

The Argyle Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Argyle Surgery on 6 September 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they could make an appointment within a reasonable time with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs. However, the premises were in need of a general upgrade.
- 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.

We saw one area of outstanding practice:

- The practice had been awarded the contract to provide a nursing home service to 18 out of the 21 care homes in the London Borough of Ealing. 'The Argyle Care Home Service' started its multi-disciplinary team approach to deliver innovative primary care to over

Summary of findings

900 care home residents in July 2013. The clinicians work with the in-house pharmacy team to deliver the service. The service is accessible 8:00am to 8:00pm, seven days a week, 52 weeks a year. Key achievements of the multi-disciplinary team work from 2013 to date include a 66% reduction in the use of antipsychotic medicines in nursing home based dementia patients, a 20% reduction in accident and emergency

admissions and a reduction of more than 40% in admission to hospital for end of life care. The practice had won the British Medical Journal Primary Care Team of the Year award in 2015 for its care home service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or 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.
- The practice had improved outcomes for patients based in care homes in the London Borough of Ealing through providing a care home service. Key achievements included a 66% reduction in the use of antipsychotic medicines in nursing home based dementia patients, a 20% reduction in accident and emergency admissions and a reduction of more than 40% in admission to hospital for end of life care.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, out of hospital services including anticoagulation and phlebotomy.
- The practice had an in-house pharmacy team that worked collaboratively with the clinicians to respond to the prescribing needs of all patients registered at the practice including care home based patients.
- The practice provided a nursing home service to 18 out of 21 care homes in the London Borough of Ealing. The clinicians worked with the in-house pharmacy team to deliver the service. Since 2013 the practice had responded to the older people's needs by reducing antipsychotic prescribing in care home based dementia patients, reducing accident and emergency admissions and reducing admissions to hospital for end of life care. The service was accessible 8:00am to 8:00pm, seven days a week, 52 weeks a year.
- Patients said they could make an appointment within a reasonable time with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs. However, the premises was in need of a general upgrade.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a care home service to 18 care homes in the London Borough of Ealing. The clinicians worked with the in-house pharmacy team to deliver an innovative service. Key achievements of the service included a 66% reduction in the use of antipsychotic medicines in nursing home based dementia patients, a 20% reduction in accident and emergency admissions and a reduction of more than 40% in admission to hospital for end of life care. The practice had won the British Medical Journal Primary Care Team of the Year award in 2015 for its care home service.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework performance for diabetes related indicators in 2014/15 was 100% with exception reporting of 19% (CCG average 12%). Unpublished data from 2015/16 provided by the practice showed they had reduced exception reporting.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 78% and the national average of 82%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had 35 patients on the register including patients living in two specialist residential care homes. The practice pro-actively supported these patients through staff training, providing health checks at the homes for those who could not attend the practice and through working with local support groups.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided a substance misuse service with four GPs trained to prescribe methadone.
- The practice worked with the local Mental Health Trust to reduce the number of smokers in patients experiencing poor mental health. A smoking cessation advisor worked at the practice once a week who contacted patients on the severe mental health register to provide smoking cessation advice.

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).

- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 88% and the national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and ninety eight survey forms were distributed and 113 were returned. This represented a 38% response rate and 1.4% of the practice's patient list.

- 66% 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%.
- 90% 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%.
- 90% 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%.

- 90% 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 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received although there were a few comments that waiting times once at the surgery to see a doctor were long.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

The practice had been awarded the contract to provide a nursing home service to 18 out of the 21 care homes in the London Borough of Ealing. 'The Argyle Care Home Service' started its multi-disciplinary team approach to deliver innovative primary care to over 900 care home residents in July 2013. The clinicians work with the in-house pharmacy team to deliver the service. The service is accessible 8:00am to 8:00pm, seven days a week, 52 weeks a year. Key achievements of the

multi-disciplinary team work from 2013 to date include a 66% reduction in the use of antipsychotic medicines in nursing home based dementia patients, a 20% reduction in accident and emergency admissions and a reduction of more than 40% in admission to hospital for end of life care. The practice had won the British Medical Journal Primary Care Team of the Year award in 2015 for its care home service.

