

# Dr Evans & Partners (Also known as Florence Road Surgery and Bramley Road Surgery)

## Quality Report

Florence Road Surgery  
26 Florence Road  
Ealing  
W5 3TX  
Bramley Road Surgery  
2 Bramley Road  
W5 4SS  
Tel: 020 8567 2111  
[www.florenceandbramleyroadsurgeries.nhs.uk](http://www.florenceandbramleyroadsurgeries.nhs.uk)

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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

We carried out an announced comprehensive inspection at Dr Evans & Partners which provides clinical services from two sites; Florence Road the main surgery and the branch surgery at Bramley Road, which are both situated in the London Borough of Ealing. We visited both of these locations as part of the inspection on 29 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.
- The practice had a dedicated clinical pharmacy team that ensured robust processes in place for repeat prescription management.
- 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 staff were caring, supportive, and friendly and treated them with dignity and respect.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- There was a strong focus on continuous learning and improvement at all levels.

We saw areas of outstanding practice:

- Clinical pharmacist expertise to support GPs in the management of patients with chronic disease and elderly patient care. Attendance by the clinical pharmacist at local nursing home ward rounds had contributed to a 91% reduction of medication errors.

The areas where the provider should make improvement are:

# Summary of findings

- Ensure that DBS checks are completed for all staff who may be required to undertake chaperone duties.
- Ensure that fridge temperature monitoring records are complete.
- Complete annual staff appraisals for administration staff.
- Ensure administrative staff attend basic life support training in accordance with national guidance.
- Improve vaccine stock records with inclusion of expiry dates and running stock totals.
- Implement proposed procedures to identify carers to ensure they are provided with support.

**Professor Steve Field CBE FRCP FFPH FRCGP**

**Chief Inspector of General Practice**

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed including, health and safety, Infection control and medical emergencies.
- The practice had a dedicated clinical pharmacy team that ensured robust processes in place for repeat prescription management.

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.
- The practice had a programme of clinical audit included three completed cycle audits that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was at or above average for its satisfaction scores on consultations with GPs and nurses.
- Patients said staff were caring, supportive, and friendly and treated them with dignity and respect.

Good



# 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.

## Are services responsive to people's needs?

Good



- 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, the practice had assisted with the national development of the clinical pharmacist role in General Practice pilot and had won funding for Ealing GP federation to mobilise the initiative across the whole CCG.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met patients needs. For example, the practice provided clinical facilities for annual screening of cardiac risk in the young for patients registered at the practice and from the wider Ealing community.
- 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.
- 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.

## 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 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.

# 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. For example, the clinical pharmacy team employed by the practice was responsible for the management of repeat prescriptions and as a result had significantly reduced administration workloads for GPs. Attendance by the clinical pharmacist at local nursing home ward rounds had contributed to a 91% reduction of medication errors.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP to co-ordinate care.
- The practice was responsive to the needs of older people, and offered home visits for patients unable to attend the practice due to illness or immobility, including nurse led anticoagulation testing and flu vaccinations.
- The practice made use of local transport services to improve access to the surgery for older patients.
- There were weekly appointments available with the clinical pharmacist for medication reviews for older patients with complex medication needs and polypharmacy.
- The practice provided comprehensive services to a local nursing home for patients with complex needs. They conducted twice weekly joint ward rounds with a named GP for continuity of care and the practice clinical pharmacist. The clinical pharmacist provided medication review and advice for patients receiving medications through . The practice also provided services to two other local nursing homes with weekly visits by a GP. Since the inception of this service there had been a 91% decrease in prescribing errors.
- The practice held regular multi-disciplinary team meetings with the community nursing team to discuss the needs of older patients with complex medical needs and update care plans.
- The practice used risk stratification tools to identify older patients at high risk of hospital admission and invited them for review to create and update integrated care plans aimed at reducing this risk.

