

The Great West Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Great West Surgery on 15 September and 4 October 2016. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- Feedback from patients about their care was consistently positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

There were areas of practice where the provider should make improvements:

- Continue to work to identify patients who are carers so their needs can be identified and met.
- Carry out regular fire evacuation drills to ensure patients and staff are clear about what to do in an emergency.
- Implement an action plan to address their relatively low scores for the caring questions on the GP survey

Summary of findings

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 below average compared to the national average. However, the practice were aware of this and had implemented processes to improve these figures.
- 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 requires improvement for providing caring services.

- Data showed that patients rated the practice higher than others for some 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.

Requires improvement



Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Results from the GP survey were relatively low in relation to caring
- The practice did not identify patients with caring responsibilities in order to provide appropriate support. However, after the inspection they confirmed they had set up a carers register.

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.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 a 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 organisation 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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as good for care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over 75 years had a named GP to co-ordinate their care.
- The practice was responsive to the needs of older people, and offered double appointments, home visits and urgent appointments for those with enhanced needs
- The practice had signed up to the avoiding unplanned admissions DES and the similar Out of Hospital service.
- They carried out risk profiling, using the electronic frailty index which identified patients at increased risk of unplanned hospital admissions. Patients at risk of admission with falls, mobility problems, poor social care support or needing respite were referred to the local multidisciplinary Integrated Community Response Service (ICRS) team for assessment.

People with long term conditions

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

Good



- One GP was the lead for chronic disease management and patients at risk of hospital admission were identified as a priority. 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.
- Performance for diabetes related indicators was 85%, which was same as the CCG and 4% below national averages.
- Longer appointments and home visits were available when needed.

Families, children and young people

The provider was rated as good for care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk., They had a named administrative staff member who monitored

Summary of findings

paediatric non-attenders to hospital, out-patient and community services and passed this information to the safeguarding lead. Immunisation rates were relatively high 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 GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice's uptake for the cervical screening programme was 78%, which was below the national average of 82%.
- The practice triaged all requests for appointments on the day for children under two when their parent requested the child be seen for urgent medical matters.

Working age people (including those recently retired and students)

The provider was rated as good for 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 offered telephone and email consultations and they offered extended appointments on Thursday evenings.
- 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 provider was rated as good for 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 and the homeless. Pop up alerts were placed on all computer notes to alert all members of staff of vulnerable patients.
- Learning Disability patients were given care plans that met their needs. Patients with learning disabilities were invited annually for a specific review with their named GP. We saw all 12 on the register had been reviewed in the last 12 months. Extended appointments were available for patients in this group.

Good



Summary of findings

- 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.
- 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 provider was rated as good for care of people experiencing poor mental health (including people with dementia)

- The practice had achieved 100% of the latest QOF points for patients with Dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. All dementia patients had a care plan which both they and carers had been involved in drafting.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 30 out of 35 had been reviewed in the last 12 months.
- The practice worked closely with Primary Care Plus to support patients with mental illness transfer from secondary care back to primary care.
- 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.
- Reception staff we spoke with were aware of signs to recognise patients in crisis and to have them urgently assessed by a GP if they presented.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above or in line with local and national averages. There were 89 responses and a response rate of 25%, which was 2.4% of the practice population.

- 71% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 68% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 80% and a national average 85%.
- 74% of patients described the overall experience of this GP practice as good compared to a CCG average 81% and a national average 85%.

- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average 73% and a national average 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. However, there were some negative comments, for example, about difficulty accessing emergency appointments and suggesting reception could be more helpful.

We spoke with two patients during the inspection. All said they were satisfied with the care they received and the practice offered a good service and staff treated them with dignity and respect. They also told us they were satisfied with the care provided by the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement systems to identify patients with caring responsibilities to ensure information, advice and support is made available to them.
- Carry out regular fire evacuation drills to ensure patients and staff are clear about what to do in an emergency.
- Implement an action plan to address their relatively low scores for the caring questions on the GP survey

The Great West Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to The Great West Surgery

The Great West Surgery provides GP primary care services to approximately 3400 people living in Hounslow, Middlesex. The local area is culturally diverse and the practice population comes from relatively deprived backgrounds.

The practice has a lead GP and a salaried GP, one male and one female who work a combination of full and part time hours totalling 16 sessions per week. Other staff included a business manager, practice support manager, a nurse, a health care assistant and five administrative staff. The practice holds a Alternative Provider Medical Services (APMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice was open between 8.00am to 6.30pm on Monday to Friday. They had extended hours on Thursday from 6.30pm to 9pm. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when

closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

The practice provided a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening.

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.