The Argyle Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Argyle Surgery

The Argyle Surgery is situated at 128 Argyle Road, West Ealing, London, W13 8ER in a semi-detached converted house. The practice provides primary medical services through a General Medical Services (GMS) contract to 8,100 people in the London Borough of Ealing. The practice in addition holds a alternative primary medical services (APMS) contract for 960 care home residents in the borough. The practice also provides services for three learning disability homes.

The ethnicity of the practice population is of mixed origin with a significantly higher than average number of people 25-39 years of age and a higher than average number of children under nine years of age. Life expectancy is 79 years for males and 85 years for females which is similar to national averages. The local area is the fifth less deprived in the London Borough of Ealing (people living in more deprived areas tend to have greater need for health services).

The practice team consists of two male GPs partners and four female GP partners (22 clinical sessions) three salaried GPs (7 clinical sessions), a nurse practitioner (8 clinical sessions), two practice nurses (9 clinical sessions), three

healthcare assistants, eight phlebotomists and a practice manager who is supported by a large team of administration / reception staff. The nurse practitioner is also a practice partner.

The practice has an in-house pharmacy team including two clinical pharmacists, four prescribing pharmacists, four pharmacy technicians and one trainee pharmacist. The team of pharmacists provide prescribing support for the clinicians for patients under both the GMS and APMS contracts.

The practice is open between 8:00am and 6:30pm Monday to Friday. Appointments are from 8:30am to 12:00pm every morning and 2:00pm to 6:00pm daily. Extended hours appointments are offered between 8:15am and 12:30pm on Saturday mornings. Telephone lines are open throughout the opening hours. The nursing home service runs 8:00am to 8:00pm, seven days a week, 52 weeks a year.

The Argyle Surgery is an accredited training practice. Trainees include GP Registrars (doctors completing their final training to become a GP) and Foundation Year Two doctors (qualified doctors who, as part of their training, will work under the supervision of one of the partners) as well as medical students. The nurse practitioner and a second nurse are qualified nurse mentors and are active in mentoring trainee nurses.

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

Detailed findings

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 6 September 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a doctor on call over the weekend could not contact the palliative care team or the local hospital haematology team as a red listed medicine needed to be prescribed for a patient and the dosage checked (red listed medicines are considered to be specialist medicines and the prescribing responsibility for these medicines should normally remain with the consultant or specialist clinician). The doctor took action by prescribing the medicine for a short period of two days and referred the patient to hospital. Learning was to ensure that the GPs had the emergency out of hours number for palliative care and haematology.

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 and the nurses to at least 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence 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 in-house pharmacy team, 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. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow

Are services safe?

nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed seven personnel files including two salaried GPs, a locum GP, a nurse, two healthcare assistants and two non-clinical 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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice 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 included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available with a 14% exception rate (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 2014/15 showed:

- Performance for diabetes related indicators was 100% compared to the CCG average of 86% and the national average of 89% with exception reporting of 19% (CCG average 12%).
- Performance for mental health related indicators was 100% compared to the CCG average of 95% and the national average of 93% with exception reporting of 5% (CCG average 12%).
- Performance for hypertension related indicators was 100% compared to the CCG average of 97% and the national average of 98% with exception reporting of 6% (CCG average 4%).

The practice provided us with evidence that exception reporting had improved in 2015/16 and it was now generally in line with CCG averages.

There was evidence of quality improvement including clinical audit.

- The practice provided us with four clinical audits, two of these were completed audits where the improvements made were implemented and monitored. For example, an audit was carried out to monitor the overuse of inhalers (used in the treatment of asthma). The initial audit identified 53 patients on ten or more prescriptions per year of a particular inhaler. After the initial audit the practice implemented an action plan to reduce overuse in these patients. A re-audit showed that the number of patients on 10 or more prescriptions per year had reduced to 36.
- The practice had improved outcomes for patients based in care homes in the London Borough of Ealing through providing a care home service. Key achievements included a 66% reduction in the use of antipsychotic medicines in nursing home based dementia patients, a 20% reduction in accident and emergency admissions and a reduction of more than 40% in admission to hospital for end of life care.

