to all members of staff.

The areas where the provider must make improvements are:

Summary of findings

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition the practice should:

- Improve how best to record significant events including identification of trends or themes.
- Introduce quality improvement initiatives which may include audit.
- Take action to promote the benefits of the childhood immunisation and bowel cancer national screening in order to increase patient uptake.
- Take action to address the concerns raised by nursing staff regarding lack of time to complete administrative tasks.
- Improve access to patients with hearing difficulties.

I am placing this service in special measures. Services placed in special measures will be inspected again within

six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services.

- At this inspection, we found the practice had made some improvements since our last inspection on 14 September 2017, however further improvements were required.
- Patients were at risk of harm because systems and processes had weaknesses and were not always effectively implemented in a way to keep them safe. We found areas of concern related to patient safety alerts, health and safety issues and recruitment checks.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- We found expired products including needles, syringes and sterile dressings.
- There was an effective system in place for reporting and recording significant events. Lessons were learnt from significant events and staff we spoke to informed us that significant events were discussed during the team meetings. However, the practice had not maintained a log or carried out a periodic analysis of the significant events to identify any trends or themes.
- The practice had adequate arrangements to respond to emergencies.

Inadequate



Are services effective?

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

- At this inspection, we found the practice had made some improvements since our last inspection on 14 September 2017, however further improvements were required.
- The practice was unable to demonstrate their monitoring of medicines reviews for patients with long term conditions was always effective.
- Staff had not all received an annual appraisal in a timely manner.
- Staff had completed training relevant to their role with the exception of training required to operate the practice's computer system effectively.
- Childhood immunisation rates were below the national average for under two and five years old.

Requires improvement



Summary of findings

- We saw evidence that the practice had completed one clinical audit cycle in the last 12 months, which demonstrated quality improvement. The practice did not have a programme of quality improvement initiatives to drive and monitor improvement in patient outcomes.
- We found patients on high risk medicines were monitored effectively.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- We saw staff treated patients with kindness and respect, but did not always maintain patient and information confidentiality.
- Data from the national GP patient survey showed the majority of patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.

Good



Are services responsive to people's needs?

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

- Although information about how to complain was available, it did not include correct information and a system for handling complaints and concerns was not operated effectively.
- Results from the national GP patient survey published in July 2017 showed that patient's satisfaction to questions on how they could access care and treatment was below local CCG and national averages in six out of the eight questions asked.
- We noted that access to a named GP and continuity of care were not always available quickly, although urgent appointments were usually available the same day.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as inadequate for being well-led as there are areas where it must make improvements.

- At this inspection, we found the practice had made some improvements since our last inspection on 14 September 2017, however further improvements were required.
- The practice had not carried out periodic analysis of the significant events and complaints to identify any trends or themes.
- Most non-clinical staff we spoke with was not aware who the safeguarding lead was in the practice.
- We found additional breaches of regulation, which demonstrated lack of effective governance systems.
- The practice had not ensured that relevant staff were fully trained to operate the practice's computer system effectively to run searches.
- Practice specific policies were available. However, most policies did not include the name of the author and they were not dated so it was not clear when they were written or when they came into force. Some staff we spoke with were unable to access them.
- There was little evidence that the practice had proactively sought feedback from staff or patients. The practice was unable to demonstrate that they had actively engaged with the patient participation group.
- There was a clear leadership structure and staff felt supported by management. However, some members of the nursing staff told us they did not have sufficient time to focus on administrative tasks.

Inadequate



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 inadequate for the care of older people. The provider was rated as inadequate for safe and well-led services; and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The premises were accessible to those with limited mobility.
- There were good working relationships with external services such as community nurses and care navigator.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- The practice was offering Atrial Fibrillation (AF) screening service (AF is a heart condition) and blood tests on-site.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe and well-led services; and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were clinical leads for long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a virtual clinic in operation, where two of the GPs discussed the complex cases of diabetic patients with the diabetes community consultant.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Inadequate



Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP. 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. However, a system to recall patients for a structured annual review had not been effective and the practice could not demonstrate they had undertaken medicine reviews routinely for patients with long term conditions.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe and well-led services; and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were lower for all standard childhood immunisations compared to the national averages.
- The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 78% and the national average of 81%.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider was rated as inadequate for safe and well-led services; and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible, for example, extended opening hours were offered every Monday evening until 9pm.
- 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.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe and well-led services; and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Annual health checks and care plans were completed for patients on the learning disability register. Data from 2017-18 showed, health checks and care plans were completed for four patients out of 13 patients on the learning disability register.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- However, most staff we spoke with were not aware who the safeguarding lead was in the practice and there were gaps in safeguarding children and vulnerable adults training.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe and well-led services; and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data from 2015-16 showed, performance for dementia face to face reviews was comparable to the CCG and national averages. The practice had achieved 85% of the total number of points available, compared to 86% locally and 84% nationally. Exception reporting was 0% compared to the CCG average of 12% and the national average of 7%.
- Patients experiencing poor mental health were involved in developing their care plan and health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Inadequate



Summary of findings

What people who use the service say

The most recent national GP patient survey results published on 6 July 2017 showed the practice results were comparable to the local and the national averages for most of its satisfaction scores. Three hundred and thirty-six survey forms were distributed and 125 were returned (a response rate of 37%). This represented about 2% of the practice's patient list.

- 68% of patients said they could get through easily to the practice by telephone compared to the clinical commissioning group (CCG) average of 69% and national average of 71%.
- 68% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 73% of patients said they would recommend this surgery to someone new to the area compared to the CCG average of 74% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

Six of the eight patient CQC comment cards we received were positive about the service experienced. Two comment cards were negative which highlighted some concerns about the access to the service. Patients providing positive feedback said they were satisfied with the standard of care received and thought staff were approachable, committed and caring.

We spoke with three patients including a member of the patient participation group (PPG). Patients we spoke with were positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected.

The practice informed us they had not been collecting the NHS friends and family test (FFT) results in the previous few months although they had started collecting the FFT results from October 2017.

Little Park Surgery

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 advisor and a practice nurse specialist advisor.

Background to Little Park Surgery

The Little Park Surgery provides GP primary care services to approximately 6,240 patients living in Feltham, Hounslow. The practice population of patients aged between 0 to 24 and 40 to 44 years old is higher than the national average and there is lower number of patients aged above 55 years old compared to the national average.

Ethnicity data based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 34% of the population is composed of patients with an Asian, Black, mixed or other non-white background.

There are two GP partners, three salaried GPs and two trainee GPs at the practice. Four GPs are male and three female, who work a total of 32 sessions. The practice employs two practice nurses, a health care assistant and a phlebotomist. The practice manager is supported by a reception manager, a team of administrative and reception staff.

This is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support.

The practice has core opening hours from 8am to 6.30pm Monday to Friday. The practice offers extended hours

appointments on Monday's between 6.30pm and 9pm. The telephone line used for various enquiries is staffed throughout working hours. However, the appointment telephone line is not staffed between 11.30am and 2pm. The practice offers a range of scheduled appointments to patients every weekday from 8.30am to 5pm including open access appointments with a duty GP throughout the day. Pre-bookable appointments could be booked up to six weeks in advance.

Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

All patient services are offered on the ground floor. The practice comprises of six consulting rooms, one treatment room, one phlebotomy room, a patient waiting area, a reception area, and administrative and management offices.

Services are provided from the following location which we visited during this inspection:

281 Hounslow Road,
Feltham,
Hounslow,
Middlesex,
TW13 5JG

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided by Care UK or after 6:30pm, weekends and bank holidays by calling NHS 111.

Detailed findings

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

Why we carried out this inspection

We carried out an announced follow up focussed inspection on 14 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. During this inspection we found number of concerns and decided to revisit the practice on 19 October 2017 to carry out an announced comprehensive inspection. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and update the ratings provided under the Care Act 2014.

We carried out a previous comprehensive inspection in October 2016. Overall the practice was rated as requires improvement during the previous inspection. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Little Park Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

Prior to the inspection we contacted the Hounslow Clinical Commissioning Group, NHS England area team and the local Healthwatch to seek their feedback about the service provided by Little Park Surgery. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection. We carried out an announced comprehensive visit on 19 October 2017. During our visit we:

- Spoke with a range of staff (included two GP partners, a salaried GP, two trainee GPs, a practice manager, a reception manager, two practice nurses, a health care assistant, a phlebotomist and five non-clinical staff) and three patients who used the service.
- Collected written feedback from members of staff.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At this inspection we observed the practice had demonstrated limited improvement. However, we found number of concerns and improvements were required.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and also kept in a folder in reception.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed records of five significant events and incidents that had occurred during the last six months. There was evidence that the practice had learned from significant events and communicated widely to support improvement. For example, we saw an analysis of a significant event when the wrong day been booked for a home visit. The practice had investigated the incident and reminded all staff to follow the advice and protocol correctly.
- Significant events were saved in an electronic folder but the practice had not maintained a log and did not carry out a thorough periodic analysis of the significant events to identify any trends or themes.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- We noticed national patient safety and medicines alerts were systematically received and shared with the team. However, the practice was unable to demonstrate that the alerts had been followed up and that action had been taken relevant to the alert. The practice had not carried out searches to identify patients at risk. This meant some patients may not have been reviewed in accordance with safety alerts and therefore prescribing may be unsafe.

The practice had some processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were available but some staff we spoke with were unable to access them. 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. However, during our two visits staff we spoke with were not clear about who the lead member of staff was for safeguarding.
- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. We saw all staff were up to date with safeguarding children and adults training relevant to their role.
- A notice in the premises advised patients that chaperones were available if required. All clinical and non-clinical staff who acted as a chaperone were trained for the role. We found the practice had not carried out a DBS check for a member of clinical staff. However, we saw the practice was proactively processing the DBS applications for all staff and only staff who had a DBS were allowed to act as a chaperone. (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).

We observed that appropriate standards of cleanliness and hygiene were not always followed and some areas of the practice were not clean. There had been some improvements, however improvements were required.

- We saw the practice had taken steps to improve the standards of cleaning within the practice. We saw changes had been implemented and general cleaning standards had improved although there was a dirty carpet floor in one of the consulting rooms. Cleaning records and schedules were available to show how often the practice was cleaned. We saw that the

Overview of safety systems and processes

Are services safe?

disposable curtains had been changed and the fabric curtains had been replaced with disposable curtains. We saw all staff were up to date with infection control training.

- We saw the practice was segregating clinical waste into appropriate colour-coded containers. We found the clinical waste containers were not correctly labelled and they were overfilled above their recommended limit.
- Protocols for checking stocks levels and equipment were in place but were not being followed. We found expired syringes used to collect blood samples, which could contaminate blood samples and affect the accuracy of results if used unnoticed. We found several items of out of date equipment including: needles, syringes and sterile dressings with expiry dates ranging from 2009 to 2017.
- The practice had carried out an infection control audit on 9 October 2017. We noted handwashing audits had not been carried out since June 2016.
- The NHS commissioning unit had completed an audit in July 2016. We noted that the practice had not completed outstanding actions which were identified during the previous inspection (such as the need to replace the taps and carpets in the consulting rooms) which they told us was due to a delay in funding.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We noted the practice was recording fridge temperature regularly and had installed a digital data logger thermometer to ensure effective monitoring of vaccine fridge temperatures. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure.
- There were processes 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- Records of hepatitis B immunisation were available for all clinical staff.
- We reviewed five personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, health checks, interview records, contract of employment and the records of Disclosure and Barring Service (DBS) checks. We found that the records of registration with the appropriate professional body were available on the day of inspection.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. However, improvements were required.

- There was a health and safety policy and a poster was displayed in the premises.
- An internal fire safety risk assessment had been carried out by the practice manager on 15 March 2017. We noted the practice was carrying out regular smoke alarm checks and the fire extinguishers were checked in July 2017. The practice had an electronic fire detection and alarm system installed in the premises covering all corridors and communal areas. The practice informed us their plans to improve disabled access through the rear fire exit had been delayed due to delay in funding. There was no documented fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. However, the practice manager informed us they had recently carried out a full fire evacuation drill on 11 October 2017 involving patients with mobility problems and they were in the process of writing the fire evacuation plan.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH), gas safety

Are services safe?

checks and an asbestos survey was carried out on 30 September 2017. However, the practice was unable to provide documentary evidence of the fixed electrical installation checks of the premises.

