

Dr K Anantha-Reddy's Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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

Following a comprehensive inspection of Dr K Anantha-Reddy's Practice on 17 February 2016 the practice was given an overall rating of requires improvement. Specifically the practice was rated as inadequate for providing safe services, requires improvement for providing effective, caring and well-led services and good for providing responsive services. The provider was found to be in breach of three regulations of the Health and Social Care Act 2008. The breaches related to shortfalls in the systems in place to keep people safe, the delivery of effective care and the governance arrangements at the practice.

We then carried out a comprehensive inspection of Dr K Anantha-Reddy's Practice on 15 December 2016 to consider if the regulatory breaches from the previous inspection had been addressed and to assess what additional improvements had been made. At this inspection we found some evidence of improvement particularly in relation to the practice providing safe

services, however further improvement was still necessary. Overall the practice is rated as requires improvement with a continuing area of non-compliance with respect to demonstrating good governance.

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

- There was a new system in place for reporting and recording significant events however it had not been consistently implemented and not all staff were clear on the procedures.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- There was no system in place to ensure safety alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) were received, disseminated to the clinicians and acted on.
- Staff assessed needs and delivered care in line with current evidence based guidance, although there was no system in place to disseminate and learn from updates in NICE guidance.

Summary of findings

- Data showed patient outcomes were below average compared to local and national figures although there had been some improvement since our previous inspection.
- Clinical audit was limited however it did demonstrate some quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services was available and easy to understand and accessible.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review and some key policies were missing.

The areas where the provider must make improvements are:

- Review systems and processes to ensure safety alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) are disseminated and acted on, significant events are managed consistently and updates in evidence based guidance including the National Institute for Health and Care Excellence (NICE) are disseminated and learning shared.
- Review and update all policies and procedures.

In addition the provider should:

- Continue to identify and support more patients who are also carers.
- Continue to improve Quality and Outcomes Framework performance to bring in line with local and national averages.
- Consider ways to reduce exception reporting for cervical screening.
- Improve breast and bowel cancer screening rates to bring in line with local and national averages.
- Address the lack of GP provision for gender specific requests.
- Develop the patient participation group and proactively recruit new members.
- Develop a program of quality improvement including clinical audit to drive improvements in patient outcomes.
- Continue to improve services based on patient feedback.
- Maintain an audit trail for the cleaning of privacy curtains in the consultation rooms.

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 new system in place for reporting and recording significant events however it had not been consistently implemented and not all staff were clear on the procedures.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a verbal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was no system in place to ensure safety alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) were received, disseminated to the clinicians and acted on.
- Risks were assessed and well managed.

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 below average compared to the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance, although there was no system in place to disseminate and learn from updates in NICE guidance.
- Clinical audit was limited however it did demonstrate some quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff 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 requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for most aspects of care.

Requires improvement



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 13 patients who were also carers. Although this was an improvement from our previous inspection this figure was below average representing only 0.2% of the patient list size.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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, the practice participated in the Hillingdon Integrated Care Pilot (ICP) to provide care for older patients with complex needs.
- Patients said they found they could make an appointment with a named GP in a reasonable time and there was continuity of care, with urgent appointments available the same day.
- The practice's facilities were adequate to treat patients and meet their needs. The provider was in discussion with the CCG to move to larger premises as there was a general lack of space to expand services.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a 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.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review and some key policies were missing.

Requires improvement



Summary of findings

- The practice had an overarching governance framework to support the delivery of the strategy and good quality care. However weaknesses were identified in the systems in place for the management of safety alerts, significant events and updates in evidence based guidance.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on. However, the patient participation group was in need of development.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people.

- The practice 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 participated in the Hillingdon Integrated Care Pilot (ICP) to provide focussed care for older patients with complex needs.
- Bowel and breast cancer screening rates were below local and national averages and there was no plan in place to address this.

