

The Boileau Road Surgery

Quality Report

104 Boileau Road,
Ealing, London,
W5 3AJ

Tel: 0208 997 6604

Website: www.boileauroadsurgery.nhs.net

Date of inspection visit: 13 September 2016

Date of publication: 20/10/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to The Boileau Road Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Boileau Road Surgery on 13 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not find it easy to make an appointment with a preferred GP and continuity of care was an issue. However, the practice was taking steps to address this concern.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to improve Quality and Outcomes Framework (QOF) performance and reduce exception reporting.
- Improve uptake for the cervical screening programme.

Summary of findings

- Identify more patients who are also carers to provide them with appropriate support and information.
- Keep under review the decision made by the provider not to have access to a defibrillator to deal with cardiac emergencies.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was 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.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the national average. However, unpublished data provided by the practice for 2015/16 showed that patient outcomes had improved.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, out of hospital services such as 24 hour blood pressure monitoring, ECGs, spirometry, care planning, insulin initiation, phlebotomy and anticoagulation.
- Patients said they did not find it easy to make an appointment with a preferred GP and continuity of care was an issue. However, the practice were taking steps to address this concern.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The principal GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the CCG Rapid Response Service known as Homeward (Homeward is a multi-disciplinary team that aims to reduce hospital admissions, reduce the length of stay of patients in hospital by continuing their care at home and provide a community rehabilitation service in the patient's home).

Good



People with long term conditions

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

- Nursing staff supported the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators in 2014/15 was 68% which was 18% below the CCG average and 21% below the national average with 14% exception reporting (CCG average 12%). However, unpublished data provided by the practice for 2015/16 showed that performance for diabetes related indicators had improved to 79%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 comparable to others for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 70% in 2014/15, which was below the CCG average of 78% and the national average of 82%. Unpublished data from 2015/16 showed an improvement to 73% which was still below average. The practice had an action plan in place to further improve cervical screening uptake which included a dedicated staff member to proactively recall patients and to ensure patients were coded accurately on the clinical system.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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).

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 88% and the national average of 84%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty one survey forms were distributed and 102 were returned. This represented a 28% return rate and 3% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 85% 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%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards 20 of which were positive about the standard of care received. Ten comment cards were less positive with patients concerned about having to see a different doctor each time they attended their appointments.

We spoke with three patients during the inspection. All three patients said they were generally satisfied with the care they received and thought staff were approachable, committed and caring. However, patients commented that continuity of care was an issue.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to improve Quality and Outcomes Framework (QOF) performance and reduce exception reporting.
- Improve uptake for the cervical screening programme.
- Identify more patients who are also carers to provide them with appropriate support and information.
- Keep under review the decision made by the provider not to have access to a defibrillator to deal with cardiac emergencies.

The Boileau Road 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 and an Expert by Experience.

Background to The Boileau Road Surgery

The Boileau Road Surgery is based at 104 Boileau Road, London, Ealing, W5 3AJ. The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 3,500 people living in the London Borough of Ealing (GMS is one of the three contracting routes that have been made available to enable commissioning of primary care services). The practice is part of the NHS Ealing Clinical Commissioning Group (CCG) which comprises 79 GP practices.

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

The practice team consists of a principal female GP (three sessions), a female salaried GP (four sessions), a male salaried GP (five sessions), a part-time practice nurse, a part-time healthcare assistant and a part-time practice manager who is supported by five non-clinical staff. The practice is a teaching practice for new doctors in the second year (F2) of their two year foundation programme. F2 doctors provide six sessions at the practice on a four monthly basis.

The ethnicity of the practice population is of mixed origin with a large Japanese and Middle Eastern population. There is a higher than average number of people 25-49 years of age, children under 14 years of age and older people over 75 years. Life expectancy is 80 years for males and 85 years for females which is similar to national averages. The local area is the second least deprived in the London Borough of Ealing (people living in more deprived areas tend to have greater need for health services).

The practice is open between 8:30am and 6:30pm Monday to Friday with the exception of Wednesday where the practice closes at 1:00pm. Appointments are from 8:40am to 12:45pm every morning and 3:00pm to 6:00pm daily. The practice is closed between 1:00pm and 3:00pm. During this period a GP is available via a message handling service in case of urgent need. Extended hours appointments are offered on Thursday evening until 8:00pm.

Services provided by the practice include; chronic disease management, family planning and coil fittings, child immunisation and development checks, antenatal and postnatal care, phlebotomy, anticoagulation and travel vaccinations.

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

Detailed findings

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 13 September 2016.

During our visit we:

- Spoke with a range of staff (the principal GP, a salaried GP, the practice nurse, the practice manager and two non-clinical staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event we reviewed was where the practice had been made aware of a patient who had become vulnerable because their carer had had an accident and was therefore unable to care for the patient. The incident was discussed in a team meeting and a referral to social services was made to instigate an urgent care package for the patient whilst the carer was recovering.

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. Clinical staff were trained to child protection or child safeguarding level 3 and non-clinical staff level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice 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. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed 10 personnel files (three GPs, the nurse, the healthcare assistant, the practice manager and four non-clinical staff) and found appropriate recruitment checks had been undertaken prior to employment. For

Are services safe?

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises however a risk assessment had been carried out to mitigate the risks. Oxygen was available with adult and children's masks. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 90% of the total number of points available compared to the CCG / national average of 95%. Clinical exception reporting was 13% compared to the CCG average of 10% and the national average of 9% (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).

