Richford Gate Medical Centre

Quality Report

Richford Gate Primary Care Centre
Richford Street
Hammersmith
W6 7HY
Tel: 020 8846 6655
Website: www.richfordgate.org.uk

Date of inspection visit: 17 November 2016
Date of publication: 07/03/2017

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Richford Gate Medical Centre on 1 and 2 October 2014. The overall rating for the practice was good but we rated the practice as requires improvement for providing safe services. The full comprehensive report on the October 2014 inspection can be found by selecting the 'all reports' link for Richford Gate Medical Centre on our website at www.cqc.org.uk.

This inspection, undertaken to check on improvement, was an announced comprehensive inspection on 17 November 2016. The practice is again rated as good overall and is now rated good for providing safe services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of 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.
- 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.

Summary of findings

The areas where the provider should make improvement are:

- Ensure all clinicians are aware of the practice's updated policy on antibiotic prescribing.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Consider reactivating the hearing loop in reception.
- Communicate the practice mission statement to staff and patients.
- Consider the introduction of a formal ongoing programme of quality improvement, including clinical audit.
- Re-establish regular meetings of the patient participation group (PPG).

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?

Good

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.
- There were safe arrangements for managing medicines. However, the practice's updated policy for antibiotic prescribing had not been made available to all clinicians within the practice.

Are services effective?

Good

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 demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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. However, less than one percent of the practice list had been identified as carers and offered support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, one of the GP partners, the mental health lead at the practice, had completed a university diploma in mental health and the practice had recently been offered the role of Educational Hub for Hammersmith and Fulham GP Federation. The GP Partner was also clinical lead for mental health for the CCG.
- 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, although the hearing loop in reception was not in operation at the time of our inspection.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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 mission statement but this had not been put on display for patients or shared fully with staff.
- 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.

Summary of findings

This included arrangements to monitor and improve quality and identify risk. Although the practice undertook clinical audits which demonstrated improved patient outcomes, there was no formal ongoing programme of quality improvement.

- 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. There was a patient participation group but the practice recognised that it needed to become more active following a period of transition within the practice.
- 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There were named GPs for patients in this group to ensure continuity of care and longer appointments were available for those with more complex needs.
- The practice provided services to residents in local extra-care sheltered accommodation
- There was close working with the local community independence service to ensure that if a patient would like to be looked after at home and was at risk of hospital admission, the practice did all it could to attain that.
- There were care plans for frail patients and special appointments and home visits to review these.

People with long term conditions

Good

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was below the national average for 2015/16. The practice had taken steps to improve performance in this area including a rigorous call and recall, and review and monitoring systems for diabetes.
- The practice ran a weekly diabetic clinic and employed the CCG diabetic lead to see patients and provide clinical support to the practice diabetic doctor. The practice had put in place a rigorous call and recall system for diabetes management.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- There were arrangements in place to review medicines for patients with long term conditions, including those on high risk medicines.
- There were multidisciplinary reviews of all patients on the practice's palliative care register at every clinical meeting.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Access to on-site health visitors enabled informal as well as formal discussion around children and families causing concern.
- Immunisation rates were generally comparable to or above CCG averages and some above and others below national averages for standard childhood immunisations. The practice sent birthday cards inviting children aged 5 and under to remind them of their vaccine due dates.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 73% and comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a duty GP available to take calls from parents/carers who had medical concerns and see children and young people who were unable to get an appointment on the day.
- We saw positive examples of joint working with midwives, and health visitors. Joint clinics were provided weekly for 6-8 week baby checks involving a GP, health visitor and practice nurse.