Requires improvement



People with long term conditions

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

- The practice nurse supported the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 49% which was significantly below the CCG average of 82% and the national average of 90%. The provider had taken action to improve diabetes performance by introducing dedicated diabetes clinics and ensuring patients were correctly coded on the computer system. We saw unvalidated data on the practice's computer that showed an improved performance in the year 2016/17 with a current achievement of 61%.
- 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 the care of families, children and young people.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to others for most standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 77% and the national average of 81%. However, exception reporting was high at 27%. The provider could not provide a satisfactory explanation for it.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The 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.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice said they had carried out annual health checks for people with a learning disability, but there was no evidence of this.
- 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 the care of people experiencing poor mental health (including people with dementia).

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 81% and the national average of 84%.
- 77% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months which was below the CCG average of 90% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 five survey forms were distributed and 106 were returned. This represented 2% of the practice's patient list.

- 90% 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%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

- 65% 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 36 comment cards which were mainly positive about the standard of care received, although not having access to a female GP was a common issue raised by patients.

We spoke with five patients during the inspection. All five 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

- Review systems and processes to ensure safety alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) are disseminated and acted on, significant events are managed consistently and updates in evidence based guidance including the National Institute for Health and Care Excellence (NICE) are disseminated and learning shared.
- Review and update all policies and procedures.

Action the service **SHOULD** take to improve

- Continue to identify and support more patients who are also carers.
- Continue to improve Quality and Outcomes Framework performance to bring in line with local and national averages.

- Consider ways to reduce exception reporting for cervical screening.
- Improve breast and bowel cancer screening rates to bring in line with local and national averages.
- Address the lack of GP provision for gender specific requests.
- Develop the patient participation group and proactively recruit new members.
- Develop a program of quality improvement including clinical audit to drive improvements in patient outcomes.
- Continue to improve services based on patient feedback.
- Maintain an audit trail for the cleaning of privacy curtains in the consultation rooms.

Dr K Anantha-Reddy's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr K Anantha-Reddy's Practice

Dr K Anantha-Reddy's Practice, also known as Yeading Court Surgery, provides GP led primary care services through a General Medical Services (GMS) contract to around 4,850 patients living in the surrounding area of Hayes (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of two male GP partners, a practice nurse, a practice manager and a small team of reception/administrative staff. The regular GPs collectively provide 18 sessions per week and the nurse works 20 hours per week. In addition there are two sessional GPs providing two to three sessions per week each.

The practice is based on the ground floor of a single storey building with two consulting rooms, one treatment room, a manager's office, a reception office, and two patient waiting areas. The practice is accessible to wheelchair users via a side entrance to the building.

The doors to the practice are open from 8:30am to 1pm and 2pm to 6.30pm Monday to Friday. Appointments are available during these times and can be booked up to three weeks in advance over the telephone, online or in person. Extended opening hours are available on Tuesday

evening from 6:30pm to 8:30pm for pre-booked appointments only. The telephone lines are open from 8:30am to 6.30pm every week day. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to the NHS 111 service.

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

Services provided by the practice include chronic disease management, childhood immunisations, cervical smears, travel vaccinations and health checks.

Why we carried out this inspection

Following a comprehensive inspection of Dr K Anantha-Reddy's Practice on 17 February 2016 the practice was given an overall rating of requires improvement. Specifically the practice was rated as inadequate for providing safe services, requires improvement for providing effective, caring and well-led services and good for providing responsive services. The provider was found to

Detailed findings

be in breach of three regulations of the Health and Social Care Act 2008. These were regulation 12 safe care and treatment, regulation 17 good governance and regulation 18 staffing.

The areas where the provider was required to make improvements were:

- Ensure risk assessments related to fire safety, health and safety, and business continuity are reviewed, and action is taken to ensure patients are kept safe.
- Ensure staff receive training to enable them to undertake their role, including training in

safeguarding children and vulnerable adults, infection prevention and control, and chaperoning.

- Ensure governance arrangements are in place to: address the areas for improvement identified in the infection control audits; review performance data and take action to improve patient outcomes; review patient feedback and ensure continuous improvement relating to how patients felt they were treated by the GPs.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2016.

During our visit we:

- Spoke with a range of staff (two GPs, the nurse, the practice manager and two non-clinical 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 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

When we inspected in February 2016 we found the practice to be inadequate for providing safe services. In particular health and safety risks had not been identified and mitigated and there were shortfalls in the mandatory training completed by staff. At this inspection we found some significant improvements had been made, however further improvements were still necessary.