Good



### People with long term conditions

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

- The practice offered nurse led chronic disease management clinics and all patients were invited for annual review.
- Data from the Quality Outcome Framework for 2014/2015 showed the practice was performing in line with local and national averages for scores in chronic disease management.

Good



# Summary of findings

- Patients with newly diagnosed chronic conditions at routine health checks were reviewed promptly by the appropriate GP for education and introduction to disease monitoring.
- Home visits were available for patients unable to attend the practice due to illness or immobility, including nurse led anticoagulation testing and flu vaccinations.
- There were weekly appointments available with the clinical pharmacist for medication review for patients with complex medication needs and polypharmacy.
- The practice offered in-house electrocardiograms (ECGs) and 24 hour blood pressure monitoring.
- The practice held regular multi-disciplinary team meetings with the community nursing team to discuss the needs of patients with complex medical needs and update care plans.

## Families, children and young people

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

- There was a named lead for safeguarding children, staff had received role appropriate child protection training and understood their responsibilities to raise concerns. The practice held regular safe guarding meetings with the health visitor team to discuss patients on the safeguarding list and identify children at risk.
- Dedicated appointments were available for children including after school hours slots.
- The clinical pharmacist provided advice on paediatric medicine doses when required.
- Paediatric phlebotomy services were available for children aged five to fifteen years old at Bramley Road Surgery.
- The practice had a policy to refer all children for specialist opinion if they had consulted on three occasions within a short period of time.
- The practice offered childhood immunisations in line with national guidance and uptake rates were comparable to national averages.
- GP and nurse led contraception services were available, including insertion of intra-uterine contraceptive devices and implants.
- The practice provided clinical facilities for annual screening for cardiac risk in the young for patients registered at the practice and from the wider Ealing community.

Good





# Summary of findings

## **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 during normal working hours. Daily telephone GP consultations were also available.
- There was the facility to book appointments and request repeat prescriptions online.
- There were dedicated appointment slots three times a week for local students from the university that could be booked through the student welfare service or by the patient directly. The practice had worked with the local University of West London to offer medical advice and support. For example, one of the GPs had been involved in producing guidelines during the Ebola crisis as there were a large number of overseas students from areas at high risk.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered new patient and NHS Health checks and any issues identified at these checks were followed up on appropriately.
- There was a Health Care Assistant led smoking cessation service available on Saturday mornings.

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.

- There was a named lead for safeguarding vulnerable adults and staff had received training and were aware of their responsibilities to raise concerns.
- Double appointments were available for vulnerable patients and those who required an interpreter.
- Patients with learning disabilities were invited for annual review at dedicated joint GP and nurse led clinics.
- The practice provided primary medical care to patients in a local women's refuge and provided care of asylum seekers and young people in supported accommodation at a local hostel.
- The practice list was open to patients with no fixed address to register and access medical services.
- The practice held bi-weekly alcohol and substance misuse clinics for patients requiring support with these issues.

Good



# Summary of findings

## 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).

- The practice had engaged with the Shifting Settings of Care scheme to support patients experiencing poor mental health transferring from secondary care to community mental health services. The practice worked with the Primary Mental Health Worker to support these patients in the community.
- GPs had daily access to the local psychiatric liaison consultant lead advice line for support when managing patients experiencing poor mental health.
- The practice opportunistically screened patients for dementia and referred on to local memory services where appropriate.
- Quality Outcome Framework data from 2014/2015 showed the practice was performing in line or above national averages for mental health indicators.

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. Three hundred and sixty nine survey forms were distributed and 97 were returned. This represented 0.6% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

- 83% 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 the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were mostly positive about the standard of care received. Comments described staff as helpful, caring, supportive and polite and the environment as clean, tidy and hygienic. The four negative comment cards received described long waiting times to be seen and issues with customer service from reception staff.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, sensitive and caring.

# Dr Evans & Partners (Also known as Florence Road Surgery and Bramley Road Surgery)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, two additional CQC inspectors, a practice nurse specialist adviser and a practice manager specialist adviser.