Data from 2014/15 showed:

Performance for diabetes related indicators was 68% which was 18% below the CCG average and 21% below the national average:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 64% (CCG average 75%, national average 81%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 56% (CCG average 75%, national average 78%).

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 61% (CCG / national averages 88%).

However, unpublished data provided by the practice for 2015/16 showed that performance for diabetes related indicators had improved to 79%.

Performance for hypertension related indicators was 70% which was 27% below the CCG average and 28% below the national average with 7% exception reporting (CCG average 4%):

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 66% (CCG average 82%, national average 84%).

However, unpublished data provided by the practice for 2015/16 showed that performance for hypertension related indicators had improved to 88%.

The practice had an action plan in place to further improve performance for diabetes and hypertension which was evidenced from a QOF review meeting held in May 2016. Action points were that a more robust recall system would be implemented for diabetes checks, the nurse and healthcare assistant would directly book any patient with a blood pressure reading above 150/90 mmHg or if diabetic, above 140/80 mmHg for 24 blood pressure monitoring and an appointment with a GP after this and the restructuring of seasonal flu clinics to allow additional time to carry out blood pressure checks. The practice felt these measures would further improve QOF performance in 2016/17. The practice had also implemented measures to reduce QOF exception reporting to bring it in line with the CCG average which included identifying and deregistering "ghost patients" (patients who have not been to see their GP for five years). The practice felt they had a large percentage of these patients due to them moving abroad and therefore they did not respond to QOF recalls.

The practice were outliers for the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD). The practice had an action plan in place to address the low COPD prevalence which included more proactive screening of patients and carrying out more spirometry tests.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- There had been 13 clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The audit was carried out to ensure New Oral Anticoagulants (NAOC) prescribing for patients with Atrial Fibrillation (AF) was appropriate and compliant with NICE guidance (NOACs are prescribed for patients with AF to prevent strokes and systemic embolism). Four specific criteria were audited to monitor compliance with NICE guidance. The initial audit identified that three out of the four criteria were being met. After the audit an action plan was implemented and it was found on re-audit that all four criteria had been met.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety, confidentiality, information governance and the staff handbook.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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.

Are services effective?

(for example, treatment is effective)

- A dietician was available in the network and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 70% in 2014/15, which was below the CCG average of 78% and the national average of 82%. Unpublished data from 2015/16 showed an improvement to 73% which was still below average. The practice had an action plan in place to further improve cervical screening uptake which included a dedicated staff member to proactively recall patients and to ensure patients were coded accurately on the clinical system. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 46% to 89% and five year olds from 39% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Twenty out of 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Ten comment cards highlighted that continuity of care with a GP of choice was an issue.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average or comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 95% 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%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG 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 who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Written information was available in languages appropriate to the local population.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (0.9% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, out of hospital services such as 24 hour blood pressure monitoring, ECGs, spirometry, care planning, insulin initiation, phlebotomy and anticoagulation. The practice also participated in the CCG Rapid Response Service known Homeward (Homeward is a multi-disciplinary team that aims to reduce hospital admissions, reduce the length of stay of patients in hospital by continuing their care at home and provide a community rehabilitation service in the patient's home).

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as some only available privately.
- There were disabled facilities and translation services available. There was no hearing loop available however there was access to British Sign Language interpreters.
- Staff spoke a range of languages appropriate to the local population including Bengali, Arabic and Japanese.
- Telephone consultations were provided.
- Online appointments and repeat prescription requests were available.
- Onsite phlebotomy services were provided to adults and children over 12 years of age.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday with the exception of Wednesday where the practice closed at 1:00pm. Appointments were from 8:40am to 12:45pm every morning and 3:00pm to 6:00pm

daily. The practice was closed between 1:00pm and 3:00pm. During this period a GP was available via a message handling service in case of urgent need. Extended hours appointments were offered on Thursday evening until 8:00pm. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for people that needed them.

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

- 81% 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%.
- 85% 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%.
- 95% of patients said the last appointment they got was convenient compared to the CCG average of 87% and the national average of 92%.
- 62% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 52% and the national average of 65%.

However, the practice were outliers for the following indicators:

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 33% of patients usually got to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%.

The practice had implemented an action plan to improve patient satisfaction with opening hours and being able to access their preferred GP. This included a plan to keep the reception open between 1:00pm and 3:00pm through consultation with staff to work extra hours, advertise commuter clinics and instructing reception staff to routinely ask patients which GP they saw last time and offer an appointment with that GP unless it was clinically urgent or the patient chooses otherwise.

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 the urgency of

Are services responsive to people's needs?

(for example, to feedback?)

need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system including a poster in the patient waiting area.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, one complaint received was where a patient was dissatisfied with their consultation. The complaint was investigated and upheld. The patient received a written apology and the complaint discussed at a clinical team meeting where the complaint was reflected upon and learning shared.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the principal GP in the practice 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 principal GP was approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with

patients about notifiable safety incidents. The principal GP encouraged a culture of openness and honesty. 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.

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 there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through surveys and complaints received. As a result of feedback from surveys the practice had implemented procedures to ensure patient confidentiality at reception and had raised awareness of online appointment booking facilities. The practice was in the process of reestablishing a patient participation group (PPG) after PPG members had left the practice. The principal GP told us that the new PPG would meet regularly once established and it would be involved in improving and developing the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.