Safe track record and learning

There was a new system in place for reporting and recording significant events however it had not yet been consistently implemented.

- 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. The provider had recently reviewed the policy for dealing with significant events and had introduced a new reporting template. However, we found two different templates were being used as the practice had not fully transitioned to the new system. In addition the practice manager was not clear on the new procedures that were in place.
- 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.
- The practice carried out an analysis of the significant events. For example, the lead GP told us about a significant event where a patient was given the wrong vaccine. The practice contacted the vaccine manufacturer and followed safety advice, apologised to the patient and booked them in for the correct vaccine. The practice reviewed the procedures for administering vaccines to ensure similar incidents did not happen in the future.
- There was no system in place to ensure safety alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) were received, disseminated to the clinicians and acted on where appropriate. The GPs could not provide examples of where they had acted on any recent alerts.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs told us they attended safeguarding meetings although there had been no safeguarding concerns recently reported. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, the nurse to level 2 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to 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 most improvements identified as a result. However, some actions were still outstanding. For example, the sink taps in the consultation rooms had not been replaced with lever operated ones. The partners explained that the outstanding actions were on hold until a decision on moving to new premises had been reached. We also found that the curtains in the consultation rooms were non-disposable and there was no audit trail for the cleaning of them.
- 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).

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However the repeat prescribing policy was out of date and there was no policy for the prescribing of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 disaster recovery contact list which included emergency contact numbers for staff and there were arrangements in place for the practice to utilise other healthcare provider's premises should there be a major disruption to the service. The contact list had been updated since our previous inspection.

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. NICE updates were received on the computer system by the GPs. However, there was no policy or system in place to disseminate NICE guidelines and the partners could not provide examples of where shared learning had taken place.

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 86% of the total number of points available which was below the CCG and national average of 96%. Exception reporting was 7% which was below average (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 2015/16 showed:

- Performance for diabetes related indicators was 49% which was significantly below the CCG average of 82% and the national average of 90% with an exception rate of 10%. The provider had taken action to improve diabetes performance by introducing dedicated diabetes clinics and ensuring patients were correctly coded on the computer system. We saw unvalidated data on the practice's computer that showed an improved performance in the year 2016/17 with a current achievement of 61%.
- Performance for mental health related indicators was 93% which was comparable to the CCG and national average with an exception rate of 7%.
- Performance for chronic obstructive pulmonary disorder was 90% which was below the CCG average of 98% and the national average of 96% with an exception rate of 8%.

There was evidence of quality improvement through clinical audit.

- There had been two clinical audits completed since November 2015, both of these were two cycle audits where the improvements made were implemented and monitored. These were CCG mandated rather than audits initiated by the practice. The first audit was a broad spectrum antibiotic audit which showed improvements in prescribing in line with CCG antibiotic guidelines. For example, the initial audit identified that only 9% of ciprofloxacin antibiotics had been prescribed correctly and the second cycle showed this had increased to 33%. The second was an audit on the prescribing of drugs used to treat erectile dysfunction (ED) which showed improvements in prescribing in line with CCG guidelines. For example, the initial audit identified that 84% of sildenafil (medicine to treat ED) had been prescribed correctly and the second cycle showed this had increased to 95%.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 77% and the national average of 81%. However, exception reporting was high at 27%. The provider could not provide a satisfactory explanation for it. The practice offered telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, bowel and breast cancer screening rates were below both local and national averages and there was no plan in place to improve performance. For example:

- Uptake for females 50-70 years, screened for breast cancer within six months of invitation was 55% compared to the CCG average of 70% and the national average of 73%.
- Uptake for patients 60-69 years, screened for bowel cancer within six months of invitation was 43% compared to the CCG average of 50% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages for most immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 60% to 96% and five year olds from 68% to 99%.

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

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 area to discuss their needs.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good 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. However, they did mention not having access to a female GP was an issue. 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 generally in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 80% 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 92% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.

