

Albany 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

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 Albany Practice on 28 January 2016. Overall the practice is 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. However, not all adverse events were investigated as a significant event and there was limited evidence of shared learning for these incidents.
- Risks to patients were assessed and generally well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said staff were friendly, helpful, caring, polite and that they felt involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that 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 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.

The areas where the provider should make improvement are:

- Improve the documentation of actions taken from adverse events that are not investigated as a full significant event.
- Complete training for all staff undertaking chaperone duties.
- Ensure that procedures for monitoring fridge temperatures used to store vaccines and medicines are consistently followed.

Summary of findings

- Review the storage arrangements of emergency medicines and equipment to ensure timely access in the event of a medical emergency and improve the monitoring of medical consumables to ensure they are in date and fit for purpose. Ensure a serial log is maintained for all hand written prescriptions.
- Ensure there is a system for shared learning of new guidelines and protocols.

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.

- There was a system in place for reporting and recording significant events and staff understood their responsibilities to raise concerns.
- Lessons were shared from significant event investigation to make sure action was taken to improve safety in the practice. However, not all adverse events reported were investigated as a significant event and there was limited evidence of shared learning in these cases.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed, however there were areas that could be improved. For example, consistent monitoring of the cold chain for vaccinations and storage of emergency medicines and equipment.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed patient needs and delivered care in line with current evidence based guidance.
- The practice ran a programme of regular clinical audit including completed cycle audits that 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.
- The practice had measures in place to promote healthier lives and had won a CCG prize for the number of referrals to smoking cessation services.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice at or above average for consultations with GPs and nurses.
- Patients said staff were friendly, helpful, caring, polite and that they felt 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.

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 NHS London and the Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice engaged in CCG led reviews of referral rates and unplanned admissions and used this information to improve services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had recently been re-established.
- There was a strong focus on continuous learning and improvement at all levels.

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 good for the care of older people.

- All patients over the age of 75 years had a named GP that was allocated by patient choice or previous preference.
- The practice engaged in local enhanced services to identify older patients at risk of hospital admission and invite them for review to create integrated care plans aimed at reducing this risk. They had a process to recall patients for follow up after an unplanned admission to review their care plan.
- Home visits were available for patients unable to attend the practice due to illness or immobility. The practice maintained a register of all housebound patients and arranged annual health review at home for these patients.
- The practice provided primary medical services to a local care home and this included once a week visit by the GP.
- The practice held regular multi-disciplinary team meetings to discuss and review the needs of older patients with complex medical problems.
- The practice offered flu and shingles vaccination to older patients in line with national guidelines.

Good



People with long term conditions

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

- The practice maintained register of patients with chronic conditions. These patients were offered annual health and medication review linked to the month of birthday.
- The practice nurse had allocated time twice a week for home visits to patients with chronic conditions for disease management including warfarin monitoring.
- The practice had developed an in-house prescribing template to facilitate medication review for patients with chronic conditions.
- Patients with long term conditions were given longer appointments when required. Additionally there were booked complex care clinics at least monthly and on some Saturday mornings for patients unable to attend during the week.
- Quality and Outcome Framework data from 2014/2015 showed the practice was performing at or above average for long-term conditions such diabetes, asthma and high blood pressure, when compared to local and national averages.

Good



Summary of findings

- The practice engaged in local enhanced services to identify patients with long-term conditions at risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk. They had a process to recall patients for follow up after an unplanned admission to review their care plan.
- There were named GP's and practice nurse leads for diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice offered in house anticoagulation services, spirometry and ambulatory blood pressure monitoring.

Families, children and young people

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

- There was a named GP lead for safeguarding vulnerable adults and one for safeguarding children. The lead GP met monthly with the health visitor team to discuss and review all children on the safeguarding register. Staff had received role appropriate training in safeguarding children.
- There were same day urgent appointments available for un-well children.
- The practice offered shared care maternity services for low risk mothers. Expectant mothers were referred to the hospital of their choice.
- The practice offered routine postnatal care with six to eight week mother and baby checks.
- Childhood immunisations were offered in line with national guidance and uptake rates were comparable to local and national averages.
- The practice offered comprehensive family planning services including insertion of intrauterine contraceptive devices and contraceptive implants.

