

# Lady Margaret Road Medical Centre

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Requires improvement	
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 Lady Margaret Road Medical Centre on 11 December 2015. Overall the practice is rated as good.

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

- There was an open approach to safety and an effective system in place for reporting and recording significant events. The provider complied with the requirements of the duty of candour.
- Most risks to patients were assessed and well managed. However some practice staff acting as chaperones had not received training and were unclear about aspects of the role.
- 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 we spoke with said they were treated with compassion, dignity and respect and they were

involved in their care and decisions about their treatment. However the practice consistently scored below average on the national GP patient survey for these aspects of care.

- 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 we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available the same day. The practice opened on weekends on a rota basis to Ealing patients who required access primary care.
- The practice developed care plans for patients with complex needs and reviewed cases at locality multidisciplinary meetings.
- The practice participated in local initiatives to improve access to care, for example providing anticoagulation clinics, phlebotomy, ECG testing, insulin initiation to patients in the locality.

# Summary of findings

- 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 areas where the provider must make improvement are:

- The practice must ensure that all staff undertaking chaperone duties have training on the purpose of the role and how to carry it out.
- The practice should record its risk assessment showing that a defibrillator is not required.

The areas where the provider should make improvement are:

- The practice should maintain a stock of emergency medicines that meets with current recommendations for general practice.

- The practice should continue to review ways to improve cervical and bowel screening uptake and coverage rates.
- The practice should review the unusually low prevalence of chronic obstructive pulmonary disease within its population.
- The practice should continue to review ways to improve patient satisfaction, for example, with the timeliness of appointments and involvement in decision making.
- The practice should review its systems to identify carers and to provide them with 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 requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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.
- Most risks to patients were assessed and well managed but the provider had not assessed the risk from not having a defibrillator available for use in an emergency. Not all staff members who acted as chaperones had been trained for the role.
- The practice kept a small stock of emergency medicines for use in an emergency which were regularly checked. However, these did not include all recommended emergency medicines.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed practice performance tended to be in line with or above the local and national averages.
- 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.
- 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.

**Good**



# Summary of findings

- Most patients told us the staff were caring and they were treated with compassion and respect. Patients also said they were involved as much as they wanted to be in decisions about their care.
- We saw staff treating patients with kindness and actively offering assistance. Staff also took care to protect patients' confidentiality and privacy.
- There were more mixed findings from formal feedback exercises. The practice scored highly on the standardised 'Friends and Family test' but scored consistently below the local and national averages on the national patient survey.
- Information for patients about the service was on display in the waiting area, and available in the practice leaflet and over the telephone. However, the practice did not have its own website.
- The practice supported patients at particularly difficult times, for example following bereavement.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and worked with other local practices to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- Urgent appointments were 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.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure. Staff were clear about their roles. The practice had a number of policies and procedures to govern activity and held regular practice 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.

# Summary of findings

- The lead GP and practice manager encouraged a culture of openness. The practice had systems in place for reporting and learning from safety incidents and ensured that patients were involved as required under the duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had a focus on 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

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

Good



- The practice offered personalised care to meet the needs of the older people in its population. The practice had informed older patients about their named GP.
- The practice offered home visits and urgent appointments for those with enhanced needs and publicised the local bus transport service commissioned by the CCG.
- The practice was an active participant of the North West Integrated Care Program pilot which involved care planning those at high risk of unplanned admissions, including frail elderly and attending regular multidisciplinary team meetings.
- The practice was also signed up to initiatives to identify patients at risk of unplanned admission.
- The practice held regular meetings which were attended by the community nurses. Patients were reviewed on a regular basis.
- The practice encouraged older patients to have appropriate vaccinations in particular the influenza, pneumococcal, and shingles vaccines.
- The practice was aware of and used locally commissioned services to assist us with the care of our older patients such as the local falls service.