- A Legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out in 2016. However, it did not include the actual date of the risk assessment, validity certificate and name of assessor. There was no evidence available to demonstrate that the legionella risk assessment was carried out by a competent person. We saw the practice was carrying out regular water temperature checks as recommended in the risk assessment. The practice manager informed us they had sent a water sample for an external analysis on 15 October 2017 and was waiting for the results.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Arrangements to deal with emergencies and major incidents

The practice had arrangements 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 had received annual basic life support training and there were emergency medicines available in the treatment room. We noted the practice had all appropriate emergency medicines in stock.
- A first aid kit and accident book were available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks, and there was evidence that these were checked regularly. We found an out of date oxygen mask, which was replaced immediately.
- The practice had a comprehensive business continuity plan 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

At this inspection we observed the practice had demonstrated limited improvement. However, we found number of concerns and improvements were required.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). In 2015-16, the practice had achieved 94% of the total number of points available, compared to 95% locally and 95% nationally, with 7% exception reporting. The level of exception reporting was below the CCG average (8%) and the national average (10%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2015-16 showed;

- Performance for mental health related indicators was comparable to the CCG and national average. The practice had achieved 87% of the total number of points available, compared to 91% locally and 93% nationally. Exception reporting was 2% compared to the CCG average of 9% and the national average of 11%.
- Performance for diabetes related indicators was comparable to the CCG and national average. The

practice had achieved 87% of the total number of points available, compared to 86% locally and 90% nationally. Exception reporting was 7% compared to the CCG average of 9% and the national average of 12%.

- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average. The practice had achieved 87% of the total number of points available, compared to 82% locally and 83% nationally. Exception reporting was 3% compared to the CCG average of 4% and the national average of 4%.

According to the data from 2016-17, the practice had not undertaken medicine reviews routinely for patients with long term conditions. For example, we found:

- On average 56% of structured annual medicines reviews had been undertaken for patients with long term conditions including diabetes, asthma, dementia, chronic obstructive pulmonary disease and chronic heart disease.
- The practice had undertaken 57% of repeat medicines reviews of patients on less than four repeat medicines.
- The practice had undertaken 66% of repeat medicines reviews of patients on four or more repeat medicines.

The practice informed us that medicine reviews data was not reliable because they had identified a coding issue, and staff were not ticking the correct box when completing the medicine reviews. Staff we spoke with were unable to perform these searches successfully so it was not possible to verify the data.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, one of these was completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we saw evidence of one completed audit cycle relating to the diagnosis and treatment of tonsillitis. The aim of the audit was to monitor the use of antibiotics used to treat tonsillitis (inflammation of the tonsils). The practice had introduced scoring system to assist with the prescribing of antibiotics and advised all clinical staff to use appropriate Read codes to facilitate better monitoring. The practice had carried out a repeat

Are services effective?

(for example, treatment is effective)

audit after six months, which demonstrated the practice had improved the documentation of how tonsillitis was diagnosed using a scoring system along with an improvement in the correct treatment being given.

- We noted the practice did not have a rolling programme of audits or any other form of effective quality improvement process in place to ensure continuous monitoring.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not received training relevant to their role and not all staff had received regular support through annual appraisals.

- 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 not demonstrate how they ensured that relevant staff were able to operate the computer system effectively. For example, staff we spoke with on the day of inspection were not able to perform patient searches successfully.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Nurses were also supported to undertake specific training to enable them to specialise in areas such as diabetes, asthma, hypertension and chronic obstructive pulmonary disease.
- We noted there was limited evidence that the learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Two practice nurses, a health care assistant, a phlebotomist and seven non-clinical staff had not received an appraisal since October 2016. The practice manager informed us that the practice had lost all previous online appraisal records due to IT issues and they had no data backup arrangements before the previous inspection visit in October 2016. The practice manager informed us they had data backup arrangements in place now. However, we found system of appraisal was not effective and there was limited evidence of ongoing support. Staff we spoke with on the

- day of inspection informed us that they had not received an appraisal for the last 18 to 24 months. However, staff informed us that the management was approachable and they were listened to.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. We noted the practice had demonstrated significant improvement and all staff were up to date with the training: safeguarding vulnerable adults, safeguarding children, health and safety, equality and diversity, infection control and fire safety.
 - The practice informed us they had provided ongoing support to trainee GPs and salaried GPs during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff mostly 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local

support group. For example, information from Public Health England in 2015-16 showed 91% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was comparable to the CCG average (93%) and to the national average (87%).

The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 78% and the national average of 81%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015-16 showed, in total 50% of patients eligible had undertaken bowel cancer screening and 77% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 73% respectively.