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).

- Extended hour appointments were available for patients unable to attend the practice during working hours.
- Telephone consultations were available daily with all GPs. There was daily telephone triage for patients with urgent issues.

Good



Summary of findings

- There was the facility to book appointments and request repeat prescriptions online. Prescriptions could be sent electronically to a pharmacy of choice for patients who may be unable to attend the practice to collect them.
- The practice offered travel immunisations as required.
- The practice referred patients to smoking cessation clinics and offered exercise prescriptions and referrals to other well-being services.

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 maintained a register of patients with learning disabilities and invited these patients for annual comprehensive health checks. One of the GP's had been involved in the design of a learning disabilities health review template with input from secondary care consultants.
- The practice provided primary medical services to a local care home for patients with learning disabilities including once weekly visit by one of the GPs.
- The practice had named leads for safeguarding and staff were aware of their responsibilities to raise concerns.
- The practice offered patients who were homeless same day appointments and used the practice address for registration. They referred patients as required to a local service 'No Second Night Out' who assist homeless people find accommodation.
- The practice accepted referrals from the local homeless hostel for patients with no known GP.
- Double appointments with a booked interpreter for patients who did not speak English as their first language. Telephone translation services were also available.

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).

- The practice pro-actively referred and encouraged self-referral to Improved Access to Psychological Therapies (IAPT) for patients suffering with anxiety and depression.
- The practice engaged in local enhanced services to support patients experiencing poor mental health transferring from

Good



Summary of findings

secondary to primary care services. They worked with the community mental health team and social services to support these patients. GPs had telephone access to local Consultant Psychiatrist as required.

- QOF data from 2014/2015 for mental health targets were above the CCG and national averages.
- One of the GPs was the mental health clinical lead for the CCG and was able to use knowledge and skills to provide support and information to the practice on managing patients experiencing poor mental health.
- The practice engaged in enhanced services for dementia to improve diagnosis and dementia care. They reviewed clinical codes and used information from dementia services to identify missed diagnoses and develop a comprehensive register of patients with dementia. All patients on the register were offered annual health review with their usual GP.
- The practice regularly reviewed patients with dementia living in a local care home that the practice supported.
- They offered opportunistic dementia screening with referral to local memory services as required.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 341 survey forms were distributed and 111 were returned. This represented 2% of the practice's patient list.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).

- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 72%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Comments received described the staff as friendly, helpful, efficient and polite and the environment as clean, tidy and hygienic.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable and caring. The results for the most recent Friends and Family Test (FFT) showed 90% of respondents would recommend the practice to a member of their family or friends.

Albany 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 and a practice manager specialist adviser.

Background to Albany Practice

Albany Practice is a well-established GP practice situated within the London Borough of Hounslow. The practice is part of the NHS Hounslow Clinical Commissioning Group (CCG) and is one of 10 GP practices in the Brentford and Isleworth CCG locality. The practice provides primary medical services to approximately 6,780 patients and holds a core General Medical Services Contract and Directed Enhanced Services Contracts. The practice is located within Brentford Health Centre which is owned by NHS Property Services who are responsible for the maintenance and management of the building. The health centre is shared with three other GP practices and a range of local community healthcare providers. The practice consultation rooms and waiting area are on the ground floor with wheelchair access, disabled toilets and car parking facilities available. The practice provides training for medical students.

The practice population is ethnically diverse and has a higher than the national average number of patients between 25 and 39 years. The practice also has a higher than average number of children under four years old and a much lower than average number of older patients

between 60 and 85 years plus. The practice area is rated in the fourth most deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

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

The practice team comprises of three female GP partners, one male partner and two female salaried GP's work in total 27.75 clinical sessions per week. They are supported by three part time practice nurses, a health care assistant, phlebotomist, practice manager, assistant practice manager and seven administration staff.

