

The Medical Centre

Quality Report

The Medical Centre
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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?	Requires improvement		
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 Medical Centre, 23 Beaconsfield Road, Southall, UB1 1BW and the branch surgery at, 3-5 Cecil Road, Hounslow, TW3 1NU on 15 March 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, except for the practice did not have a defibrillator or risk assessment to mitigate the risk of not having one.
- 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make an improvement is to:

Summary of findings

- Assess the risk of not having access to a defibrillator in a medical emergency.
- Ensure the practice improves performance identified in the GP Patient survey (January 2016), relating to how patients could access care and treatment.

The area where the provider should make an improvement is to:

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 requires improvement 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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, except the practice did not have a defibrillator or risk assessment to mitigate the risk of not having one.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national average:
- Performance for diabetes related indicators was in line with the national average.
- Performance for mental health related indicators was higher than 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 multidisciplinary teams 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.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice as comparable to others for several aspects of care.
- Patients when interviewed 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.

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

Are services well-led?

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

Good



- 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 this.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.

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.

Good



- 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.
- 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.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with the national average, for instance:
- 66% of patients with diabetes on the register had their blood sugar recorded as well controlled, this was lower than the national average of 76%.
- 93% of patients with diabetes on the register had a recorded foot examination and risk classification; this was higher than the national average of 88%.
- 95% of patients with diabetes on the register had a recorded blood pressure reading, this was higher than the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, 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.
- 87% of patients diagnosed with asthma had a review in the last 12 months this was higher than the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 90% of women aged 25-64 had it recorded on their notes that a cervical screening test was performed in the preceding 5 years; this was higher than the national average of 82%.
- 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 and health visitors.

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).

Good



- 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.
- The practice offered extended opening hours at the Southall location every Tuesday and at the Hounslow location every Thursday.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 88% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months; this was higher than the national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months; this was higher than the national average of 90%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months; this was higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 published on January 2016 (01/01/2014 – 30/09/2015) showed the practice was performing in line with national averages, 415 survey forms were distributed and 102 were returned. This represented 1.2% of the practice's patient list.

- 77% found it easy to get through to the surgery by phone, compared to the national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.
- 79% described the overall experience of their GP surgery as fairly good or very good, compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients described their experience at the practice as positive, clinical staff were knowledgeable and caring and non-clinical staff were patient and supportive.

We spoke with three patients during the inspection and also three patients who were actively involved in the patient participation group (PPG). All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Medical Centre

- The Medical Centre is a two site practice located in the London Borough of Ealing, both practices are registered and known as 'The Medical Centre'.
- The main practice is based in the Southall area (Southall branch). The building is situated off a main road. The practice is located on the ground and first floor of a converted residential property. There are four consulting rooms and a room for baby consultations. There are two toilets; both suitable for patients with disabled access, one on each floor. Access to the surgery is via the main front entrance of the building on level flooring with automatic doors for wheelchair access.
- The branch practice is based on the borders of Southall and Hounslow (Hounslow branch). The building is situated off a main road. The practice is located on the ground and first floor of a converted residential property. There are five consulting rooms and a room for baby consultations. There are two toilets; both suitable for patients with disabled access, one on each floor. Access to the surgery is via the main front entrance of the building on level flooring with automatic doors for wheelchair access.
- Both practices are less than 30 minutes apart, easily accessible by public transport.
- Patients are able to attend either practice of their choice.
- All staff, clinical and non-clinical, work across both sites.
- The service is registered with the Care Quality Commission to provide the regulated activities of:
 - Diagnostics and screening services
 - Treatment of disease, disorder or injury
 - Surgical procedures
 - Maternity and midwifery services
 - Family planning
- The practices are run by three GP partners (female and male). The partners are supported by; one salaried GP (female), three nurses, one healthcare assistant (HCA), one practice manager and five reception staff.
- The GP partners collectively work 14 clinical sessions at the Southall site and 12 clinical sessions at the Hounslow site. The salaried GP's worked eight clinical sessions at the Hounslow site.
- The Southall main practice is open between:
 - 08:00am – 6:30pm Monday, Tuesday, Thursday and Friday. Appointments were available from 8:30am – 6:30pm.
 - 08:00am – 1:00pm Wednesday. Appointments were available from 8:00am – 1:00pm.
 - Extended surgery hours were offered from 6:30pm – 7:30pm every Tuesday.
- The Hounslow branch practice is open between:
 - 08:00am – 6:30pm Monday, Tuesday, Thursday and Friday. Appointments were available from 8:30am – 6:30pm.
 - 08:00am – 1:00pm Wednesday. Appointments were available from 8:00am – 1:00pm.
 - Extended surgery hours were offered from 6:30pm – 7:30pm every Thursday.