Working age people (including those recently retired and students)

Good

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

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

Summary of findings

- The practice offered pre-booked Monday morning telephone consultations, Wednesday evening appointments and Saturday morning appointments with a GP.
- Telephone consultations were available with a GP of choice in the mornings after morning surgery and a duty doctor was available to give emergency advice either face to face or by phone for both morning and afternoon sessions.
- The practice recognised that people of working age often did not see their GP often so appointments were longer for these clinics so that multiple concerns could be addressed.
- The practice had responded to recent student meningitis immunisation programmes and sent invites to its young person population.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had developed close working relationships with the local learning disabilities service and accommodation and arranged learning disability health checks with the practice nurse.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- There was an on-site mental health worker and alcohol workers for GPs to refer to and enable effective monitoring. There was flexibility in access to appointments for substance misuse patients who could often be late to appointments.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had established communication links to hostels and to a homeless pilot nurse. Special relationships were in place with significant keyworkers within homeless projects and organisations. Collaboration within these relationships enabled effective coordination of services.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to other practices although below the national average of 84%.
- Overall QOF performance for mental health indicators was above the CCG and in line with the national average:
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had engaged with 'Shifting Settings of Care work' to ensure the safe discharge of patients from the Community Mental Health Team.
- The practice had signed up to Out of Hospital Services (OOHS) for mental health covering patients with serious mental illness and complex common mental illness.
- One of the GP partners, the mental health lead at the practice, had recently completed a university diploma in mental health and the practice had recently been offered the role of Educational Hub for Hammersmith and Fulham GP Federation. The GP Partner was also clinical lead for mental health for the CCG.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff were trained as 'dementia friends'.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy four survey forms were distributed and 110 were returned. This represented just over 1% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the most recent NHS Friends and family test of 285 respondents 87% of patients said they would recommend the practice.

Richford Gate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Richford Gate Medical Centre

Richford Gate Medical Centre is a single location GP service which provides primary medical services through a General Medical Services (GMS) contract to approximately 10,500 patients in the Goldhawk Road area of West London. It is part of the NHS Hammersmith and Fulham CCG. The practice registers patients from most parts of London W6 and W12. The patient population groups served by the practice include a cross-section of socio-economic and ethnic groups. The majority of patients registered with the practice are from a British or mixed British background. The next largest groups are patients from a Caribbean, Black-African, Irish, Chinese and Asian backgrounds. There are above average numbers of patients in the 25-49 age groups. Nearly half of patients are have a long-standing health condition.

The practice team is made up of four GP partners (thee female and one male) offering 24 sessions, a practice manager (0.8 whole time equivalent (WTE)); three salaried GPs (two female and one male) offering 14 sessions; a full and a part-time practice nurse (both female) offering 9 nursing sessions; a pharmacist (1 WTE), a healthcare assistant (0.8 WTE), phlebotomist (1 WTE), reception manager (1 WTE), five receptionists (3.86 WTE), five secretarial staff (4.26 WTE) including a secretary/healthcare assistant; and a caretaker. The practice is accredited as a GP Training Practice and there are three GP trainees attached to it, training to specialise in general practice.

The practice is open between 8.15am and 6.30pm Monday to Friday. Appointments are from 8.15am to 12.30pm and from 2.30pm to 6.30pm daily. In addition to bookable extended hours appointments on Wednesday evening (6.30pm to 8.00pm) and a Saturday morning surgery (9am to 12 noon), the practice offered pre-booked Monday morning telephone consultations with a GP. Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were also available for people that needed them.

The practice has out of hours (OOH) arrangements in place with an external provider and patients are advised that they can also call the 111 service for healthcare advice.

The inspection was carried out to follow up a comprehensive inspection we carried out on 1 and 2 October 2014 when we rated the practice as good overall and requires improvement for providing safe services. We found the practice had taken the action we said it should take to make improvements. We again rated the practice as good overall and now good for providing safe services, as a result of the action taken.

.

Why we carried out this inspection

We undertook a comprehensive inspection of Richford Gate Medical Centre on 1 and 2 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement for providing safe

services. The full comprehensive report on the October 2014 inspection can be found by selecting the 'all reports' link for Richford Gate Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Richford Gate Medical Centre on 17 November. This inspection was carried out to check if improvements had been made. We found that the provider had taken action we said it should take in relation to safeguarding and infection control training, ensuring clinical audits were completed through the full audit cycle and put in place more regular meetings with a formal record to help in keeping track of agreed actions and in reviewing progress at subsequent meetings.

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 17 November 2016. During our visit we:

- Spoke with a range of staff (two GP partners, the practice manager, a practice nurse, healthcare assistant, and receptionist) 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the vaccine storage fridge temperature was found to be out of the required range the practice contacted the manufacturers of vaccine stock and on the advice received disposed of the stock stored in the fridge. The incident was discussed within the practice and the importance of fridge monitoring in accordance with the practice's 'cold chain' protocol was re-iterated to all relevant staff.

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. One of the GPs had not undertaken up to date training but this was addressed immediately after the inspection. Nursing and administrative staff were trained to level 2.
- 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 practice nurses 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 the majority of staff had received up to date training; some of the GP team were due update training and arrangements were in hand for this. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had also recently recruited a pharmacist to support medicines management, monitoring and review. The practice had an up to date policy for antibiotic prescribing, although this had not been made available to all clinicians within the practice.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the

practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant (HCA) was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. However, patient specific directions were only in place for one medicine administered by the HCA; there were none in place for the administration of flu and pneumococcal vaccinations. The practice took steps to address this immediately during the inspection.

- We reviewed five 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. However, on two records of the records we looked at the reference and identity checks had not been filed. The practice manager addressed this immediately after the inspection and provided evidence to show the documentation was complete.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice 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 practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan, dated October 2016, included emergency contact numbers for staff and reciprocal arrangements with a 'buddy' to share premises and facilities in the event of major disruption.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments 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 90% of the total number of points available.

Data from 2015/16 showed:

- Performance for diabetes related indicators was below the national average: 69% compared to 90%. QOF exception rates were the same as the CCG but above the national rate: 13% compared to 11%.
- Performance for mental health related indicators similar to the national average: 92% compared to 93%. QOF exception rates were above the CCG and national rate: 14% compared to 13% and 11% respectively.

We discussed with the practice the lower than average performance for diabetes. The practice was taking steps to achieve improved patient outcomes in this area. It ran a weekly diabetic clinic and employed the CCG diabetic lead to see patients and provide clinical support to the practice diabetic doctor. It had put in place a rigorous call and recall system for diabetes and GPs reviewed the practice's performance using the local diabetes 'dashboard' at least 2 monthly at 'clinical hours' meetings.

The following was identified by CQC prior to the inspection as a 'very large variation for further enquiry'.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the MRC dyspnoea scale in the preceding 12 months (1/4/14 to 31/3/15): Practice 55%; CCG 86%; National 90%

We discussed this with the practice who were aware of the issue and were addressing it. The latest, unpublished data available at the practice showed an improved performance of 74% for the 2016/17 year to date.

There was evidence of quality improvement including clinical audit.

- The practice submitted three clinical audits completed in the last two years, all of which were completed two cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.

Findings were used by the practice to improve services. For example, as a result of a completed second cycle audit carried out in 2014 and repeated in 2016, the practice improved its identification and coding of patients with chronic kidney disease (CKD). This enabled more focused and appropriate treatment and targeting for review of these patients, some of whom had not had a review for some time.

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, for those reviewing patients with long-term conditions. Clinical staff had developed special interests and undertaken relevant training in a number of areas for which they were the designated clinical lead. For example, anticoagulation, cardiology, diabetes, older people and 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 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 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

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 and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.

Clinical staff provided dietary and lifestyle advice and also referred patients to local support services and exercise programmes. Of 478 patients identified as obese, 137 (29%) had been offered support. The practice offered a smoking cessation service every Tuesday between 9am to 12 noon and 2.30pm to 4.30pm which was available by appointment only. The practice also had an active campaign using text invites to encourage quitters. A total of 1527 smokers had been identified and 1495 (98%) had been offered cessation advice.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 73% and comparable to 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 failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 36% to 93% and five year olds from 67% to 90%.

Good

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 100% of eligible patients) and NHS health checks for patients aged 40–74 (completed for 50% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 one of these rooms could be overheard but the practice reassured us that there was usually background music playing to prevent this, which was not on at the time.
- 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 one patient Care Quality Commission comment card we received was positive about the service experienced. We also spoke with seven patients during the inspection who said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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. Patients 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 in line with averages 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 87% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 83% 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%.
- 91% 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 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 74% 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%.
- 86% 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%.

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 providing a range of health advice and details on support services.

Patient and carer support to cope emotionally with care and treatment

Good

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's computer system alerted GPs if a patient was also a carer, although the practice recognised the coding needed to be improved to fully capture carers. The practice had identified 19 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP made contact with them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs (including impromptu and out of hours home visits) and/or by giving them advice on how to find a support service.

Good

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. One of the GP partners, the mental health lead at the practice had completed a university diploma in mental health and the practice had recently been offered the role of Educational Hub for Hammersmith and Fulham GP Federation. The GP Partner was also clinical lead for mental health for the CCG.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 8pm and a Saturday morning surgery between 9am and 12 noon for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A GP from the practice attended a local extra-care sheltered accommodation on a fortnightly basis to provide services to the residents and was involved in multidisciplinary meetings there on a monthly basis.
- The practice ran a weekly diabetic clinic and employed the CCG diabetic lead to see patients and provide clinical support to the practice diabetic doctor.
- Joint clinics were provided weekly for 6-8 week baby checks involving a GP, health visitor and practice nurse. This allowed team working and co-ordination and clarity for parents around, for example immunisation.
- The practice had responded to recent student meningitis immunisation programmes and sent invites to its young person population.
- For people with dependence on prescription drugs there were close links to pain services and mental health services. There was joint working with addiction services regarding hypnotic dependency.
- There was a duty GP available throughout each day to take calls from patients/their families/carers who had concerns about mental health from patients/carers affected by Dementia.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. However, the hearing loop was not in operation at the time of our inspection.

Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday. Appointments were from 8.15am to 12.30pm and from 2.30pm to 6.30pm daily. In addition to bookable extended hours appointments on Wednesday evening and a Saturday morning surgery, the practice offered pre-booked Monday morning telephone consultations with a GP. Pre-bookable appointments could be booked up to four weeks in advance and 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 broadly comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had responded to the opening hours satisfaction score through the introduction of the Wednesday evening commuter and Saturday morning surgeries.

People told us on the day of the inspection that they were able to get appointments when they needed them, although one or two commented on difficulty in getting through to the practice by phone.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients requesting a home visit were asked to call the practice before 11am. Requests were reviewed and prioritised by a GP and a decision made whether to make a visit or refer the patient to a local 'virtual ward' or rapid response team In cases where the urgency of need was so

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system There was a complaints notice and complaint leaflets were available in the reception area. There was also a suggestions box where patients could make suggestions or comments and information about how to complain on the practice website.

We looked at seven of 15 written complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. We also saw from practice meeting minutes that the practice reviewed positive comments from patients about the service, received directly and from the NHS Choices website. 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, following a complaint about a delay in a hospital referral the practice reminded all doctors of the practice's two week waiting referral procedures and to ensure all patients were told that if they have not been booked an appointment after two weeks they should contact the surgery so that their appointment could be chased.

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 recently developed a mission statement "to provide high quality, compassionate clinical care to our patient population". However this had not been put on display to patients or shared fully with staff. Staff nevertheless knew and understood the values.
- The practice had an effective 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
- The practice undertook clinical and internal audit which was used to monitor quality and to make improvements. However, there was no formal ongoing programme of quality improvement.
- There were effective 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 had systems (including a policy) 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the practice partners had attended a practice development day with an external facilitator to help identify the practice ethos and future direction.
- 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 had previously met regularly but the last meeting was held in January 2016. The PPG members we spoke with during the inspection were keen for the group to become more active again but recognised that the practice had been through a period of transition following a change in practice manager. The practice had nevertheless acted on feedback from the PPG proposing improvements to the practice. For example, the practice changed the access to on the day

Are services well-led?

Good

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

appointment slots to allow patients to book morning and afternoon appointments at any point in the day rather than having to phone back for afternoon appointments. This transition was advertised on the website, and posters were displayed in the waiting room and at reception. Letters were given to patients when attending the surgery and they were sent a text message to alert them of the changes to the system.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was about to take part in a CCG pilot of a new digital dictation and voice recognition system to assist with consultation notes, referral letters and other administrative tasks.