Childhood immunisation rates for the vaccines given in 2015-16 were comparable to or higher than the national averages. For children under two years of age, four immunisations were measured; each had a target of 90%. The practice had not achieved the target in any of the four areas and the practice scored was ranged from 84% to 88%. Childhood immunisation rates for vaccines given to five year olds ranged from 83% to 90%, these were higher than the CCG averages which ranged from 61% to 87% and lower than the national averages which ranged from 88% to 94%.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Confidential patient information was not always stored securely. For example, we found a book with patient's details unattended in the nurse's room containing cervical screening records. We also found a list with patient identifiable information pinned to the notice board in the nurse's room.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

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

We spoke with three patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 results were mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 96% of patients said the nurse was good at listening to them compared to the CCG average of 86% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared to the CCG average of 87% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice informed us they had not been collecting the NHS friends and family test (FFT) results in the previous few months although they had started collecting the FFT results from October 2017.

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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to the local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.

Are services caring?

- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The local Referral Facilitation Service was used with patients as appropriate to track their referrals.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (1.4% of the practice patient list size) and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At this inspection we found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics, smoking cessation clinic, minor surgery, travel clinic and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- 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.
- There were accessible facilities, which included a disabled toilet, baby changing facility and interpretation services available. The practice however, did not have a hearing loop system available to assist patients with reduced ranges of hearing.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- The practice provided GP services for homeless people who were able to register with the practice using the practice address.

- There was a system for flagging vulnerability in individual patient records.
- The practice had installed a multilingual touch screen check-in facility to reduce the queue at the reception desk.
- An anti-coagulation clinic and phlebotomy service were offered onsite, resulting in patients who required these services not having to travel to local hospitals.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice offered a range of scheduled appointments to patients from 8.30am to 5pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours on every Monday evening until 9pm for working patients who could not attend during normal opening hours. The practice published information about this on the practice website and on the practice leaflet.

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

- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 73% of patients said they would recommend this practice to someone new to the area compared with the CCG average of 74% and the national average of 77%.
- 58% of patients said they had to wait 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 64%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 71%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 69% of patients were satisfied with the practice's opening hours compared with the CCG average of 75% and the national average of 76%.

Two of the eight CQC comment cards highlighted concerns about the access to the service.

We checked the online appointment records of two GPs and noticed that the next pre-bookable appointments with a named GP were available within three to four weeks and with any GP within two to three weeks. Urgent appointments with GPs or nurses were available the same day. Patients we spoke with and comments we received on the day of the inspection informed us they were able to get urgent appointments when they needed them.

The practice had reviewed the appointment booking system and increased online GP appointments to reduce the pressure on the telephone system. We saw evidence that the practice was encouraging patients to register for online services. For example, 12% (735) patients were registered to use online Patient Access compared to 10% (615) we found during the previous inspection in October 2016.

Staff we spoke with on the day of inspection informed us they had noticed improvement in the telephone system due to increase in number of online GPs appointments.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice operated a triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit where appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. However, improvements were required.

- Its complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England because it did not include correct information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- 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 complaints form was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at one verbal complaint received in the last six months. The practice had recorded and investigated this complaint. An apology had been issued to the patient by telephone, lessons were learned and complaint was discussed during team meeting. For example, the practice had reminded all staff how to find the correspondence documents within the patient's online records and discussed the importance of providing the correct information to the patients.

However, the practice had not maintained a log or record of all complaints and the staff we spoke with were only able to find two out of five complaints received from April 2016 to March 2017. We looked at two written complaints received in April 2016 and September 2016. Complaint responses did not include information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The practice had not carried out periodic analysis of trends and action taken as a result to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

At this inspection we found the practice had made limited improvements. However, the practice had not met all requirements identified at the previous inspections. In addition, we found additional breaches of regulation, which demonstrated that governance and monitoring procedures were not carried out consistently or effectively.

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 which included practice's aim, values and priorities. This included providing a highest possible quality health care and promoting the importance of good health and well-being by focussing on patient's specific needs.
- We saw a mission statement was displayed in the premises and staff were aware of it.
- The practice had a business plan for 2016-2019 which reflected the vision and objectives.

Governance arrangements

Governance arrangements within the practice were not operated effectively or in a way to ensure risks were monitored to protect the safety of patients.

