

Hillingdon Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hillingdon Health Centre on 11 July 2016. The practice was rated as requires improvement for providing safe, effective and well led services and good for providing caring and responsive services. The overall rating for the practice was requires improvement. The full comprehensive report for the inspection on 11 July 2016 can be found by selecting the 'all reports' link for Hillingdon Health Centre on our website at www.cqc.org.uk.

This inspection was a follow up desk based focused inspection carried out on 27 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 11 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated good for providing safe, effective and well led services and the overall rating is now good.

Our key findings were as follows:

- Safety incidents were documented, investigated and lessons learnt shared with practice staff.
- Infection prevention and control risks were identified and managed through annual audit.
- Suitable arrangements were in place to deal with emergencies and major incidents.
- There was evidence of quality improvement activity including clinical audit.
- Consent forms were used to confirm patients' agreement to minor surgical procedures.
- There was a process for the recording of verbal complaints received and the actions taken in response.
- The practice continued to encourage patients to join the Patient Participation Group (PPG).

We also reviewed the actions taken since the last inspection where we identified areas that the practice should make improvements.

Our findings were as follows;

- Since our last inspection some improvement had been made to the number of patients the practice had identified and included on the carer's register which had increased from 30 to 59 patients (0.4% to 0.8% of the practice list size). The practice had implemented

Summary of findings

additional processes to assist in the identification of patients who were carer's, including forms at reception for patients to complete. They also aimed to identify other carers during the flu campaign season and had arranged for a representative from a local carers charity to attend some flu clinics to promote support services available.

- The practice had installed a hearing loop in the reception area to assist any patients with hearing impairment.

The areas where the provider should make improvement are;

- Arrange for staff to undertake basic life support training on annual basis.
- Continue to identify and support more patients who are carers.
- Continue to encourage patients to join the patient participation group.

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 good for providing safe services.

- Safety incidents were documented, investigated and lessons learnt shared with practice staff.
- Infection prevention and control risks were identified and managed through annual audit.
- Suitable arrangements were in place to deal with emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- There was evidence of quality improvement activity including clinical audit.
- Consent forms were used to confirm patients' agreement to minor surgical procedures.

Good



Are services well-led?

The practice is rated as good for providing well led services.

- There was a process for the recording of verbal complaints received and the actions taken in response.
- The practice continued to encourage patients to join the Patient Participation Group (PPG).

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 11 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 11 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 11 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 11 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 11 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 11 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Arrange for staff to undertake basic life support training on annual basis.
- Continue to identify and support more patients who are carers.
- Continue to encourage patients to join the patient participation group.

Hillingdon Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This follow up desk based focused inspection was conducted by a CQC inspector.

Background to Hillingdon Health Centre

Hillingdon Health Centre is a well-established GP practice situated within the London Borough of Hillingdon and is located in Freezeland Way, Uxbridge, UB10 9QF, with good transport links by bus and rail services. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of the Wellcare Hillingdon Network.

The practice provides primary medical services to approximately 7,500 patients living in Hillingdon up to Uxbridge Road. The practice holds a General Medical Services Contract (this is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) and provides a range of essential, additional and enhanced services including chronic disease management, minor surgery, cervical screening, childhood immunisations, contraception and family planning.

The practice operates from a purpose built building owned and managed by the GP Partners. The building is set over two floors with all clinical areas located on the ground floor where there are five consultation rooms and two nurse treatment rooms. The reception and waiting area are on

the ground floor with wheelchair access to the entrance of the building. There are disabled toilet facilities and on site pay and display car parking facilities with designated disabled spaces.

The practice population is ethnically diverse and has a similar patient age distribution as the national average. There are slightly less than the national average number of male and female patients between 20 and 29 years of age and slightly higher than average number of patients 80 years plus. The practice area is rated in the second least deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2015/16 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (57%, 50%, and 53% respectively).

The practice team comprises of two male GP partners and two female salaried GPs, who collectively work a total of 28 clinical sessions per week. They are supported by two part time practice nurses, a healthcare assistant, practice manager, reception manager and five administration staff.

The opening hours are 8am to 6.30pm Monday to Friday. Consultation times in the morning are from 8.30am to 11am and in the afternoon from 2pm to 5.30pm. Extended hour appointments are offered from 7am to 8am Wednesday and from 6.30pm to 7.30pm Monday, and Tuesday. Pre-bookable appointments can be booked two weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

Detailed findings

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

The practice was previously inspected under the new methodology on 11 July 2016 and achieved an overall rating of requires improvement.

Why we carried out this inspection

We undertook a comprehensive inspection of Hillingdon Health Centre on 11 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, although the key question caring was rated as requires improvement. The full comprehensive report following the inspection on 11 July 2016 can be found by selecting the 'all reports' link for Hillingdon Health Centre on our website at www.cqc.org.uk.

We undertook a follow up desk based focused inspection of Hillingdon Health Centre on 27 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the concerns that we identified in our previous inspection on 11 July 2016 had been addressed.

How we carried out this inspection

We carried out a follow up desk based focused inspection of Hillingdon Health Centre on 27 October 2017. This involved the review of documentation we had asked the practice to submit to demonstrate that improvements had been made in the areas of concern that were identified at our previous inspection on 11 July 2016.

