

The Surgery - Dr Das and Partners

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 caring?		Good	
Are services responsive to people's needs?		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 The Surgery – Dr Das and Partners on 23 March 2016. This was to follow up a comprehensive inspection we carried out on 9 October 2014 where we found the practice was not meeting the essential standards of quality and safety. There were deficiencies with regard to pre-employment recruitment checks and accurate record keeping about staff training and appraisal, and overall we rated the practice as requires improvement. At our recent inspection the practice had made improvements in all of the areas identified previously and overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Risks to patients were assessed and well managed, with the exception of those relating to security of prescriptions and the management of emergency medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to make an appointment with their preferred GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and the majority of staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvements are:

- Review the arrangements for ensuring the security of prescriptions and complete a documented risk assessment of emergency medicines where it is decided not to stock medicines recommended in national guidance.
- Risk assess the co-location of administrative staff in the same office as staff from another practice occupying the premises with regard to confidentiality of patient information.
- Review the lone worker policy to ensure it reflects current arrangements for staff working alone.
- Ensure all clinical staff are up to date in relation to their duties under the Mental Capacity Act 2005 by arranging further training where appropriate.
- Review systems to improve the identification of carers and provide support.

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. Action we said the provider must and should take at our previous inspection to ensure patients were kept safe had been implemented.

- There was an effective system in place for reporting and recording significant events. In response to our previous inspection there was now documented evidence that lessons were shared to make sure action was taken to improve safety in the practice.
- Systems were in place to safely manage medicines. However, prescriptions ready for printing were left in printers in unlocked treatment rooms which could compromise security.
- There were appropriate recruitment policies and procedures in place. Deficiencies identified at our previous inspection in the arrangements for completing pre-employment checks had been addressed, although in one case the paperwork had not been filed at the time of the inspection.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice had addressed issues in areas where we said they should make improvements at our last inspection, in particular in relation to the accurate record keeping of staff training and appraisal and the completion of second cycle clinical audit.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed. Some indicators were at or above average and some below compared to the national average. However, the practice was making particular effort to improve performance in below average indicators and the practice was also undertaking more robust data quality monitoring with a view to improving coding and ensuring QOF registers were fully up to date.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

- 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.

- Data from the national GP patient survey showed patients rated the practice broadly in line with the national average for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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. However, the co-location of administrative staff in the same office as staff from another practice occupying the premises had not been risk assessed with regard to patient confidentiality.

Good



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 had signed up to provide a number of out of hospital services, such as electrocardiograms (ECGs), ambulatory blood pressure monitoring (ABPM); spirometry; and wound care management.
- Patients said they were able to make an appointment with their preferred GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 and other stakeholders and in response to our previous inspection there was now documented evidence of this in practice meeting minutes.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The majority of staff were clear about the vision and their responsibilities in relation to it. The practice had produced a mission statement which was displayed in the waiting areas and on the website.
- There was a clear leadership structure and the majority of staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. In response to our previous inspection, policies were now being reviewed systematically to ensure they were up to date. However, one policy we looked at needed reviewing to reflect current lone working arrangements.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was not fully aware of the requirements of the Duty of Candour when we initially raised this but undertook to familiarise themselves with this immediately following the inspection. The partners nevertheless complied with these requirements and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice was committed to continuous learning and improvement.

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

Good



The practice is rated as good 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.
- 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.
- Care and treatment was planned with appropriate reviews and care plans to meet the identified needs of patients over the age of 75. All patients in this group had a named GP.
- There were effective risk assessment processes in place to identify patients over age 75 at risk of hospital admission and the practice had put in place risk management plans as part of their care planning.
- The practice referred patients over age 75 with complex needs to a local 'Virtual Ward' and a multidisciplinary older people's rapid access (OPRAC) service for assessment and treatment.
- Routine immunisations including shingles, pneumococcal and flu were promoted and offered to this population group

People with long term conditions

Good



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

- Nursing staff had a key role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was below the CCG and national average for 2014/15. However, the practice was now undertaking more robust data quality monitoring with a view to improving coding and ensuring QOF registers were fully up to date. In addition, the practice proactively encouraged diabetic patients to manage their own care, for example, by giving training to check blood sugar levels and providing dietary advice and information on healthy eating and referral to a dietician for additional support where appropriate.
- Longer appointments and home visits were available when needed.