- There were some arrangements for identifying, recording and managing risks, and implementing mitigating actions. However, monitoring of specific areas such as safety alerts, infection control procedures, recruitment checks and periodic analysis of the significant events and complaints to identify any themes were not managed appropriately.
- The practice was unable to demonstrate they had an effective system for the monitoring of stock control, equipment expiry dates, access to the service and the management of complaints.
- Most clinical and non-clinical staff had not received an annual appraisal.
- The practice could not demonstrate how they ensured that relevant staff were able to operate the computer system effectively.
- The practice was required to review and improve the systems in place to effectively monitor patients' confidentiality and medicine reviews for patients with long term conditions.

- The practice had not carried out fixed electrical installation checks and there was no evidence available to demonstrate that the legionella risk assessment had been carried out by a competent person.
- Practice specific policies were available. However, most policies did not include the name of the author and they were not dated so it was not clear when they were written or when they had been reviewed. Some staff we spoke with were unable to access them.
- Most non-clinical staff we spoke with was not aware who the safeguarding lead was in the practice.
- Audits were undertaken and we saw one completed audit cycle, which was used to monitor quality and to make improvements. The practice did not have a rolling programme of audits in place.

Leadership and culture

The partners and GPs in the practice aspired to provide safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

The provider was aware of and had systems 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 for knowing about notifiable safety incidents.

- 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 and staff felt supported by management. However, some members of the nursing staff told us they did not have sufficient time to focus on administration tasks.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with

Are services well-led?

Inadequate



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

community nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The GP trainees spoke highly of the quality of training and support they received which included protected time for discussion, presentation and reflection with established clinical staff members.

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

There was evidence that the practice encouraged feedback from patients and staff. For example:

- The practice gathered some feedback from patients through the patient participation group (PPG), complaints and compliments received, and by carrying out analysis of the results from the GP patient survey. Following feedback from the patients the practice had installed a buzzer outside the front door to improve the access for the patients with mobility issues. However, the practice was unable to demonstrate that they had actively engaged with the PPG and the last PPG meeting was held in February 2017.

- The practice had not collected patient's feedback through the NHS Friends and Family test in the last six months.
- The practice had carried out two patient surveys to find out whether the patients' would prefer the installation of a new automatic telephone system or if they were satisfied with the current system. The practice had not made any decision and was planning to carry out third survey to finalise the decision.
- The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was evidence of continuous learning and improvement within the practice.

- The practice had secured funding from NHS England to make improvements in the premises, including replacing the front doors and rear fire exit doors.
- The practice had been involved in a pilot project with Hounslow CCG and West Middlesex University Hospital NHS trust. The aim of this project was to identify Atrial Fibrillation (AF) prevalence (AF is a heart condition) by screening patients with a new device, introduce early intervention and reduce the number of strokes.
- The practice was providing placement to apprentices in the reception team. We noted two apprentices and a member of the reception staff had been supported to train as a phlebotomist (specially trained clinical staff who take blood samples from the patients).

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 registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The practice had not always followed national guidance on infection prevention and control.</p> <p>Actions required in response to national safety and medicines alerts were not always completed and followed up systematically.</p> <p>Regulation 12(1)</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 registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <p>The practice was unable to demonstrate that they had undertaken appropriate recruitment checks prior to employment. Proof of identification, evidence of satisfactory conduct in previous employment in the form of references, health checks, contracts of employment and the records of Disclosure and Barring Service (DBS) checks were not available for some staff.</p> <p>Regulation 19(1)(2)(3)</p>

Enforcement actions

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>The practice had not ensured that all staff were aware who the safeguarding lead was in the practice.</p> <p>Policies and procedures were not all up to date and not all staff were aware how to access them.</p> <p>The practice had not assured that relevant staff were fully trained to operate the practice's computer system effectively to run the searches.</p> <p>The practice was unable to demonstrate their monitoring of medicines reviews for patients with long term conditions was always effective.</p> <p>The practice had failed to demonstrate that confidential patient information was always stored securely.</p> <p>Monitoring of equipment expiry dates and stock control arrangements were not effective.</p> <p>The practice had not acted effectively on negative patient feedback relating to access to the service.</p> <p>The practice was unable to demonstrate they had adequate health and safety arrangements in place.</p> <p>The practice could not demonstrate that all staff had received an annual appraisal in a timely manner.</p> <p>The practice had failed to establish and operate effectively an accessible system for recording, handling and responding to complaints.</p> <p>Regulation 17(1)</p>