The opening hours are 8.00am to 6.30pm Monday and Tuesday, 8.00am to 7.00pm Wednesday, 8.00am to 1.00pm and 2.00pm to 7.30pm Thursday and 8.00am to 6.00pm Friday. The practice remains open during the lunch time period 1.00pm to 2.00pm with the exception of Thursday. Appointments are available from 8.00am to 11.30am and 1.15pm to 5.30pm Monday; 8.00am to 12.30pm and 1.15pm to 6.20pm and 8.30am to 12.30pm and 1.15pm to 5.30pm alternate Tuesdays; 8.00am to 12.15pm & 1.00pm to 7.00pm Wednesday; 8.00am to 12.00noon and 6.00pm to 7.15pm Thursday and 8.15am to 12.10pm and 1.15pm to 4.20pm on Friday. Telephone consultation appointments are available daily. 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.

The practice provides a wide range of services including chronic disease management, maternity services, child

Detailed findings

health & immunisations and minor surgery. The practice also provides health promotion services including childhood immunisations, cervical screening, contraception and family planning.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 28 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a 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.
- The practice had a protocol for the reporting of errors and adverse events and maintained a log of all those reported. The log was reviewed at weekly practice and clinical governance risk meetings and if considered significant a full significant event analysis was then undertaken.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Forty seven adverse events had been recorded in the last year, eight of which were considered as significant and a significant event form had been completed for each. Completed significant events forms included learning points and actions taken to improve safety. For example, following an incident when a walk-in patient was not promptly seen by the duty doctor the practice updated their protocol to ensure all reception staff were aware of the procedure for managing walk-in patients who required urgent review. However, as significant event forms were not completed for all adverse events reported it was not always clear from the log maintained, what actions had been taken by the practice to prevent reoccurrence.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 children and a lead for safeguarding adults. 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. GPs were trained to safeguarding level three for children, although there was no record of formal adult safeguarding training for one GP. The practice maintained a register of children at risk and alerts were placed on their electronic records, however there was no list or electronic alerts for vulnerable adults.

- Notices in the waiting room and in consulting rooms advised patients that chaperones were available if required. Staff undertaking chaperone duties had received a Disclosure and Barring Service (DBS) check, but some had not received chaperone training. (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 senior GP partner was the infection control clinical lead with support from the practice nurse, 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 most staff had received recent infection control update training with the exception of the healthcare assistant, phlebotomist and some administration staff. An external infection control audit was undertaken in September 2014 and we saw evidence that corrective actions had been taken or were planned to be taken as a result. A further audit was conducted internally in January 2016.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security) but there were some areas that could be improved. We saw temperature monitoring records were maintained once a day for one of the two fridges used for storing vaccines and medicines. However there were no written records for the periods a supplementary fridge had been used in the practice to store additional vaccines during the flu season. Immediately following the inspection we were

Are services safe?

provided with evidence to show the fridge temperature had not fallen outside the recommended range during the period when written records had not been maintained. The practice had also implemented twice daily temperature monitoring for both fridges. 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. Prescription pads were securely stored and there were systems in place to monitor the use of printable prescriptions. However, there was no serial log maintained for hand written prescriptions. It was observed that there was no formal system for the monitoring of uncollected patient prescriptions in place, but we were told that a written protocol would be put in place. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- 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.
- 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.

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 along with a poster which identified local health and safety representatives. There were up to date fire risk assessments and the property management service carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and most clinical equipment was checked to ensure it was working properly. However, we did observe that clinical equipment in one of the doctors bags did not display a recent calibration inspection date and we could not

