

Dr D Cowen & Partners (also known as Northfields 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?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Cowen & Partners (also known as Northfields Surgery) on 9 February 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.
- Most risks to patients and staff were assessed and well managed however there were some areas that necessitated review.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring, professional and kind and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs. Due to building constraints there was no dedicated toilet for disabled patients however the general toilet had been adapted to address this.
- 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:

- Ensure a mercury spill kit is available to deal with any spillage from the mercury gauge blood pressure monitor kept at the practice.
- Ensure that regular fire drills are carried out.
- Review the arrangements in place for the disposal of cytotoxic waste.

Summary of findings

- Review the frequency of infection control audits carried out to ensure they comply with recommended guidance.
- Ensure that water temperature checks are carried out to reduce the risk of legionella.
- Review the arrangements in place for the storage of emergency medicines and equipment to ensure timely access and security of all emergency medicines.
- Advertise the availability of translation services.

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.
- Most risks to patients and staff were assessed and well managed however there were some areas that necessitated review.

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 above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits linked to medicines management and prescribing schemes demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The practice had services in place to promote healthy lifestyles, including offering cervical screening and childhood immunisations with uptake rates comparable to local and national averages.

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 above or at local and national averages for consultations with GPs and nurses.

Good



Summary of findings

- Patients said they felt the practice offered an excellent service and staff were helpful, caring, professional and kind and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a protocol for identifying carers and offered them appropriate support and information.

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 London and Clinical Commissioning Group to secure improvements to services where these were identified, for example, through reviewing referral data and unplanned admissions with local practices and using this to improve services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice 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. 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 practice is rated as good for the care of older people.

- The practice engaged in local enhanced services to identify older patients at risk of hospital admission and invite them for a review to create integrated care plans aimed at reducing this risk.
- All patients over the age of 75 years were invited for annual health checks and medication review.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- Staff had received safeguarding vulnerable adults training and were aware of their roles and responsibilities to raise concerns.

Good



People with long term conditions

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

- The practice offered diabetic patients an extended appointment for medical review with the practice nurse and GP to create individualised care plans.
- The practice engaged in local enhanced services to identify patients with complex medical needs at risk of hospital admission and invite them for review to create integrated care plans aimed at reducing these risks.
- Longer appointments and home visits were available when needed.
- GPs had special interests in clinical areas such as cardiology and gynaecology and shared their expertise to support colleagues.
- Quality and Outcome Framework (QOF) data for 2014/2015 showed the practice was performing in line with local and national averages for long-term conditions indicators.
- The practice was in the process of introducing out of hospital services such as electrocardiograms (ECG), spirometry and 24 hour blood pressure monitors.

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 was a named lead for safeguarding children and the practice maintained a register of vulnerable children. Staff had received role appropriate safeguarding training and were aware of their roles and responsibilities to raise concerns.
- The practice held twice weekly postnatal clinics with extended appointments for mother and baby checks.
- The practice offered childhood immunisations in line with national guidance and uptake rates were comparable to local averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 practice offered extended hour appointments for patients unable to attend the surgery during working hours. Telephone consultations were also available daily with the duty doctor.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice offered temporary registration for students returning home during term holidays requiring medical services.
- The practice nurse offered extended appointments, travel advice and immunisations as required.

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 maintained a register of patients with learning disabilities and these patients were invited to annual health checks with an extended 50 minute appointment with the GP and practice nurse.
- 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.
- The practice maintained a carer's register and proactively sought to identify carers and offer them additional support including referral to local carer's services and annual health checks.

Good



Summary of findings

- The practice had a protocol to improve access for patients with hearing impairment. An alert was added to patient notes to inform staff they may require extra assistance, for example double appointments, collecting the patient from the waiting room and interpreters when required.
- There was a named lead for safeguarding vulnerable adults and the practice maintained a register of vulnerable patients with alerts on their electronic records.
- 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).

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice offered opportunistic screening for dementia during routine appointments and annual health checks with referral on to local memory services if required.
- The practice had engaged with the local Shifting Settings of Care scheme to support patients experiencing poor mental health transitioning from secondary care to community services. The practice was supported by a designated Primary Mental Healthcare Worker when managing these patients.
- The practice maintained a register of patients experiencing poor mental health and these patients were invited to annual health checks and medication review. Patients were sent text message and letter reminders of these appointments to encourage attendance.
- One of the GPs was completing a diploma in mental health and attended frequent CCG led training sessions that enabled them to share expertise and disseminate learning.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 266 survey forms were distributed and 104 were returned.

This represented 1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 87% 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 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 national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and 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 12 comment cards which were all positive about the standard of care received. Comments received described the staff as caring, helpful, respectful, friendly and efficient and the environment as safe, clean and tidy.