This practice has not been inspected before.

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 15 September and 4 October 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, practice managers and reception staff. We also 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 support manager or business manager of any incidents and there was a recording form available on the practice's computer system. The provider's incident reporting and investigation policy and incident recording form supported the duty of candour principles. (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, as a result of an incident involving the cold storage of vaccines, compromised vaccines were destroyed and a new vaccine storage fridge installed. In addition to avoid a recurrence of such incidents, the provider's lead nurse reviewed the provider's cold chain policy, fridge temperature checking and stock levels process with the nursing team at a subsequent nurses' meeting.

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. GPs were trained to child protection or child safeguarding level 3, nursing staff level 2 and administrative staff to 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 nurse 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 from the latest audit in September 2016 that action was taken to address any improvements identified as a result. The provider's lead nurse also carried out quarterly infection control spot checks, and any findings were acted upon.
- 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 the nurse to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but had not carried out a fire evacuation drill for the past 18 months. However, the provider was reviewing fire drill procedures with the building's landlords and expected to re-instate them shortly. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and we saw the June 2016 certificate for this. There were 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 staff resource planning system in place for all the different staffing groups to ensure enough staff were on duty and ensure clinical staffing was provided in line with patient demand. For example, an additional two GP sessions had been put in place within the last 18 months in response to a growth of 900 registered patients.

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. All medicines were within expiry dates and where medicines recommended in National guidance where excluded from the emergency kit a risk assessment explaining the reasons for this had been completed by the provider.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The provider 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 and 'buddy' arrangements with a local practice to enable mutual use of facilities in the event of a major incident.

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 GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance and told us they accessed them from the Hounslow extranet and they were also discussed at CCG monthly meetings and locality meetings.
- 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 98.9% of the total number of points available, with 9.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was 85%, which was the same as the CCG and 4.6% below national averages.
- Performance for mental health related indicators was 89%, which was 2.4% below the CCG and 4.4% below national averages.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits carried out in the last year. One was completed where the improvements made were implemented and monitored. For example,

the practice carried out an audit to ensure all patients who had been diagnosed with Arterial Fibrillation (AF) were receiving anticoagulation medication where appropriate. They reviewed the records of all patients diagnosed with AF and found on the first audit of 26 patients, 17 were on the appropriate anticoagulation medication. All patients were invited to for reviews and on re-audit 21 patients were on anticoagulation medication. The GP told us that annual reviews would continue to ensure this trend continued.

- The practice participated in local audits, national benchmarking, accreditation and peer reviews.

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 infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff who were due one 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

Are services effective?

(for example, treatment is effective)

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the HCA at the practice once a week.

The practice's uptake for the cervical screening programme was 78%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were 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 above to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 66% to 87% and five year olds from 68% 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.

The majority of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were four patients who made negative comments, for example, about difficulty accessing emergency appointments and suggesting reception could be more helpful.

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

However, results from the national GP patient survey in relation to whether patients felt they were treated with compassion, dignity and respect showed the practice was below average for some of its satisfaction scores on consultations. For example:

- 76% 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%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 85% 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%.

- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 a mixed response from patients to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 74% 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%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 95% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 95% and national average of 97%.

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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 did not have a system in place to identify carer and did not have a carers register. The practice manager told us they were aware of the various local avenues of

support available to carers and would direct patients to them if they enquired. After the inspection we received information to confirm that the practice had developed a carers register.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer any support and arrange a time and location to meet the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended monthly network meetings with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised such as A&E attendances and prescribing.