### People with long term conditions

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

Good



- The practice team monitored and managed long term conditions through the Quality and Outcomes Framework. The practice kept registers of patients with specific conditions such as diabetes, chronic obstructive pulmonary disease (COPD), heart failure and stroke.
- The practice developed care plans with patients with complex conditions. The practice participated in the local integrated care project in coordination with other health and social services.
- There was a high prevalence of diabetes in the practice population at 13%. Practice performance for diabetes related indicators tended to be close to the national average. For

# Summary of findings

example, the percentage of diabetic patients whose blood sugar levels were adequately controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 79% compared to the national average of 78%.

- Members of the practice team had specialist training in diabetes and the practice offered insulin initiation to eligible patients, reducing the need for patients to travel to hospital. The practice was aware of available local resources for patients with diabetes and referred or signposted patients to relevant services. The practice ran a callsystem for diabetic patients to attend annual reviews and followed up patients who did not attend.
- The practice kept a register of patients at high risk of developing diabetes and engaged with this group of patients to promote changes to lifestyle and provide personalised disease prevention strategies.

## 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 a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations and the practice had shared its approach at locality meetings with other practices in the area.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.
- The practice prioritised same day appointments to young children and babies. Parents were also able to consult their GP by telephone.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Requires improvement





# Summary of findings

- The practice offered online services as well as a full range of health promotion and screening reflecting the needs of this age group.
- The practice was open one evening a week so that patients could visit outside of normal working hours. The practice also participated in weekend opening on a rota basis with other practices.
- However, the practice's coverage for the cervical screening programme was 72%, which was below the CCG average of 78% and the national average of 82%.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients with a learning disability and called these patients in for an annual health check and review. The practice enabled carers to attend where appropriate and offered longer appointments.
- The practice identified carers, for example on registration. Carers were offered support and were signposted to the local authority for further assessment and support if needed and the local carers service.
- The practice also participated in an initiative with a local homeless charity offering primary care services to homeless people.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health related indicators was better than the national average. For example all practice patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records compared to the national average of 90%.

# 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.
- All patients diagnosed with dementia had a face to face review in the past 12 months compared to the national average of 84%.The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. Questionnaires were sent to 401 patients and 123 were returned: a completion rate of 31% (that is, 4% of the patient list). The results showed the practice tended to perform below other GP practices in the local area and the national average.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% 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 85%.
- 87% had confidence and trust in the last GP they saw or spoke to compared to the national average of 95%.
- 61% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 50% 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 78%.
- 76% of patients said they felt they normally had to wait too long to be seen compared to the national average of 35%.

As part of our inspection we asked for comment cards to be completed by patients prior to our inspection. We received 30 comment cards. We also spoke with nine patients including three members of the patient participation group during the inspection. The patient feedback we received was mostly very positive about the quality of care. Patients described the receptionists as always helpful despite the surgery being very busy at times. Many patients commented positively on the quality of advice offered by the practice nurse. Patients also commented on recent improvements to the service, notably the introduction of the online booking system and the appointment of female GPs. Older patients told us they valued being able to talk with the staff in their first language. The staff team included fluent speakers in Punjabi, Hindi, Gujarati, Farsi and Urdu.

The practice's national GP patient survey results tended to be similar to the local average for accessibility. Patients we spoke with told us the practice was busy but appointments were usually available when needed. The practice scored poorly on the national GP patient survey for late running of appointments. Patients we spoke with said this was improving in their experience.

# Lady Margaret Road Medical Centre

## 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 second CQC inspector.

## Background to Lady Margaret Road Medical Centre

Lady Margaret Road Medical Centre provides NHS primary medical services to around 3200 patients in Southall in North West London through a General Medical Services contract. The surgery is located in a converted property. The provider, Dr Mohammad Alzarrad, operates a second separate general practice, Northcote Medical Centre, also in Southall. This inspection focuses on the service provided at Lady Margaret Road Medical Centre.

The current practice team comprises one lead GP (male), a sessional GP (male) and two long-term 'locum' GPs (female). The practice employs a practice nurse, a health care assistant, a practice manager and a team of receptionists.

The practice is open Monday to Friday between 9.00am and 1.30pm and 2.30pm to 6.30pm, apart from Thursday when it is closed for the afternoon. Appointments are available between 9.30am and 11.30pm during the morning and 4.00pm to 6.30pm during afternoon sessions. Evening appointments with a GP are available on Tuesday between 6.30pm and 7.45pm.

The practice offers online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice. When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet and on a recorded telephone message. The practice participates in the Ealing out of hours 'hub' service and is open over some weekends to Ealing patients on a rota basis.

The practice has a slightly lower proportion of patients aged over 65 than the English average at 15%. Around 95% of the practice population is Indian/Bangladeshi/Pakistani by background. Income deprivation levels are a little higher than average in the area and life expectancy is close to the national average. The prevalence of some chronic diseases, notably diabetes, is high locally.

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

## 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 part of our regulatory functions. This inspection assessed whether the registered provider is meeting the legal

# Detailed findings

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 11 December 2015. During our visit we:

- Spoke with a range of staff the lead GP, the salaried GP, the practice nurse, the practice manager and members of the reception team. We spoke with nine patients who used the service including three members of the practice patient participation group.
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of the personal treatment records and care plans of patients.
- Reviewed 30 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.

- Observed and inspected the environment, facilities and equipment.

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 lead GP of clinical incidents or the practice manager with other incidents or accidents. There was an incident recording form available on the practice computer system and an accident book at reception.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events which were discussed at the practice meeting. Learning points were disseminated with the minutes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, on one occasion the vaccines fridge had been unplugged by mistake. The practice disposed of all affected vaccines and labelled the plug with a warning that it was not to be removed. The incident was discussed and all staff were aware of the importance of maintaining a 'cold chain' for temperature sensitive medicines.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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 on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurse were trained to child protection level 3.

- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse normally acted as a chaperone but other staff were occasionally asked to do this if the nurse was unavailable. Staff had not had training on how to carry this out and were not always clear for example, on how to position themselves. All members of staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the overall infection control clinical lead and the practice nurse was responsible day to day for seeing that infection control policy and procedures were being followed within the practice. There were infection control protocols in place and staff had received up to date training. Annual infection control audits were undertaken. The most recent audit had not identified an areas requiring action.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice did not keep controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice tended to use regular locums to maintain staffing levels who were familiar with the practice and its procedures.

### 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen available on the premises with adult and children's masks. Staff knew where the oxygen was located. The practice did not have a defibrillator and had not formally set out their risk assessment showing why this was not necessary. We were told that a defibrillator was available from another location near by.
- Emergency medicines were accessible to staff in a secure area of the practice. However, the practice did not keep all recommended emergency medicines. The medicines we checked were in date and stored securely and staff knew where they were located.
- 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. The practice had a buddy arrangement, for example to share facilities if necessary, with its sister practice which was also located in Southall.
- The practice had a system in place to record and, if necessary, report accidents and a first aid kit.



# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed the needs of patients 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. Adherence to guidelines was monitored primarily through regular review of referrals.

- 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 peoples' needs.
- The practice manager was responsible for ensuring that NICE alerts were shared. The practice manager regularly emailed staff with new alerts and relevant updates were discussed in the practice meeting and stored for reference on the shared computer drive. We reviewed a sample of patient records that showed that the practice was found to be following good practice guidelines.

### 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 95.9% of the total number of points available which was slightly higher than the clinical commissioning group (CCG) and national averages and an improvement on the previous year. Exception reporting was in line with the CCG average apart from certain diabetic indicators where exception reporting was high. (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 an outlier for one QOF (or other national) clinical target. Data from 2014/15 showed that the prevalence of chronic obstructive pulmonary disease (COPD) in the practice population was significantly below the reported level in Ealing more generally. The practice had not investigated this difference.