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 our previous inspection on 11 July 2016, we rated the practice as requires improvement for providing safe services as the systems and processes in respect of managing risks were not effectively assessed, monitored and mitigated across all areas. This specifically related to managing incidents, risk monitoring and emergency provisions.

These arrangements had significantly improved when we undertook a follow up inspection on 27 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our last inspection on 11 July 2016 the practice had processes for managing and learning from significant events however, there were weaknesses in the way they managed other safety incidents that occurred at the practice.

At this inspection we were shown evidence to support that incidents were now documented in an incident book. They were included as a regular agenda item at staff meetings for discussion and shared learning. We reviewed the records of two incidents that had occurred in the last four months which confirmed the process that was now being followed.

Overview of safety systems and process

At our last inspection on 11 July 2016 the practice did not maintain appropriate standards of cleanliness and hygiene.

Infection prevention and control (IPC) risks were not identified through regular audit review. There was a lack of suitable waste disposal arrangements for the disposal of sharps used to administer cytostatic medicines and for the disposal of nappies in public toilets.

At this inspection we were shown evidence that a comprehensive IPC audit had been undertaken by an external organisation in May 2017 which included the actions the practice had taken in response to recommendations made. For example, the IPC audit had highlighted absence of appropriate sized sharps bins for

use during home visits and for the disposal of instruments used for minor surgery. These had since been put in place. An improvement grant application or the replacement of seating in the waiting area was in process.

Monitoring risks to patients

At our last inspection on 11 July 2016 some risks to patients were assessed and managed but the practice had not undertaken risk assessments for the control of substances hazardous to health and the business continuity plan was incomplete.

At this inspection we saw that the practice had completed a formal COSHH risk assessment of substances used in the practice and safety data sheets for them were in place. This included a protocol for the safe handling and storage of liquid nitrogen used during cryotherapy treatment. New boilers had been installed in the practice and a legionella sample test had recently been undertaken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

At our last inspection on 11 July 2016 the practice had some arrangements in place to respond

to emergencies and major incidents. The practice did not keep hydrocortisone for the treatment of asthma attacks in a medical emergency, and basic life support (BLS) training was overdue for some staff, but was prearranged later in the month. The practice business continuity plan for major incidents such as power failure or building damage was incomplete.

At this inspection the practice confirmed that they had a supply of soluble prednisolone for the treatment of asthma attacks and severe or recurrent anaphylaxis. However no further BLS training had been undertaken by staff since July 2016, as the practice was unaware that this was required to be completed annually. We were shown that BLS training had been arranged for one week post inspection. The practice had reviewed and updated their business continuity plan to reflect relevant emergency contact numbers, which had been absent at the last inspection.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 July 2016, we rated the practice as requires improvement for providing effective services. This was specifically in relation to clinical audit and consent to care and treatment.

These areas of concern had significantly improved when we undertook a follow up inspection on 27 October 2017. The practice is now rated as good for providing safe services.

Management, monitoring and improving outcomes for people

At our last inspection on 11 July 2016 we saw that the practice participated in CCG led clinical audit however, there was no evidence of completed clinical audits to demonstrate quality improvement. At this inspection there was evidence of quality improvement including completed clinical audit cycles:

- There had been three clinical audits commenced in the last year. One of these was a completed audit where the

improvements made were implemented and monitored. Another audit was awaiting second cycle completion in 2018. Findings were used by the practice to improve services. For example, the practice conducted an audit into anti-coagulation prescribing in patients with atrial fibrillation (AF). First cycle data results showed 81% of patients with AF were prescribed appropriate anti-coagulation which was below the standard set of 90%. The audit results were reviewed and read codes were adjusted to take into account patients who had refused or were receiving end of life care. The remaining patients were contacted for review to discuss anti-coagulation. Subsequent second cycle data showed improvements in results with 95% of patients now receiving appropriate anti-coagulation.

Consent to care and treatment

At our previous inspection on 11 July 2016 there was no process in place for seeking consent for minor surgical procedures. At this inspection we saw evidence of signed consent forms to confirm patients' agreement to minor surgical procedures.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 11 July 2016, we rated the practice as requires improvement for providing well led services. This was specifically in relation to aspects of risk management, quality improvement and patient feedback.

These areas of concern had significantly improved when we undertook a follow up inspection on 27 October 2017. The practice is now rated as good for providing safe services.

Governance arrangements

At our last inspection on 11 July 2016 risk management was lacking in some areas and there was no evidence to demonstrate improvements to patient outcomes from clinical audit.

At this inspection there was evidence of quality improvement activity including clinical audit. The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been improved, with additional risk assessments conducted where they had previously been absent.

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

At our last inspection on 11 July 2016 the practice did not have a patient participation group (PPG) and there was no system in place to record and deal with verbal complaints.

At this inspection the practice continued to encourage patients to join the Patient Participation Group (PPG). In an effort to attract patients they were attempting to set up a social media PPG which we were told had returned a slow but more positive response. Processes were in place for the management of verbal complaints received.