### Background to Dr Evans & Partners (Also known as Florence Road Surgery and Bramley Road Surgery)

Dr Evans and Partners is a well-established GP practice based in two separate sites; the main surgery at Florence Road and the branch surgery at Bramley Road which are both situated within the London Borough of Ealing. Registered patients can access either surgery. The practice lies within the administrative boundaries of Ealing Clinical Commissioning Group (CCG) which is part of North West London Healthcare. The practice is a member of South Central Ealing GP network within Ealing GP Federation of seven GP networks and 79 GP practices. The practice

provides primary medical services to approximately 15,900 patients across both practice sites and holds a core General Medical Services Contract and Directed Enhanced Services Contracts.

The main surgery at Florence Road is situated close to Ealing Common and Ealing Broadway with the premises owned by three of the GP partners. The building is a converted Victorian four storey semi-detached house with ten consulting rooms spread across three floors with lift access between the basement and the ground floor. The reception and waiting area are located on the ground floor with wheelchair access to the entrance of the building. Bramley Road Surgery is situated in South Ealing with the premises leased from a former GP provider. The building is a converted 1930's end of terrace house with three consultation rooms, reception and waiting area all situated on the ground floor with wheelchair access. Both surgeries have good transport links by bus and rail services and car parking is available off site.

Florence Road Surgery is approved as a training practice and hosts two male GP registrars. The practice also provides training for medical students.

The practice population is ethnically diverse and there is a wide social mix of patients residing in a variety of housing accommodation. Due to population mobility in the area the practice experiences a high volume of new registrations. There is a higher than the national average

# Detailed findings

number of patients between 25 and 44 years of age and a lower than the national average number of older patients between 65 and 85 years plus. The practice area is rated in the fourth 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, surgical procedures and treatment of disease disorder & injury.

The practice team comprises of three male GP partners, two female GP partners, two female salaried GPs, one male salaried GP who collectively work a total of 52 clinical sessions per week and two male GP registrars. They are supported by one full time nurse practitioner prescriber, one full time practice nurse, one part time practice nurse, three healthcare assistants, phlebotomist, practice manager, administration manager, reception manager, 15 administration staff and 11 receptionists/GP personal assistants. A prescribing clinical pharmacist and two pharmacy technicians are sub-contacted by the practice.

Florence Road Surgery opening hours are 8.00am to 6.30pm Monday to Friday. The practice is closed for lunch between 12.30pm and 1.30pm. Appointment times are from 8.00am to 12.20pm and 4.00pm to 6.30pm Monday to Friday. Extended hours are offered for pre-booked appointments from 7.30am to 8.00am and 6.30pm to 8.30pm on Tuesday and 7.30am to 8.00am on Wednesday. There are dedicated same day and pre-bookable appointment slots for adults and children under 16 years of age Monday to Friday. Nurse triage appointments are available daily from 8.00am to 12.30pm.

Bramley Road Surgery opening hours are 8.00am to 6.30pm Monday to Friday. The practice is closed for lunch between 12.30pm and 1.30pm. Appointment times are from 8.00am to 12.20pm and 4.00pm to 6.30pm Monday to Friday. Extended hours are offered for pre booked appointments from 6.30pm to 8.00pm on Monday and Thursday and from 8.00am to 12.00pm on Saturday. There are dedicated same day and pre-bookable appointment times for adults and children under 16 years of age Monday to Friday.

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

The 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 29 February 2016 and visited both Florence Road and Bramley Road sites. During our visit we:

- Spoke with a range of staff, including GPs, practice nurses, pharmacy team, 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.