confirm that tests had been completed. 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- Not all staff had completed basic life support training in the last year but we were told that this had been booked for timely completion.
- The practice had access to 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 and equipment were accessible to staff in specific areas of the practice and posters listing storage location was displayed in all rooms. However, there was no central identified location for all emergency medicines and equipment. All the medicines we checked were in date and fit for use, however we found some out of date emergency equipment including airways and masks and needles and syringes. Following the inspection we were told that this had been rectified and that a new protocol had been implemented for robust management of all emergency equipment.
- 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. However, there were no formal systems in place to share learning and update clinical staff on new guidelines or protocols.
- The practice monitored that 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 were 95% of the total number of points available, with 10% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 86%, which was similar to the CCG average of 81% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 79%, which was similar to the CCG average of 82% and national average of 84%.
- Performance for mental health related indicators was 100%, which was better than the CCG average of 92% and national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits completed in the last twelve months, two of these were completed audits where the improvements made were implemented and monitored. For example, following a review of

correspondence sent to inform patients of their blood test results the practice procedure for communicating results was updated and subsequent re-audited found standards of communication had improved.

- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice participated in CCG led review of referral rates and accident and emergency attendances compared to local practices. They took part in enhanced services to avoid admissions by identifying patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk. The practice had achieved the target of 2% completed care plans.

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. It covered such topics as fire safety, health and safety and confidentiality. The practice had a locum induction pack and offered clinical and educational support to locum doctors working at the practice. For example, providing feedback on referrals and patient outcomes and involving them in significant event discussions.
- The practice could demonstrate how they ensured role-specific training and update for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings with district nurses and social workers took place on a monthly basis and that care plans were routinely reviewed and updated. We were told the GP lead for end of life care met regularly with the community palliative care team but these discussions were not formally recorded. There were no formal palliative care multi-disciplinary meetings to discuss and review care plans of patients on the palliative care register.

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 (MCA) 2005. All staff had collectively and recently received MCA and Deprivation of Liberty Safeguarding (DoLS) training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- The practice offered a minor surgery service and fitted intra-uterine contraceptive devices, however there were no recent audits to monitor the process for seeking consent for these procedures.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were then signposted to the relevant service.
- The practice had been awarded a CCG prize for being the top refer to smoking cessation services in the local area. They offered exercise prescriptions for patients as part of management of obesity.

The practice's uptake for the cervical screening programme was 72%, which was below the CCG average of 78% and national average of 82%. The practice were aware that their performance was below local averages and had put measures in place to improve uptake of cervical smears, including offering weekend cervical smear clinics and proactively contacting patients to invite them for appointments. There was a policy to offer telephone 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 99% and five year olds from 68% to 94%.

The practice did not routinely invite people aged 40-74 for NHS health checks. However, we were told these were offered on request or if required. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 32 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were friendly, helpful, caring, polite and treated them with dignity and respect.

We spoke with three members of the patient participation group. 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 at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 80%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 91%).
- 85% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 79%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices in the reception areas informing patients that this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 1% of the practice list as carers and they were offered additional support if required, for example annual health checks and flu immunisations. Written information was available to direct carers to the various avenues of support available to them including a carer's assessment with the local authority.

Are services caring?

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 NHS London and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice took part in CCG led review of their referral rates and unplanned admissions compared with other practices and used this information to improve services. Patients who had unplanned admission to hospital were invited for a follow-up appointment on discharge to review care plans and identify ways to support their needs in the community. The practice also engaged with CCG led medicines audits and benchmarking to monitor services and improve outcomes for patients.

- The practice engaged in local enhanced services to identify older patients and those with long term conditions at risk of hospital admission and invite them for review to create integrated care plans aimed at reducing this risk. They had a process to recall patients for follow up after an unplanned admission to review their care plan.
- Home visits were available for patients unable to attend the practice due to illness or immobility. The practice maintained a register of all housebound patients and arranged annual health review at home for these patients.
- The practice provided primary medical services to two local care homes and this included once a week visit by the GP.
- The practice held regular multi-disciplinary team meetings to discuss and review the needs of patients with complex medical problems.
- The practice nurse had allocated time two days a week for home visits to patients with chronic conditions for disease management including warfarin monitoring.
- The practice offered in house anticoagulation services, spirometry and ambulatory blood pressure monitoring.
- Same day urgent appointments were available for un-well children as required.
- The practice offered routine maternity and postnatal services, including shared maternity care for low risk patients.
- Extended hour appointments were available for patients unable to attend the practice during working hours. Telephone consultations were available daily.