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.
- 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to send letter reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 95% and five year olds from 80% to 99%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 98% 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%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw leaflets kept at reception informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice had applied for funding to improve the identification of and the support offered to carers. Reception staff had been trained in carers awareness and the practice had a carers champion.

A bereavement protocol was in place and all staff informed. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Bereavement support booklets were available in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, out of hospital services including anticoagulation and phlebotomy. The practice had engaged with the CCG to pilot whole systems integrated care in Ealing (one of three practices selected) with an aim to developing the process of care co-ordination. The practice had helped to develop the process, appoint a care coordinator and support their training.

- The practice offered extended hours on a Saturday morning from 8:15am to 12:30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, those requiring an interpreter and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately such as yellow fever.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided online appointments, a 24 hour automated telephone appointment system, over the phone or in person.
- Telephone consultations were available daily.
- The practice had an in-house pharmacy team that worked collaboratively with the clinicians to respond to the prescribing needs of all patients registered at the practice including care home based patients.
- The practice provided a nursing home service to 18 out of the 21 care homes in the London Borough of Ealing. The clinicians worked with the in-house pharmacy team to deliver the service. Since 2013 the practice had responded to older peoples needs by reducing antipsychotic prescribing in care home based dementia

patients, reducing accident and emergency admissions and reducing admissions to hospital for end of life care. The service was accessible, 8:00am to 8:00pm, seven days a week, 52 weeks a year.

- The practice had a phlebotomy service which it also provided to other practices in the local area. In the previous nine months the service had undertaken 40,000 bleeds across ten sites.
- The practice was the first in the locality to pilot the community based plus bus service for mobile but otherwise housebound patients which has now been rolled out across the whole CCG.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were from 8:30am to 1:00pm every morning and 2:00pm to 6:30pm daily. Extended hours appointments were offered between 8:15am and 12:30pm on Saturday mornings. The practice offered urgent on day appointments and routine appointments available from 48 hours to six weeks in advance.

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.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 90% 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%.
- 66% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 52% and the national average of 65%.
- 46% of patients usually got to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%. The partners recognised that patients found it difficult to see their preferred GP and told us they would look at ways to address this.

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

Are services responsive to people's needs?

(for example, to feedback?)

practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. All home visit requests were dealt with by the duty doctor.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information leaflets in the waiting area.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that they had been referred to wrong hospital specialist. The complaint was investigated and it was found that a mistake had been made on the referral form which resulted in appointment being made with wrong specialist. An apology was made to the patient and another referral made. The complaint was discussed in a clinical meeting and learning shared. The learning from the complaint was to double check all information on referral forms and ensure the patient wishes are understood.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were 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). 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. These included partners meetings, clinical meetings and reception meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of PPG feedback a private room had been made available to discuss confidential issues with patients. and information made available instructing patients how to register for online services.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

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 provided a nursing home service to 18 out of the 21 care homes in the London Borough of Ealing.

The practice had their own in-house pharmacy team who supported the clinicians with repeat prescribing and medicine management to all the patients registered at the practice and all their care home based patients. The practice had trained a pre-registration pharmacist who had gone on to win the pre-registration pharmacist of the year award in 2015 from the Primary Care Pharmacy Association (an independent organisation that supports pharmacists).

The practice had also been involved in developing pharmacy technician roles within the practice. The practice was currently working with pharmacy team to pilot a clinical pharmacist seeing patients for minor ailments.

The practice had achieved the Royal College of General Practitioners (RCGP) award in December 2014 for delivering high quality patient care.

There was a strong focus on training staff. For example, the practice had supported the training of healthcare assistants through the care certificate (the new minimum standards that should be covered as part of induction training of new care workers) and extended skills training in anti-coagulation, health checks, immunisation and wound care.

A GP Partner was the co-chair of the local network multidisciplinary group which had worked on a number of projects in the previous year which included projects to improve communication between primary, secondary and community care, developing advanced nursing posts and finding pre-registration nursing placements in primary care, and the collaboration with Out of Hours providers on shared care plans.