- 87% 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%.
- 92% 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 62% 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%.
- 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 81% 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. They were much more proactive and had identified more carers since the last inspections. Thirteen patients were now identified as carers (0.2% of the practice list). Although the number of carers identified by the practice had improved from seven to 13 since our previous inspection the numbers were still low. Written information was available to direct carers to the various avenues of support available to them. The practice offered carers free flu vaccinations.

Staff told us that if families had suffered 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

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, the practice participated in the Hillingdon Integrated Care Pilot (ICP) to provide care for older patients with complex needs.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with hearing difficulties.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- An accessible toilet and translation services were available.
- The practice's facilities were adequate to treat patients and meet their needs. The provider was in discussion with the CCG to move to larger premises as there was a general lack of space to expand services.
- There was no access to a female GP which was an action from patient feedback. The practice had been advertising for one since December 2015 but had not been successful in recruiting one.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm every morning and 2pm to 6.30pm daily. Telephone lines were open throughout the opening hours. Extended hours appointments were offered on Tuesday evenings from 6.30pm to 8.30pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 73% of patients with a preferred GP usually got to see or speak to that GP compared to the CCG average of 55% and the national average of 59%.
- 74% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 62% and the national average of 65%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them although not having access to a female GP was a common theme.

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. For example, when a patient requested a home visit reception staff recorded the details and the doctor on duty would call back the patient to arrange the visit. 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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information in the patient waiting area.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons

Are services responsive to people's needs?

(for example, to feedback?)

were learnt from individual concerns and complaints. For example, a patient complained about a lack of empathy from a GP. The patient received a verbal and written

apology and was offered an additional appointment with the GP. We saw evidence of shared learning which was the importance of improved communication with patients particularly at busy periods.

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 taken steps to improve its leadership and management since the last inspection.
- The practice had a vision to deliver high quality care and promote good outcomes for patients. The provider was in discussion with the clinical commissioning group to secure larger premises to develop the practice and the services offered. They were making efforts to recruit a female GP, a healthcare assistant and to provide additional nursing hours. Although there was no written strategy or supporting business plans in place to realise the vision the partners were able to articulate the strategy and what they planned to achieve over the next 12 months. Staff were clear about the vision and their responsibilities in relation to it.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the strategy and good quality care however it required improvement.

- 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. However, some key policies were missing and others were in need of a review. For example, there was no policy for the management of safety alerts or the prescribing of high risk medicines and the repeat prescribing policy had not been reviewed for a number of years. The partners told us that all policies were in the process of being reviewed.
- An understanding of the performance of the practice was maintained. Although the partners could not explain areas of the quality and outcomes framework (QOF) with high exception reporting, for example, cervical screening.
- Clinical and internal audit was used to monitor quality and to make improvements. However, there was no program of quality improvement including clinical audit to drive improvement in patient outcomes. For example, audit was limited to those mandated by the CCG with no examples of clinical audit initiated by the practice.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions which had improved significantly

since our previous inspection. However, further improvements were needed with the systems in place for managing safety including serious incidents and safety alerts.

Leadership and culture

The practice was undergoing a period of transition with one partner retired and a new partner in post since July 2016. The new partner had taken on the role as the lead GP who had taken on the task of improving the practice. There was also a new practice manager who had been promoted from a receptionist post. Staff told us that both partners were approachable and always took the time to listen to all members of staff. They said the new management structure was an improvement on the previous one.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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.

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

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

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

Are services well-led?

Requires improvement 

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

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 surveys and complaints received. For example, as a result of feedback the practice had introduced telephone consultations to reduce waiting times for routine appointments, increased the availability of emergency appointments, and advertised for a female

GP to work at the practice. There was a patient participation group (PPG) which required more recruits; however we did not see any advertisements in the waiting area to encourage new members.

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

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• Governance arrangements were not sufficient to ensure safety alerts from the Medicines & Healthcare products Regulatory Agency were disseminated and acted on, significant events were managed consistently and updates in evidence based guidance including the National Institute for Health and Care Excellence were disseminated and learning shared.• Policies and procedures had not in all cases been reviewed and some key policies were missing. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>