Summary of findings

- The practice carried out monthly reviews of patients on long term condition registers to identify patients at risk of sudden deterioration in health. All patients in need of a review were sent a text message or written to inviting them to attend the practice.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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 not attended for appointments.
- Immunisation rates broadly in line although generally lower than average for standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 60%, compared to the CCG average of 62% and the national average of 82%.
- The practice provided contraception and sexual health services including contraception advice and emergency contraception, smear testing and chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children under 10 years old were seen on the same day if urgent. We saw positive examples of joint working with midwives and health visitors. The practice ran ante natal, post-natal and baby clinics, including a joint clinic with health visitors for six-eight week baby checks. There was a fast access service for babies to see a GP.
- The Meningitis C vaccination was offered to all new university students.

Good



Working age people (including those recently retired and students)

The practice is rated as good 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.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- In- house services included phlebotomy; electrocardiograms (ECGs), ambulatory blood pressure monitoring (ABPM); spirometry; and wound care management.
- The practice ran regular women and men's health clinics and health and exercise advice was given at routine appointments.
- Risk calculations were made for patients aged over 30 with a strong risk of cardiovascular disease and incorporated into care planning.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. Annual health checks were provided for patients with learning disabilities.
- 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.
- There were effective follow up procedures in place for vulnerable patients who did not attend appointments. The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- 91% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average.
- Performance for other QOF mental health related indicators was mixed compared to national averages; two indicators were below and two above average.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice participated in a local enhanced service scheme to deliver a shift in care from acute mental health services to community and primary care settings.
- The practice opportunistically screened patients at risk of dementia and referred them to a memory clinic if appropriate.
- There were effective follow up procedures in place for vulnerable patients who did not attend appointments, including patients with mental health problems.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing broadly in line with local and national averages. Four hundred survey forms were distributed and 77 were returned. This represented 2% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The majority of the 38 comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. In ten of the comments cards, whilst patients commented positively about the care and treatment they received, they raised issues about the waiting time for appointments.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the NHS Friends and family test showed 92% of patients would recommend the practice, from 13 responses received.

The Surgery - Dr Das and Partners

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, a practice manager specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to The Surgery - Dr Das and Partners

The Surgery – Dr Das and Partners is a single location GP service which provides primary medical services through a General Medical Services (GMS) contract to approximately 3,300 patients in the Fulham area of West London. The practice shares premises with another GP practice at the Bridge House Centre for Health, just off Wandsworth Bridge Road. The patient population includes a cross-section of socio-economic and ethnic groups. The practice serves a relatively young population group with above average numbers in the 20 to 34 years age range.

The practice team is made up of three GP partners (1.55 whole-time equivalent (WTE) providing 14 GP sessions each week); the practice manager who is also a partner (1 WTE); the business development manager and partner (0.11 WTE); and a locum GP (0.11 WTE); a practice nurse (0.43 WTE); an agency nurse (0.11 WTE); an assistant practice

manager, and two reception staff (total 2.36 WTE); and a receptionist/healthcare assistant. There are three male and one female GPs (including the locum), one female practice nurse and one female agency nurse.

The practice is open between 7.00am and 7.00pm Monday to Friday and between 8.00am and 10.00am Saturday. Appointments are available from 9.30am -12.00 noon and 3:30pm - 7:00pm Monday and Tuesday; 10.00am -12.30pm and 4.30pm - 7.00pm Wednesday; 9.30am -12.00 noon and 4.30pm - 7.00pm Thursday; and 10.00am -12.30pm and 4.30pm - 7.00pm Friday. Extended hours appointments were offered every Saturday between 8.00am and 10.00am on Saturdays. In addition to pre-bookable appointments that can be booked up to one month in advance, urgent appointments are also available for people that need them.