- There was the facility to book appointments and request repeat prescriptions online.
- The practice maintained a register of patients with learning disabilities and invited these patients for annual comprehensive health checks.
- There were disabled facilities and translation services available, however there was no evidence of a hearing loop in operation.
- The practice engaged in local enhanced services to support patients experiencing poor mental health transferring from secondary to primary care services. They worked with the community mental health team and social services to support these patients.
- The practice had signed up to enhanced services for dementia to improve diagnosis and dementia care. They reviewed clinical codes and used information from dementia services to identify missed diagnoses and develop a comprehensive register of patients with dementia.

Access to the service

The practice was open between 8.00am to 6.30pm Monday and Tuesday; 8.00am to 7.00pm Wednesday; 8.00am to 1.00pm and 2.00pm to 7.30 pm Thursday and from 8.00am to 6.00pm Friday. Appointments were available from 8.00am to 11.30am and 1.15pm to 5.30pm Monday; 8.00am to 12.30pm and 1.15pm to 5.30pm / 8.30am to 12.30pm and 1.15pm to 6.20pm alternate Tuesdays; 8.00am to 12.15pm and 1.00pm to 7.00pm Wednesday; 8.00am to 12.00noon and 6.00pm to 7.15pm on Thursday and 8.15am to 12.10pm and 1.15pm to 4.20pm on Friday. Saturday morning extended hours were offered on an ad hoc basis for cervical smears, flu vaccinations and chronic disease management reviews.

There were pre-bookable appointments that could be booked by patients up to three weeks in advance, with some reserved to book two days ahead. Same day appointments were available and a duty doctor would call back anyone who urgently needed to see or speak to a GP the same day. Appointments were available for people who had spoken to the duty doctor and needed to be seen. The practice had invested in a telephone appointment booking system that enabled patients to book, cancel and rebook appointments by telephone 24 hours a day, seven days a week. The system was integrated with the practice's electronic booking appointment system so that it operated in 'real time'.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 50% patients said they always or almost always see or speak to the GP they prefer (CCG average 52%, national average 59%).

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

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example on the practice website and in the practice leaflet.

We looked at 20 complaints received in the last 12 months and found these were satisfactorily handled, with openness and transparency and written apologies were provided if appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following complaints regarding waiting times, the practice reviewed waiting times for each individual GP and adjusted surgery times so that those GPs that regularly ran late had additional catch up slots in their clinics. The practice was currently conducting an audit of the start time of surgeries to identify other areas for improvement to reduce waiting times.

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.

- The whole practice team had collectively been involved in agreeing the practice values which was displayed on their website as; 'We are a caring and compassionate team delivering high quality NHS healthcare in a trusting and supportive environment'
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions.

Leadership and culture

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

- Staff told us the practice held regular team meetings and there was evidence of a comprehensive and regular meeting schedule to support this.
- 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 in doing so and felt supported if they did.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Results from surveys were discussed at the practice partners meeting and an action plan was devised to address any patient concerns. For example, the practice had in response to feedback about long waiting times when GP appointments were delayed, had made adjustments to the way they kept patients informed. There was a PPG which had recently been re-established who were in discussion with the practice management team about improvements that could be made.
- The practice had gathered feedback from staff, through staff meetings, appraisals and 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local schemes to assess and improve outcomes for patients in the area.

- The practice had engaged with the local Healthwatch team on two projects that evaluated patient's experiences of healthcare access.
- One of the GP partners had developed innovative templates the practice currently used to help structure quality care when reviewing patients with chronic conditions. This included a prescription template to facilitate medication review for patients with long term conditions and a health review template developed with

Are services well-led?

Good 

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

input from secondary care consultants to optimise the management of patients with learning disabilities. The practice anticipated the sharing of these templates with other GP practices within the CCG locality.