# Detailed findings

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

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

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

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

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 practice had reviewed their protocol to strengthen safety net arrangements as a result of a vaccination error. Clinical supervision arrangements and de-brief sessions had been increased to support new members of clinical 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, it was observed that the safeguarding children policy incorrectly referred to the local Primary Care Trust (PCT) which no longer existed. 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 safeguarding 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 most had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy although there were areas at Florence Road Surgery that were in a poor state of repair. We were told that the practice had experienced two floods in the previous three months and that they were awaiting authorisation from their Insurance Company to proceed with repairs. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address where possible, any improvements identified as a result. We saw for example, that action plans had been developed with targeted completion dates for the replacement of ceramic tiles in the treatment rooms at Bramley Road Surgery which had been achieved. In addition to the replacement of chairs not previously covered in impermeable and washable materials at Florence Road Surgery. There were however several actions that remained outstanding at both sites due to financial constraints. For example, replacement of non-lever operated sink taps and carpeted consultation rooms. Carpeted areas were steam cleaned in accordance with practice infection control policy and carpets were not in place in treatment rooms.
- 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). However, it was noted that fridge temperature monitoring records did not always document the reason temperatures had on occasions fallen out of range. We were told that there had been no incidents of fridge

## Are services safe?

temperatures falling outside the recommended range without valid cause. It was also observed that the vaccine stock folder did not record an expiry date or running stock total.

- Protocols were in place for handling and processing repeat prescriptions which included the review of high risk medicines. The pharmacy team sub-contracted by the practice were responsible for the management process of prescription requests with defined parameters. This included the acceptance, handling, movement, review and issuing of prescriptions for GP authorization. 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. One of the nurses had qualified as an Independent prescriber and could therefore prescribe medicines for specific clinical conditions. This staff member had received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants (HCA) to administer flu vaccinations after specific training when a doctor or nurse was on the premises. However, whilst the practice PSD protocol included exclusion criteria for patients with specific conditions, it was unclear how patients had been excluded prior to the production of the flu clinic list the HCA was permissioned with. (Patient Specific Directions are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed four personnel files of newly appointed staff 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and there was evidence that risk assessments had in accordance to protocol been carried out, which included identification of actions required to address or reduce potential risks. The practice had up to date fire risk assessments and we were told carried out regular fire drills at both practice sites, however there was no documented evidence to support this. 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 clinical staff had received basic life support training in the last year and non-clinical staff in the last three years, with the exception of those most recently appointed. There were emergency medicines available in the treatment room at both surgery sites.
- 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. However, the records maintained for the



## Are services safe?

monitoring of emergency medicines stock and expiry dates did not reference the two areas which they were stored and therefore it was unclear which stock item was due for replacement.

- 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 and a communication cascade route.

# 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, including monthly clinical meetings where medical updates, interesting cases and significant events were discussed. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.7% of the total number of points available with 13% 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 99%, which was better than the CCG average of 86% and the national average of 89%.
- Performance for mental health related indicators was 100%, which was better than the CCG average of 95% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, an audit was recently completed to review patients prescribed a proton pump inhibitor and also a type of anti-platelet, following new guidance that reported a potential interaction between the two medicines. Those patients identified were

invited to a medication review to discuss and change their prescription if appropriate. The second cycle of this audit was in process at the time of inspection to establish if this intervention had improved the number of patients receiving both medications. Two other audits were at second audit cycle stage including a contraception coil fitting audit and a concomitant prescribing audit with potential of reduced efficacy.

- The practice participated in local audits, national benchmarking and peer review. Findings were used by the practice to improve services. For example, the practice compared data on accident emergency attendances with other local practices to share knowledge and identify areas for improvement. The practice had lower accident and emergency attendances for the CCG area.

Information about patients' outcomes was used to make improvements, for example the practice engaged in local enhanced services and used risk stratification tools to identify patients at risk of unplanned hospital admission and invite them for review to create integrated care plans aimed at reducing that risk. The practice had achieved above the target of 2% of care plans agreed and completed.

### 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 fire safety, health and safety and review of staff handbook. All mandatory training was completed by newly appointed staff within the first month.
- 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. The nurse practitioner had completed the Warwick University diabetes course for healthcare professionals.
- 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 and locality meetings.