We spoke with seven patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the most recent Friends and Family Test performed by the practice in January 2016 showed 92% of patients would recommend the service to a friend or a member of their family.

Dr D Cowen & Partners (also known as Northfields 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, a practice manager specialist adviser and an Expert by Experience.

Background to Dr D Cowen & Partners (also known as Northfields Surgery)

Dr Cowen & Partners (also known as Northfields Surgery) is a well-established GP practice situated within the London Borough of Ealing. The practice is part of NHS Ealing Clinical Commissioning Group (CCG) which is made up of 79 GP practices, divided into three localities and seven GP networks. The practice provides primary medical services to approximately 9,300 patients and holds a core General Medical Services Contract and Directed Enhanced Services Contracts. The practice is located on Northfield Avenue Ealing with good transport links by bus and rail services. The practice consultation rooms and waiting area are on the ground floor with wheelchair access, but does not have a toilet for wheelchair users. Car parking is available off site. The practice provides training for medical students.

The practice population is ethnically diverse and has a higher than the national average number of patients

between 25 and 44 years of age. The practice also has a slightly higher than the national average number of children under four years old and a lower than the national average number of older patients between 70 and 85 years plus. The practice area is rated in the second least deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

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

The practice team comprises of two male GP partners, two female GP partners and two female salaried GP's who collectively work a total of 40 clinical sessions per week. They are supported by one full time and one part time practice nurse, a part time employed pharmacist, a practice manager, office manager and eight administration staff.

The opening hours are 8.30am – 1.00pm and 1.30pm to 6.00pm Monday, Wednesday, Thursday, Friday and from 8.15am – 1.00pm and 1.30pm - 6.00pm Tuesday. Appointments are available in the morning from 8.30am -11.30am Monday, Tuesday, Friday, 9.00am - 11.30am Wednesday, Thursday. Appointments in the afternoon are from 3.00pm - 6.00pm Monday, Tuesday, 2.00pm - 5.30pm Wednesday, 2.00pm - 6.00pm Thursday and 4.00pm - 6.00pm Friday. Extended hours are offered on a Saturday morning from 8.30am – 12.30pm for pre booked appointments. The out of hours services are provided by an

Detailed findings

alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, antenatal and postnatal care and over 75's health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

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.

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 9 February 2016. During our visit we:

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

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events which included a log showing the details of the incident, the outcome of any investigation, action taken and lessons learned.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had made changes to their referral protocol to strengthen safety net arrangements, as a result of a secondary care referral not being processed.

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

Overview of safety systems and processes

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

- Arrangements 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 level three and nurses to level two.
- 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. One of the GPs was the infection control clinical lead and a practice nurse the deputy. There was an infection control protocol in place and staff had received up to date training. However there was no evidence to demonstrate that infection control audits were carried out annually. We saw records of an infection control audit undertaken in March 2013 by a nurse from another GP practice and there was evidence that action was taken to address improvements identified as a result. An internal infection control audit had been undertaken by the practice in January 2016 which did not identify any major concerns.
- There were arrangements in place for the management of clinical waste, however it was observed that the practice did not have the required purple lidded sharps bins to correctly dispose of cytotoxic or hormonal injections.
- 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 which was undertaken by the practice pharmacist. 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.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

Monitoring risks to patients

Most risks to patients and staff were assessed and well managed however there were some areas that necessitated review.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available and an external health and safety compliance audit had been conducted in July 2015 including a fire risk assessment. Guidance from this audit recommended twice yearly fire drills to be carried out however at the time of our inspection this had not been implemented. The practice told us that this was planned to be undertaken during the current year, following the training and appointment of practice staff fire marshals. Weekly fire alarm testing was undertaken. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There was evidence of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However recommendations from the last legionella risk assessment carried out in July 2015 for the implementation of weekly and monthly water temperature testing had not been initiated. The practice did not have a spill kit to deal with any spillage from a mercury gauge blood pressure monitor kept in one of the consulting rooms.

- 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 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 accessible to staff and all staff knew of their location. However it was observed that some emergency medicines were kept in an unlocked drawer and some were stored separately with emergency equipment. All the medicines we checked were in date.

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 but this required updating. It was unclear if an up to date business continuity plan was held off site.

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, for example through regular minuted clinical meetings. 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, and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 92% which was similar to the CCG average of 90% and the national average of 91%.
- Performance for mental health related indicators was 100% which was better than the CCG average of 95% and national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. For example, an audit was completed into prescribing rates of a modified release anti-psychotic medicine and patients identified as suitable for an

alternative preparation were invited for review with subsequent reduction in prescribing rates. All the audits were linked to CCG led medicines management and prescribing incentive schemes. However, there were no examples of independent practice led clinical audit.

- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice engaged with local enhanced services to reduce rates of unplanned admissions to hospital. They used risk stratification tools to identify patients at risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk.

Information about patients' outcomes was used to make improvements. The practice was part of a local network of GPs who met and compared data on referral rates and accident and emergency attendances with the aim of sharing knowledge to reduce rates and improve outcomes.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, GPs with specialist interests had additional training or qualifications in their area, such as a Diploma for Primary Care Mental Health.
- 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, journals 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included on-going support, one-to-one meetings, 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, infection control 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 on-going 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 three 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 (MCA) 2005. Staff had received training on the MCA.
- 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 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 and smoking. Patients were signposted to the relevant service.
- The practice referred patients needing advice on diet to community dietician and exercise programmes when required. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

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 76% to 96% and five year olds from 80% to 98%.

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.

All 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, professional and kind and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 or at average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 97% 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%

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 74% and national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% 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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 69% 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 national average of 85%.

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

- Staff told us that telephone translation services were available for patients who did not have English as a first language. However, we did not see notices in the reception areas informing patients this service was available.
- Double appointments were offered to patients with hearing impairment and interpreters could be booked if required.

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 74 patients as carers which just under 1% of the practice list. The practice had a carer's identification protocol that aimed to ensure all carers registered with the practice were identified and offered appropriate support. The practice displayed posters on a designated carers notice board inviting patients to identify themselves as carers and new patient

registration forms included questions on any caring responsibilities. In addition, patients who were identified as carers when attending appointments or collecting prescriptions on behalf of others, were invited to complete a carer referral form. Patients identified as carers were offered support with flexible appointments as required and annual health checks and flu immunisation to ensure their own health needs were met. Written information was available to direct carers to various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 London and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they engaged in local peer review of referral rates and unplanned admissions and used this data to improve services and outcomes for patients.

- The practice engaged in local enhanced services to identify patients at risk of hospital admission and invite them for review to create integrated care plans aimed at reducing this risk. The practice had completed 3% of care plans which was above the minimum target.
- The practice offered diabetic patients an extended appointment with the practice nurse then GP for case management review and creation of individualised care plans.
- Home visits were available for older patients and patients who had clinical needs which caused difficulty in attending the surgery.
- The practice held twice weekly postnatal clinics with extended appointments for mother and baby checks.
- The practice offered extended hour appointments for patients unable to attend the surgery during working hours. Telephone consultations were also available daily and there was the facility to book appointments and request repeat prescriptions online.
- There were disabled facilities, a hearing loop and translation services available.
- The practice maintained a register of patients with learning disabilities and these patients were invited to annual health checks with 50 minute extended appointments with the GP and practice nurse.
- The practice had a protocol to improve access for patients with hearing impairment. An alert was added to patient's notes to inform staff they may require extra assistance, for example double appointments, collecting the patient from the waiting room and interpreters when required.

Access to the service

The practice was open between 8.30am – 1.00pm and 1.30pm to 6.00pm Monday, Wednesday, Thursday and

Friday and from 8.15am – 6.00pm Tuesday. Appointments were from 8.30am -11.30am Monday, Tuesday and Friday, 9.00am - 11.30am Wednesday and Thursday and from 3.00pm - 6.00pm Monday and Tuesday, 2.00pm - 5.30pm Wednesday, 2.00pm - 6.00pm Thursday and 4.00pm - 6.00pm Friday. Extended hours appointments were offered at the following times 8.30am – 12.30pm every Saturday. In addition to pre-bookable appointments that could be booked up to three weeks 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 comparable to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example in the practice leaflet and complaints information form.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled in a timely manner, with openness and transparency and apologies were given when appropriate. 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, the practice discussed and updated their procedure for patients who arrived late for appointments following a complaint received.

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 which was displayed on the practice website 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 audits initiated by the CCG and prescribing guidelines were used to monitor adherence to recommended best practice. However, there were no independent completed cycle audits to demonstrate quality and improvements to service.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners 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 partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from patients about difficulties getting through to the practice by phone, a new telephone system was installed which the PPG were involved in setting up. By installing the new system the telephone lines had increased from four to eight and a dedicated line was

Are services well-led?

Good 

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

available for patients to call for test results between specific times each day. This had freed up lines for responding to other enquiries at busy periods during the day.

- 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and had introduced systems to improve outcomes for patients. The practice had developed a carers protocol used to identify patients who were carers and this included creating a specific carers notice board to advertise local support services. Following the introduction of this protocol attendance at the local carers centre had increased and information regarding the practice carer's policy was shared with the CCG. The CCG had since set up a pilot scheme across all local GP practices to introduce a similar carer's policy. The practice had also developed a protocol to assist patients with hearing impairment to enable ease of access to the service.