The practice has out of hours (OOH) arrangements in place with an external provider and patients are advised that they can also call the 111 service for healthcare advice.

The inspection was carried out to follow up a comprehensive inspection we carried on 9 October 2014 when we found the practice was not meeting the fundamental standards of quality and safety for:

- Staff recruitment
- Maintenance of accurate records on staff including training and appraisal

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

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

During our visit we:

- Spoke with a range of staff (two GP partners, the practice nurse, business development manager, practice manager, assistant practice manager, two receptionists and a healthcare assistant/receptionist) and spoke with patients and members of the patient participation group, who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place 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.
- 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 a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that since our inspection of 9 October 2014 the practice had taken action to put in place a process to ensure the communication of lessons learned from incidents. Incidents were now a standing item on the agenda for practice meetings and we saw the minutes of recent meetings which showed, albeit with brief details recorded, that incidents were discussed, lessons were shared and action was taken to improve safety in the practice. For example, a patient was booked in for minor surgery with the nurse only and had to wait three hours to be seen and another patient was booked in with the wrong doctor. Staff were instructed to ensure there were no errors booking in patients for minor surgery and were booked with both the nurse and GP.

Overview of safety systems and processes

The practice intended through its systems, processes and practices to keep patients safe and safeguarded from abuse:

- 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 attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role on safeguarding children and in response to our previous inspection also now vulnerable adults. GPs were trained to child protection or child safeguarding level 3 and the nurse to level 2.

- In response to our previous inspection, notices were now on display in the waiting room and throughout the practice advising 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. There was some uncertainty among the practice team about who was the infection control clinical lead. However, the day after the inspection the practice informed us that this had been clarified and staff informed. There was an infection control protocol in place and in response to action we required at our last inspection staff had now received up to date training and there was now documentary evidence of the Hepatitis B status of relevant staff. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were kept securely in most respects. However, prescriptions ready for printing were left in printers in unlocked treatment rooms which could compromise security. The practice told us that the building landlords had advised that the rooms should not be lockable for staff security reasons. However, they undertook to review this in the light of our findings. There were

Are services safe?

appropriate processes for ensuring that medicines were kept at the required temperatures. The practice had addressed vaccine cold storage issues we identified for action at our previous inspection. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.

- At our previous inspection we told the provider it must take action to ensure all appropriate pre-employment checks are carried out or recorded prior to a staff member taking up post. We reviewed the files for the two most recent recruitment exercises and found that 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 (DBS). We noted, though, that in one case the interview and selection paperwork had not yet been filed for the GP applicant who had been offered the job.

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. The practice manager liaised with the GP partners in planning and managing the workforce and took appropriate steps to meet changes in demand. For example, a new GP was shortly due to be appointed in response to an increase in patient numbers. 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. However, not all medicines recommended in national guidance were kept in the emergency kit and the practice had not completed a documented risk assessment of the reasons for not stocking the medicines excluded. The practice informed us immediately after the inspection that they had ordered these medicines.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. There was now a formal protocol the practice had put in place in response to our previous inspection for sharing information with staff. This included a documented process to show the practice had discussed, reviewed and agreed any action from patient safety alerts and guidance issued by NICE.
- The practice monitored that these guidelines were followed through risk assessments, and audits.

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 (for 2014/15) were 81% of the total number of points available with an exception rate of 8%, 3% below the CCG and 1% below the national 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).

QOF data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average: 60% compared to 89%.
- Performance for mental health related indicators was below the national average: 51% compared to 93%.

The following were identified by CQC prior to the inspection as a 'very large variation for further enquiry':

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months.

In addition the following were identified as a 'large variation for further enquiry':

- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD).
- All four individual indicators for patients with diabetes, on the register, covering blood glucose, blood pressure and cholesterol measurements and foot examination and risk classification carried out in the preceding 12 months.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months.
- The percentage of patients with hypertension with high blood pressure readings measured in the preceding 12 months.

We discussed these areas of below average performance with the practice. We saw that particular effort was being made to improve performance and the practice anticipated better results in 2015/16. The practice was now undertaking more robust data quality monitoring with a view to improving coding and ensuring QOF registers were fully up to date. With regard to mental health, although there had been some difficulties in securing agreed care plans for some patients with the local mental health trust, the percentage of patients with plans had increased from 47% to 55%. In addition, one of the GPs had recently attended training on complex mental health with a view to enhancing support to these patients. We were told that it had proved difficult to secure the attendance of diabetic patients for review appointments despite writing to them and sending bulk text messages. But the practice was continuing to pursue this and also reviewing patients opportunistically.

At our previous inspection we found the practice did not demonstrate it had reviewed whether care had improved by repeating clinical audits. We said the practice should undertake more effective monitoring and review of the outcome of clinical audits, by further audit to test their effectiveness, to ensure the completion of the full audit cycle. At our latest inspection we found the practice had taken this action and there was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- There had been four clinical audits completed since the last inspection in November 2014 which were completed two-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits and local and national benchmarking. For example, local hospital referral data showed that overall in terms of the 'top 10 specialities' the practice referred slightly lower than the CCG average, and about average for day cases, elective admissions, emergency admissions and outpatients. There was a higher than expected A+E attendance but this was not excessive.
- Findings were used by the practice to improve services. For example, following a recent clinical audit the practice was able to demonstrate improvements in the clinical assessment of children with feverish illness to ensure serious illness was not missed during the assessment.

Effective staffing

At our previous inspection the practice was unable to provide documentary evidence of training undertaken for some staff, for example, in infection control and safeguarding children. In addition the practice was unable to show us evidence of appraisals for all GPs, undertaken as part of their revalidation. We said the practice must take action to address these shortcomings. At our latest inspection we found the practice had addressed all of these issues.

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, infection prevention and control, fire safety, health and safety, complaints and incidents 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 such as chronic obstructive pulmonary disease (COPD); cervical screening, family planning and wound care.
- 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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 computer 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 regular basis. For example, there were monthly multidisciplinary meetings to review patients at risk of hospital admission and a quarterly when care plans were routinely reviewed and updated for patients with complex needs including those receiving palliative care.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- The majority of staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, one GP we spoke with would benefit from further training in this respect.
- 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 process for seeking consent was appropriately recorded in patient records we sampled.

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 and those in at risk groups including vulnerable children and adults, and patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- Dietary advice was given at care plan appointments and opportunistically. Smoking cessation advice was available from one of the GPs and also the local stop

smoking adviser who visited the practice. Of the 700 smokers who had been identified, all had been offered support. Of these 65 had stopped smoking in the last 12 months.

The practice's uptake for the cervical screening programme was 60%, compared to the CCG average of 62% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were broadly comparable to, albeit generally lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55% to 78% and five year olds from 48% to 72% compared to CCG averages of 65% to 85% and 58% to 85% respectively.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. In 10 of the comments cards, whilst patients commented positively about the care and treatment they received, they raised issues about the waiting time for appointments.

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to 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%.

We noted that the practice administrative staff shared an office with staff from the other practice that occupied the premises. However, these arrangements had not been risk assessed with regard to confidentiality of patient information.

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 in line with 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 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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. It was flagged on individual patient records if they needed

Are services caring?

an interpreter. Reception staff booked this and arranged a double appointment for the patient. The practice website had a facility to translate the content into a wide range of languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 21 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a condolence letter. This was either followed by a 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 local bereavement support service. The GP also spoke to the family by telephone and in face to face appointments on a regular basis until their support needs were met.

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 had signed up to provide a number of out of hospital services, such as electrocardiograms (ECGs), ambulatory blood pressure monitoring (ABPM); spirometry; and wound care management.

- The practice offered a Saturday morning clinic for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice ran a regular women and men's health clinics and health and exercise advice was given at routine appointments.
- The practice completed a cardiovascular disease (CVD) calculation for patients over age 30 with a strong family history of the disease. Health and lifestyle advice was provided to such patients to help reduce the risk of CVD.
- The practice provided clinics for patients with diabetes, asthma, hypertension and chronic obstructive pulmonary disease (COPD). Annual reviews including a medication review were carried out on all patients with long-term conditions in line with best practice guidance.
- The practice made regular use of a telephone psychiatry hot-line to a consultant for psychiatric advice.

Access to the service

The practice was open between 7.00am and 7.00pm Monday to Friday and between 8.00am and 10.00am Saturday. Appointments were available from 9.30am -12.00

noon and 3:30pm - 7:00pm Monday and Tuesday; 10.00am -12.30pm and 4.30pm - 7.00pm Wednesday; 9.30am -12.00 noon and 4.30pm - 7.00pm Thursday; and 10.00am -12.30pm and 4.30pm - 7.00pm Friday. Appointments were also available. Extended hours appointments were offered every Saturday between 8.00am and 10.00am on Saturdays. In addition to pre-bookable appointments that could be booked up to one month 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 comparable to and in some cases better than local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 67% of patients said the last time they wanted to see or speak to a GP or nurse from the practice they were able to get an appointment, compared to the national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Several patients who completed CQC comments cards said that they had to wait too long to get an appointment. However, in the national GP patient survey 67% of patients felt they didn't normally have to wait too long to be seen compared to the national average of 58%.

The practice had a system in place to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to 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

Are services responsive to people's needs?

(for example, to feedback?)

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. There was a notice about complaints in the waiting area which gave information about how to complain, what the practice did with complaints and the help patients could get elsewhere including the Health Service Ombudsman and the NHS Complaints Advocacy service. If patients wished to complain they were advised to request a complaints form at reception. They could also complete an online form to inform the practice of a complaint, compliment or comment through the practice website.

- The practice had received no written complaints in the last 12 months. However we looked at one written complaint received since our last inspection and a verbal complaint. We found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. In response to our previous inspection there was now documentary evidence in practice meeting minutes that complaints and their outcomes had been discussed with appropriate staff and with the practice team to communicate wider lessons learned. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, staff were reminded of the importance of recording correct times in the appointment booking system following two occasions where the time on the GP appointment card differed from that on the booking system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Shortly before the inspection, the practice had produced a mission statement which was displayed in the waiting areas and on the website. The majority of staff knew and understood the values set out in the statement. However, one member of staff told us they had not been involved in the discussions when the statement had been drawn up. Discussion of the mission statement was on the agenda for the next patient participation group (PPG) meeting with a view to publicising the statement more widely to patients.
- The practice had a clear strategy which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. In response to our previous inspection policies were now being reviewed systematically to ensure they were up to date. However, we found the practice's lone worker policy was not being complied with in relation to staff working alone at reception when covering the opening and closing of the premises prior to surgery opening times. The policy was in need of review to tailor it specifically to the practice's current working arrangements.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in most respects.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they were committed to running the practice to provide high quality care. They told us they prioritised safe, high quality and compassionate care. Most staff told us the partners were approachable and took the time to listen to them, although one member of staff felt they were not fully involved in practice matters relevant to their role.

The provider was not fully aware of the requirements of the 'Duty of Candour' when we initially raised this but undertook to familiarise themselves with this immediately following the inspection. The partners nevertheless understood the general principles of this duty, complied with these requirements and 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 in place and most staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Most 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.
- Most staff said they felt respected, valued and supported by the partners in the practice. The majority felt they were involved in discussions about how to run and develop the practice, and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients wanted the

Are services well-led?

Good 

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

reception area to be less congested and have more staff on the reception desk. The practice spoke with the other practice at the premises who moved their reception to another floor, allowing more space for patients and staff.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Most staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice was committed to continuous learning and improvement and was part of local schemes to improve outcomes for patients in the area. For example, the practice participated in a local enhanced services scheme to deliver a shift in care from acute mental health services to community and primary care settings as part of the North West London-wide 'Shifting Settings of Care' strategy.