# Are services effective?

## (for example, treatment is effective)

- 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, clinical supervision and support for revalidating GPs. All clinical staff had received an appraisal within the last 12 months, however administration staff had not received appraisals since 2013. We were told the practice had fallen behind with appraisals due to a change in their clinical system and changes in staffing but this would be progressed this year.
- 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.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Clinical staff had received specific MCA training including Deprivation of Liberty Safeguards (DoLS). 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 practice took formal written consent with a standard consent form for minor surgical procedures. However, we did not see evidence that the process for seeking consent was monitored through patient records audits.

### 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 or sharing information with out of hours 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. The practice held quarterly meetings with the community palliative care team and also safeguarding meetings with the health visitor.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

### 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 cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available in house with the health care assistants, who also visited house bound patients. A smoking cessation clinic was offered at Bramley Road Surgery on Saturday mornings. Patients who could not attend the practice were referred to local support group services.

The practice's uptake for the cervical screening programme was 63%, which was below the CCG average of 67% and the national average of 74%. We were told that there was a high population of patients from overseas who did not respond to cervical screening invites. There was a policy to offer telephone and text message reminders for patients who did not attend their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and

## Are services effective? (for example, treatment is effective)

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 below CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 21% to 89% compared to CCG rates of 31% to 94% consecutively. Rates for vaccinations given to five year olds ranged from 52% to 95% compared to CCG rates of 69% to 94% consecutively. The practice informed us that this was in part due to a high number of overseas patients that did not provide immunisation data. To address this the practice had changed their registration process requiring the provision of child immunisation

records for all children when registering with the practice. If immunisation records were not available or in a different language, an appointment had to be made with the practice nurse for further enquiry. Since introducing this system the practice told us that there had been an improvement to the immunization rates. Reminders were sent to families if a child missed their vaccination and if there was no response the Health Visitor team would be informed.

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 with the Healthcare Assistants. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

The majority of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice was well run, offered an excellent service and staff were caring, supportive, friendly 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. 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 at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 92% 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%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 93% 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% to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

The practice provided several examples of where staff had provided support to patients. For example, we were told that staff had on occasions assisted patients travelling home from the practice when they had been unable to arrange or could not afford transport home.

### 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:

- 84% 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%.
- 81% 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 the national average of 82%.
- 88% 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:

## Are services caring?

- 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 area of the main practice informing patients this service was available, however there were no notices in the reception area of the branch site at Bramley Road. Staff who spoke other languages displayed a national flag on their name badge to indicate the language spoken.
- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which informed 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 and they were offered additional support if required, for example extended appointments and health checks. The practice had identified 87 patients as carers (0.6% of the practice list). Written information was available on the carer's noticeboard to direct carers to the various avenues of support available to them. We were told that the practice had plans to promote the identification of more carers through staff training and written communications.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had assisted with the national development of the clinical pharmacist in General Practice pilot and had won funding for Ealing GP federation to mobilise the initiative across the whole CCG.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided care for residents with complex needs at a local nursing home with twice weekly ward rounds with a GP and clinical pharmacist. They also provided services to two other local nursing homes with weekly visits by a GP and medication reviews and advice from the clinical pharmacist. This had contributed to a 91% reduction of medication errors over time.
- There was a hearing loop, translation services and some disabled facilities although there was no dedicated disabled toilet at Florence Road Surgery. The practice had planned to install a disabled toilet however due to building regulation requirements this had not been permitted.
- The practice provided care for families at a local women's refuge centre.
- There were dedicated same day and pre-bookable appointment slots twice daily for children under the age of 16 years at both surgeries Monday to Friday.
- There were dedicated same day and pre-bookable appointment slots twice daily for adults at both surgeries Monday to Friday.
- The practice offered a 'Student Clinic' at Bramley Road Surgery for one hour a day three times a week in term time for University of West London students living within the London Borough of Ealing. The practice also accommodated students who required appointments outside the dedicated times at either of the surgeries.
- There were longer appointments available for patients with a learning disability.
- The practice provided care to asylum seekers and young people living in supported accommodation locally.

- The practice provided clinical facilities for annual screening of cardiac risk in the young, for patients registered at the practice and from the wider Ealing community. We were told that the average abnormal ECG detection rate in this patient group was six to seven patients per year. The practice had been commended for the facilitation of this ECG screening service by a charity set up to

### Access to the service

The practice was open at both surgeries between 8.00am - 6.30pm Monday to Friday. Appointments were from 8.00am to 12.20pm and from 4.00pm to 6.30pm daily. Extended hours appointments were offered at Florence Road Surgery from 7.30am to 8.00am and 6.30pm to 8.30pm on Tuesday and from 7.30am to 8.00 on Wednesday. Extended hour appointments were offered at Bramley Road Surgery from 6.30pm to 8.30pm on Monday and Thursday and from 8.00am to 12.00pm every Saturday. Dedicated same day and pre-bookable appointment slots were available daily at both surgeries from 11.10am to 11.30am and 4.00pm to 4.30pm for children under 16 years of age and from 11.50am to 12.20pm and 4.45pm to 6.30pm for adults. In addition to pre-bookable appointments that could be booked up to six weeks in advance, nurse triage appointments were available daily from 8.00am to 12.30pm with an urgent appointment offered within three hours if required.

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.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 71% 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- 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 on posters displayed, in the practice leaflet and on the practice website.

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled with openness and transparency and apologies were given where

appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint when a patient was unable to make an appointment over the telephone, the practice reviewed and found the event had not been dealt with in line with the appointment policy and so arranged further staff training to ensure all staff were aware and followed up to date appointment policies and procedures.



# 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 to deliver care to patients in a caring, safe and effective way 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 on the shared drive and staff handbook, however some of these required review. The practice had purchased new on line software to ensure policies were managed and kept up to date and consistent with any new guidance or change in law.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust 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 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). 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.
- 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.
- The practice supported staff to access training courses and held a budget for the funding of half the cost of training identified by staff to develop their skills. They also provided time back or alternatively paid staff for attendance at training sessions or courses in their own time.

### 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, the PPG were currently involved in arranging with the practice the introduction of 'Expert Patient' sessions with the first

# Are services well-led?

Good 

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

planned for April 2016 about type one diabetes condition. The aim of the sessions was to provide a group of patients the forum where they could share their knowledge, experiences and tips with each other. The current PPG survey included a question about what sessions patients would be interested in joining. Initial responses included baby first aid, caring for someone with dementia and living alone as we get older.

- 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. The practice proposed to review their business plans for the next few years with the whole team and had plans for a team away day one afternoon per quarter.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were part of local pilot schemes to improve outcomes for patients in the area. The pharmacy team sub-contracted by the practice had brought clinical pharmacist expertise to support GPs in the long-term management of patients with chronic disease

and elderly patient care. All requested prescriptions received by the practice were delegated to the pharmacy team which operated within a clear governance structure. This included patient record review and re-call to the appropriate clinician for clinical assessment and or medicine review. Since inception of the service the practice had experienced a significant reduction in GP time spent on repeat prescription administration of approximately 45 minutes per GP per day. It had also removed repeat prescription involvement from the receptionist and administration role freeing up time for other duties. The practice had met Quality, Innovation, Productivity, Prevention (National Health Service; UK) QIPP guidelines for diabetes and care of the elderly. The clinical pharmacist attended ward rounds at a local nursing home to review medication charts and provided medicines advice. This had contributed to a 91% reduction of medication errors over time.

The practice had introduced a reception personal assistant (PA) role as the reception team function had changed since the introduction of the pharmacy team and telephone consultations. The PA role was implemented with named staff assigned to one or two GPs working closely with them to provide administration support and continuity for the efficient co-ordination of patient care.