- Patients over 75 years had a named GP to co-ordinate their care. Patients identified as needing extra time were flagged on the computer system and provided with a double appointment with on the day or planned home visits (GP) when required.
- The practice had signed up to the avoiding unplanned admissions DES and the similar Out of Hospital service. They carried out risk profiling, using the electronic frailty index which identified patients at increased risk of unplanned hospital admissions. The top 4% of these patients were invited to attend a two stage review, initially with a health care assistant and then with a GP, a personalised care plan was agreed and a copy given to patients. We were told patients were encouraged to attend with their carers or family. Patients at risk of admission with falls, mobility problems, poor social care support or needing respite were referred to the local multidisciplinary Integrated Community Response Service (ICRS) team for assessment. ICRS works to avoid admissions and support hospital discharges to prevent re-admission.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. The practice was fully engaged with CCG locality working which involved monthly locality meetings with community services and multi-disciplinary teams (MDTs) including Physiotherapists, District Nurses, social workers, Health Visitors, Care Navigators, Primary Care Plus, Palliative Care teams, ICRS and local pharmacies in order to enable delivery of joined up health and social care. The GP told us this was of benefit to all our patients, but predominantly those with complex long term conditions. Patients in these groups had a care plan and would be allocated longer appointment times when needed. They also referred people to local community services such as pulmonary and cardiac rehabilitation services.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed. The practice triaged all requests for appointments on the day for all children under two when their parent or carer requested the child be seen for urgent medical matters. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice offered working age patients access to extended appointments one evening a week. Patients also had access to Saturday and Sunday appointments through the weekend hub which can be accessed via the 111 service and is signposted well in the surgery. They also offered telephone consultations for those who may not be able to get to the surgery during the working day and offered email consultations which were dealt with within 24 hours of receipt by the duty doctor.
- The GP told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and substance misuse patients were coded on appropriate registers. Pop up alerts were placed on all computer notes to alert all members of staff to vulnerable patients. GPs told us this was to allow them to meet their specific additional needs such as double appointments, interpreter, visual/hearing impaired and risk assessment stratification. Learning Disability patients were given care plans that met their needs. Patients with learning disabilities were invited annually for a specific review. We saw all 12 patients on the register had been reviewed in the last 12 months.
- The practice opportunistically used an alcohol screening tool at new patient health checks to identify those at risk of alcoholism. Any patient identified to be at risk of substance abuse were encouraged to self-refer to iHear (is the adult drug and alcohol service for

Are services responsive to people's needs?

(for example, to feedback?)

Hounslow) for support and rehabilitation programmes. We saw information about support to victims of domestic abuse and violence, FGM and child line were advertised within the practice.

- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 30 out of 36 had been reviewed in the last 12 months. The practice worked closely with Primary Care Plus, an intermediate care service linking primary and secondary care for patients with mental health problems who have been discharged from secondary care. They also refer patients with poor mental health who they are concerned about or are hard to reach for assessment and monitoring. Patients are also referred to IAPT services.
- The practice had achieved 100% of the latest QOF points for patients with dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. They also carried out clinical reviews every fortnight and occasionally on an ad-hoc basis for some of their patients with dementia who reside in a local nursing home. Family members and spouses of residents were able to contact the GP to discuss their concerns. All dementia patients had a care plan which both they and carers had been involved in drafting.
- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The practice was open between 8.00am to 6.30pm on Monday to Friday, They had extended hours on Thursday from 6.30pm to 9pm. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours

services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours which was above the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone which was just below the national average of 73%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them, however some stated that on occasions they found it difficult to get an urgent appointment.

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, for example posters were displayed in reception and, summary leaflet were available.

We looked at the one complaint received in the last 12 months and found this was dealt with in a timely way, in line with the complaints policy. Lessons were learnt from concerns and complaints and action was taken 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

Vision and strategy

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

- The practice vision and values was to give personalised care to all their patients in an efficient, practical and forward thinking manner. All staff we spoke with knew and understood the vision and values.
- The practice had a business plan which reflected the vision and values, which was regularly monitored and reviewed annually.

Governance arrangements

The practice was part of Greenbrook Healthcare who had nominated clinical and non-clinical leads which supported the delivery of the business plan and good quality care. They ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as equality and diversity, health and safety and whistle blowing as part of their induction. All policies and procedures we looked at had been reviewed and were up to date.
- The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing above national standards. They had scored 541 out of 559 in 2015 which was 2% above the CCG average and 1.5% above England average. We saw QOF data was regularly reviewed and discussed at the weekly clinical meeting. The practice also took part in a peer reviewing system with neighbouring GP practices in Hounslow.

- There was a programme of continuous clinical and internal audit used to monitor quality and to make improvements. The practice had carried out clinical audits in relation to arterial fibrillation, osteoporosis and mental health..
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the senior managers 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 senior managers were 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 organisation 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 that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Staff felt they worked well together and that they were a highly functional team which listened and learnt, and were aware of their challenges such as the time restraints of the main GP as most patients want to them.
- We noted that team away days were held every year and staff told us these days were to assess business priorities and socialise with colleagues.

Are services well-led?

Good 

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

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff said they felt respected, valued and supported, particularly by the management in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys (in particular the NHS friends and family test) and complaints received. The PPG had initially met regularly in face to face meetings, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients said they wanted more doctor time to be available and in response the practice put in place two additional GP sessions. In 2015 the practice decided in order to encourage more of an interest from others to

have a virtual group where the main agenda and discussions would be held in an online forum. Most of the discussions were now via emails and telephone discussions. PPG members were also invited to attend locality meetings where common patient representation issues were discussed.

- There were high levels of staff satisfaction. The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns. All staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities.