

# Gordon House Surgery

## Quality Report

78 Mattock Lane  
Ealing  
W13 9NZ  
Tel: 020 8799 5699  
Website: [www.gordonhousesurgery.org.uk](http://www.gordonhousesurgery.org.uk)

Date of inspection visit: 28 November 2017  
Date of publication: 08/02/2018

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

**This practice is rated as Good overall.** (Previous inspection 15 October 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Gordon House surgery on 15 October 2015. The overall

rating for the practice good. However we rated the key question as requires improvement and served the practice with a requirement notice for Regulation 17 in relation to improvements required in the safe and secure storage of patients paper records. The full comprehensive report can be found by selecting the Gordon House Surgery 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

- This inspection was an announced comprehensive inspection carried out on 28 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 October 2015. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

# Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Maintain mechanisms for managing a failsafe system for patients being referred under the cancer two week referral systems.
- Strengthen the system for following up and recording cervical smears.

The areas where the provider **should** make improvements are:

- Ensure they keep a log of all prescriptions.
- Maintain arrangements to safely store emergency equipment.
- Maintain arrangements of keeping a full supply of emergency medicines.
- Ensure internal fridge temperatures are checked frequently
- Should continue their efforts to identify carers

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Gordon House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to Gordon House Surgery

Gordon House Surgery is located in Ealing within the London Borough of Ealing. The practice provides primary medical services to approximately 12,967 patients and holds a core General Medical Services contract. The practice is located within a purpose built health centre owned by London North West Healthcare NHS Trust whose estates department are responsible for the maintenance and management of the building.

The practice team is made up of seven GP partners, three salaried GPs and four GP registrars providing a total of 47 clinical sessions, a full time finance manager, a part time practice manager, three part time practice nurses, five health care assistants working part time and full time hours, five administrative staff, nine reception staff, and two contracted pharmacists.

Regulated activities are delivered to the patient population from the following address:

78 Mattock Lane

Ealing

W13 9NZ

Tel: 020 8799 5699

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered:

[www.gordonhousesurgery.org.uk](http://www.gordonhousesurgery.org.uk)

The practice opening hours were 8am to 6.30pm (reception desk and phone lines) Monday to Friday. The practice is closed for lunch from 1pm to 2pm Monday to Friday. Appointments are available from 8am up to 1pm and from 2pm to 6.20pm. Extended hours surgeries are offered from 9am to 12pm on Saturdays. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the area in which the practice is located in the fifth less deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health services.

# Are services safe?

## Our findings

**At our previous inspection on 19 October 2015, we rated the practice as requires improvement for providing safe services because the arrangements for keeping patients records and monitoring fridge vaccines required improvements.**

**The practice is now rated as good for providing safe services. All of the population groups are rated good.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- However we observed that emergency equipment at the practice was kept in a cupboard located in the corridor that was easily accessible to patients. When we spoke to the practice; they took immediate action to keep the emergency equipment in a safe and accessible area.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- At our previous inspection we had found that patient paper records were not safely kept. During this inspection we saw that patient records were stored in a safe room in lockable cabinets in locked rooms.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However we found that the system for referring patients under the two week rule required strengthening. There was no mechanism in place to check that patients had been given appointments by secondary care. However there had been no incident

## Are services safe?

relating to this. The practice staff explained the process that had been previously used but this was not formalised. In response to our feedback the practice rectified this on the day of the inspection. Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. However the system for prescriptions and vaccines required improvement. The practice did not have logs for all prescriptions including those kept in printers. We also found that the practice had a number of controlled drugs that required disposal. They explained the difficulties they were experiencing in getting these removed from the practice. This was evidenced by correspondence the practice had made to organisations responsible for this. However the drugs were securely stored by the practice
- We noted that though the practice had emergency medicines some of them had run out. We addressed this with the practice and an arrangement was made to make these medicines available whilst we were still on the premises.
- At our last inspection we found that the fridge temperatures were not monitored consistently. During this inspection we found some improvements had been made. However we saw that the internal fridge thermometer was only checked once a week. The risk of this was that if there had been an error overnight this might not have been picked up sooner. The practice told us that this would be reviewed and appropriate action taken.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example we saw that the practice was ensuring that all staff were aware of the symptoms/ presentation of sepsis following an incident where a patient who had been seen at the practice was appropriately referred to hospital and admitted as a suspected case of sepsis.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 19 October 2015, we rated the practice as good for providing effective services. The practice is still rated as good for providing effective services and all of the population groups are rated good.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed (practice 0.83%) was comparable with the Clinical Commissioning Group (CCG) average of 0.59% and comparable with the national average of 0.9%.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group (practice 0.75) was positively below other practices in the CCG and nationally.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones (practice 4.48%) was comparable with other practices in the (CCG; 4.82%) and (nationally; 4.71%).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. This was all undertaken in collaboration with care coordinators

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was participating in a number of CCG initiatives to try and manage and encourage patients with long- term conditions including diabetic patients to improve their health. For example, Guidepost (that provides support for patients with diabetes) had been running at the practice since January 2017 .The practice had 20 patients who were using Guidepost, and a further 10 in process of signing up.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians (RCP) questions was 82% (CCG 79%, National 76%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 78% (CCG 81%, National 83%).
- The percentage of patients with Chronic Obstructive Pulmonary Disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months 01/04/2016 to 31/03/2017) was 91% (CCG 93%, National 90%).
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 85% (CCG 83%, National 83%).
- The percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the



# Are services effective?

## (for example, treatment is effective)

percentage of patients who are currently treated with anti-coagulation drug therapy in the preceding 12 months (01/04/2016 to 31/03/2017) 78% (CCG 87%, National 88%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme. However we found that the practice needed to strengthen their system to provide a failsafe system because the current system relied on coding to evidence that all smears had been followed up with no other log for follow up kept.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 87% and the national average of 83%.

- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 95%; CCG 92%; national 90%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 96%; national 95%).

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The overall exception reporting rate was 8% compared with a national average of 11%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice was not an outlier for any indicators.

The practice was actively involved in quality improvement activity. For example audits relating to medicines management were carried out and this resulted in improvement in patient care.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

# Are services effective?

## (for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (practice 56%) was comparable to other practices in the CCG 52% and nationally 50% . Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**At our previous inspection on 19 October 2015, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services and all of the population groups are rated good.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 85 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. However three comment cards had negative feedback. Some of feedback related to other community services offered at the health centre and not the practice. The other feedback related to lack of parking at the practice in busy times. In the week of our inspection; we also received negative feedback from a patient using the practice. This patient reported waiting for long periods for appointments and was not satisfied with the care the practice provided.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and seventy surveys were sent out and 105 were returned. This represented 29% of the survey group and 0.8% of the practice list size. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 80% of patients who responded said the GP gave them enough time; CCG - 81%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.
- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 85%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 83%; national average - 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful; CCG - 81%; national average - 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## Are services caring?

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as carers (0.6% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced 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.

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:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 82% and the national average of 86%.

- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 76%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 78%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 19 October 2015, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services and all of the population groups are rated good.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example the practice offered extended opening hours including Saturday sessions between the hours of 9am and 12noon with both doctors and nursing staff, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example the practice offered an unlimited number of appointments for patients using the plus bus facilities (average is 10-15 per week).
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and practice nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice's website signposted patients to self-care and community services for patients.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice raised awareness for patients who might be at risk of Female Genital Mutilation. (FGM) At our last inspection we found this had been an outstanding feature provided by the practice. The practice led the National pilot, and were the first practice nationally to report FGM via the new portal. We saw that the practice had continued to raise awareness and were safeguarding vulnerable patients.

# Are services responsive to people's needs?

## (for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice worked closely with the local West London Mental Health team to ensure their patients received patient centered care that involved all professionals working with them.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and comparable to national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and seventy surveys were sent out and 105 were returned. This represented 29% of the survey group and 0.8% of the practice list size.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.

- 67% of patients who responded said they could get through easily to the practice by phone; CCG – 68%; national average - 71%.
- 85% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 79%; national average - 81%.
- 83% of patients who responded said their last appointment was convenient; CCG - 74%; national average - 81%.
- 71% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen; CCG - 46%; national average - 58%.

We saw that the practice ran internal audits that helped them to identify other areas that required improvement.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Twenty-four complaints were received in the last year. We reviewed eight complaints and found that they were satisfactorily handled in a timely way. For example the practice had raised awareness for reception staff regarding the policy on same day appointments after receiving a complaint from a patient.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 19 October 2015, we rated the practice as good for providing well led services. The practice is still rated as good for well-led.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. For example we saw that the practice supported the Refugee Assessment and Guidance Unit (RAGU) scheme and successfully trained two refugee doctors to start their health care assistant carers in the UK. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and

# Are services well-led?

Good 

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

management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. We saw that the practice actively involved other professionals to achieve patient centred care. For example they were clinics led by Community Psychiatric Nurses and Consultant psychiatrist at the practice.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example the practice held three monthly educational presentations requested by the Patient Participation Group.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example the practice had taken part in a number of pilots including the FGM national pilot. Recently the practice had been working with the CCG to develop a patient website that was being introduced to all 75 practices within Ealing.



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- The practice had been recently been chosen as one of three nurse mentorship hubs in Ealing, supporting pre-registration nurses and A&E nurses in adapting to working in a GP environment.
- One of the GP partners at the practice was a CCG board advisor and also contributed to the National Institute Clinical Excellence committee as well as being on the Sustainability and transformation partnerships (STP) transformation working group. This resulted in the practice being at the forefront of current developments and learning. Staff knew about improvement methods and had the skills to use them.
- We also saw that most GPs at the practice lead in key areas such as Diabetes and FGM and so shared the most current information with colleagues to deliver improved care.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice were keen to ensure clinical staff received continuous training. As a result they arranged Consultant led clinical teaching sessions in partnership with BMI healthcare, Ealing Hospital and the Clementine Hospital to support clinical development and regular teaching
- In house teaching from clinicians with specialist interests and experience (e.g. children and adult safeguarding, mental health, medicines management) were delivered one regular basis.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.