- Practice performance for diabetes related indicators tended to be close to the national average. For example, the percentage of diabetic patients whose blood sugar levels were adequately controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 79% compared to the national average of 78%. The percentage of diabetic patients whose last blood pressure reading was in the normal range was 72% compared to the national average of 78%. Ninety-three per cent of practice diabetic patients had a recorded foot examination within the last year which was higher than the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example all practice patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, peer review and benchmarking. For example, a number of local practices had reviewed each other's immunisation systems and shared good practice.
- The practice was able to show us several clinical audits completed in the last year. For example, the practice had completed audits on rates of inadequate smears, minor surgery and various prescribing audits organised by the local CCG pharmacy team enabling the practice to benchmark its performance. We saw examples of audits into the management of asthma and repeat prescribing in older patients on multiple medicines. As a result, the practice had identified patients who required a change to or review of their medicines. Several audits we saw had been repeated to ensure that good practice was being maintained.
- The practice had also conducted audits into the effectiveness of its administrative systems, for example into waiting times for appointments following suggestions from the patient participation group.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

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

### 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 shared computer drive.

- 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. The practice used a referral management service which provided feedback on any inappropriate referrals.

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 across the GP locality group with other health care professionals every four to six weeks when care plans were routinely reviewed and updated for patients with complex needs. The lead GP told us they chaired these meetings.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The practice recorded patients' written consent for minor surgery.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice referred patients to the community dietician. Smoking cessation advice was available from the practice's health care assistant.

The practice's coverage for the cervical screening programme was 72%, which was below the CCG average of 78% and the national average of 82%. The lead GP was aware of this and described increasing screening uptake as one of their main challenges. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged eligible patients to attend the national screening programme for breast cancer screening and coverage (72%) was higher than the CCG average (65%). Bowel cancer screening rates at 32% were significantly lower than the CCG (47%) and national averages (58%).

## Are services effective?

(for example, treatment is effective)

Practice childhood immunisation rates were very high for all vaccines and age cohorts. For example, the practice immunisation rate for the 'five-in-one' vaccine was 97% in two year olds compared to the CCG rate of 94%. Ninety-seven per cent of five year olds in the practice had received both MMR booster vaccines compared to the CCG rate of 79%.

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. Patients identified through these checks to have raised risks or symptoms were followed up with a GP or nurse appointment as appropriate.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were welcoming and treated patients with respect. The reception staff knew many patients by name and offered assistance to patients with mobility difficulties.

- 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 patient feedback we received was mostly very positive about the quality of care. Patients described the receptionists as being helpful even when the surgery was busy. Patients commented positively on the quality of advice offered by the practice nurse. Patients also commented on recent improvements to the service, notably the introduction of the online booking system and the appointment of female GPs. Some patients told us they especially valued being able to talk with the staff in their first language. The staff team included fluent speakers in Punjabi, Hindi, Gujarati, Farsi and Urdu.

We spoke with three 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.

Results from the national GP patient survey showed that the majority of patients felt they were treated with compassion, dignity and respect but the practice tended to score below the local and national average for its satisfaction scores with GPs and nurses. For example:

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 61% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 67% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

The practice had carried out its own detailed surveys in previous years and we were told this had more positive results. This bespoke questionnaire had subsequently been replaced by the nationally standardised 'Friends and Family' comment cards. Over the previous two months 15 of 16 patients had indicated they would recommend the practice to others.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with said they were as involved as they wanted to be in decision making about the care and treatment they received. Two patients said they preferred their GP to say what they would do in the same position. Patients said they were listened to and usually had sufficient time during consultations to make an informed decision about the choice of treatment. Two patients said that they sometimes wanted to discuss more than one condition in their consultation but this was discouraged by the practice.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, the practice results were markedly below the local and national averages. For example:

- 65% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 55% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 74% and the national average of 82%.

## Are services caring?

- 63% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 78% and the national average of 85%.

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

- Staff told us that translation services were available for patients if required. The practice added an alert to the patient record so receptionists were aware if patients required an interpreter to be booked.

### **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.

The practice asked newly registering patients to indicate if they were a carer and added an alert to the practice computer system. Written information was available to direct carers to the local carers centre and other sources of support available to them.

Staff told us that if families had suffered bereavement, their GP contacted them. This call was followed by a patient consultation and by giving them advice on local bereavement counselling services if the family wanted additional support.

# 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 Clinical Commissioning Group (CCG) and the locality group of GP practices to secure improvements to services where these were identified. For example, the practice provided insulin initiation, phlebotomy, ECG testing and anticoagulation clinics to its patients and the patients of GPs in the locality. This reduced the need for patients to attend hospital outpatient departments. We spoke with one patient who was attending the practice for a blood test after referral from their own GP. They said this had been easily arranged and was very convenient.

- The practice offered evening appointments one day each week on Tuesday between 6:30pm and 7:45pm for patients who could not attend during normal opening hours. The practice also participated in the Ealing out of hours primary care services, opening on some weekends on a rota basis to Ealing patients.
- There were longer appointments available for patients with a learning disability, patients who were attending with an interpreter or who had other communication difficulties. The practice had a check-in touch screen at reception which displayed in multiple languages.
- 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 urgent medical problems.
- Patients were able to receive a full range of travel vaccinations including those vaccinations not available on the NHS. The practice provided information to patients on its charges for private vaccinations.
- The practice consultation and treatment rooms were located on the ground floor and were accessible to patients with physical disabilities. The practice staff could arrange translation services when required.

### Access to the service

The practice was open Monday to Friday between 9.00am and 6.30pm apart from Thursday when it closed for the day from 1:30pm. The practice closed daily between 1.30pm to 2.30pm for lunch. Appointments were available between 9.30am and 11.30pm during the morning and 4.00pm to 6.30pm during afternoon sessions with evening

appointments available every Tuesday. The practice provided information about its opening times and how to access urgent and out-of-hours services in the practice leaflet and on a recorded telephone message.

Results from the national GP patient survey showed that patient satisfaction with access to care and treatment was close to the local average although some way below the national average.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.

The practice scored better than other practices locally for enabling patients to access their preferred GP:

- 61% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 50% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them although the PPG members said that access and continuity were the issues that patients raised most frequently.

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.

In cases where patients presented serious or potentially life threatening symptoms requiring immediate, emergency treatment, the practice protocol was to direct the patient to A&E or call for an ambulance. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had 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.

## Are services responsive to people's needs? (for example, to feedback?)

- 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

We looked at three complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints. The practice took action as a result of complaints or other forms of feedback to improve

the quality of the service. For example, following a patient complaint, the practice revised its procedures for booking follow-up appointments to its anticoagulation clinic to ensure the same details were recorded in the practice computer system and the patient's yellow book. We saw that the practice offered patients an apology and where appropriate a meeting to explain any error or confusion.

# 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 lead GP told us their vision was to deliver the best possible, comprehensive primary care services to the local population while maintaining the characteristics of a traditional general practice.

- The practice had a written statement of purpose, strategy and supporting business plans which reflected the vision and were regularly monitored.
- The practice was becoming somewhat constrained by the space provided by and condition of the premises. This had been discussed within the practice and with the practice patient participation group but the practice had not yet developed a long term solution.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. This was set out in the practice policies which 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 clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the practice manager was approachable and always took the time to listen to all members of staff.

The lead GP and practice manager encouraged a culture of openness. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

- The practice kept written records of verbal interactions as well as written correspondence.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so.
- Staff said they felt respected, valued and supported. 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.

### 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 and through its own patient surveys and other forms of feedback, for example compliments and complaints. The PPG met regularly and submitted proposals for improvements to the practice management team. They told us that the lead GP attended their meetings and was responsive to suggestions. The practice had altered the layout of reception and introduced an electronic reader screen following suggestions by the PPG.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they were able to give feedback and could discuss any concerns or issues with colleagues and management.

### Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was forward in participating in local initiatives to improve outcomes for patients in the area.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Practice staff members undertaking a formal chaperone role had not all received training about the purpose of the role and how to carry it out. The practice could not demonstrate that all staff undertaking this role had the necessary competencies.</p> <p>The practice did not have a defibrillator on the premises and had not recorded any risk assessment showing why this was not necessary.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	