Detailed findings

- When the practices are closed on Wednesday's patients can call a local out of hour's service from 1:00pm to 6:30pm.
- When the practices are closed patients can call NHS 111 in an emergency or a local out of hour's service.
- The practices have a combined patient list size of approximately 8,500 patients. The practices are situated in an area, which is classified as the fourth most deprived decile. The majority of the patients within the practices are either young or of working age. A small percentage of patients are aged between 65 and 85.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 15 March 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, healthcare assistant, practice manager, receptionists and other non-clinical staff).
- Spoke with three patients.

- Spoke with three PPG members.
- 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 36 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example a patient came in to the practice to collect a prescription, a member of staff by mistake handed over a scan referral for the patient's daughter with the prescription. Upon realising the error, the practice apologised for the mistake. The significant event was addressed in line with the practice policy and was discussed at the next team meeting. Training was rolled-out throughout the practice to remind staff of Data Protection responsibilities. In addition, the member of staff responsible for the error received additional training.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs and other clinical staff were trained to Safeguarding level 3 with regards to vulnerable adults and children. All non-clinical staff were trained to Safeguarding level 2 with regards to vulnerable adults and children

- 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 check (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, there were no required improvements identified in the most recent audit undertaken within the past 12 months.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs 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 HCA had obtained a care certificate; they received mentorship from the practice nurse's and GPs are able to see a diverse range of patients and deliver influenza and pneumovac vaccines. The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises (PSDs are written instructions from a qualified and

Are services safe?

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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some 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.
- We saw evidence that the practice had discussed the risk of not having a defibrillator, however, there was no formal risk assessment to mitigate the risk of not having one in the event of a medical emergency.
- The practice had oxygen available on the premises with adult and children's masks. A first aid kit and accident book was also 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 fit for use.

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 peoples' 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 97.5% of the total number of points available, with 5.7% 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 the diabetes related indicators was comparable to the national average:
- 66% of patients with diabetes on the register had their blood sugar recorded as well controlled, compared to the national average of 78%.
- 93% of patients with diabetes on the register had a recorded foot examination and risk classification, compared to the national average of 88%.
- 95% of patients with diabetes on the register had a recorded blood pressure reading, compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average:

- 89% of patients with hypertension had a last blood pressure reading measuring 150/90mmHg or less in the preceding 12 months (national average 84%).
- Performance for mental health related indicators was higher than the national average:
- 88% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months, compared to the national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, compared to the national average of 90%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months, compared to the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored. For example, chronic obstructive pulmonary disease (COPD), a name used to describe a number of conditions including emphysema and chronic bronchitis. Following the first cycle of the audit it was recommended that patients diagnosed with COPD, due to long standing asthma, were prescribed a steroid inhaler. The second cycle of the audit demonstrated an improvement for patients where the inhaler had been prescribed.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All newly appointed non-clinical staff shadowed more senior members of staff for a minimum period of two weeks.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term

Are services effective?

(for example, treatment is effective)

conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidation for GPs and other clinical staff. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available by referral and smoking cessation advice was available at the practice and from a local support group.

The practice's uptake for the cervical screening programme was 90%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 96% (CCG 83% to 94%) and five year olds from 71% to 97% (CCG 79% to 94%).`

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people 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 36 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The results were comparable to the local and national averages, for example:

- 84% said the GP was good at listening to them (CCG average of 83%, national average of 88%).
- 82% said the GP gave them enough time (CCG average 80%, national average 86%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 91%).

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients mostly responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were variable compared to the local and national averages, for example:

- 79% said the last GP they saw was good at explaining tests and treatments, (CCG average 80%, national average 86%).
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%).
- 88% said the last nurse they saw was good at explaining tests and treatments (CCG average 83%, national average 89%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients, 1%, of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; the practice had met with the local community mental health team to discuss homeless patients accessing the referral pathway.

- The practice offered a 'Commuter's Clinic'; 6:30pm – 7:30pm every Tuesday and Thursday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. Patients with mobility issues were offered appointments on the ground floor of the practice.

Access to the service

- The Southall main site was open between:
 - 08:00am – 6:30pm Monday, Tuesday, Thursday and Friday. Appointments were available from 8:30am – 6:30pm.
 - 08:00am – 1:00pm Wednesday. Appointments were available from 8:00am – 1:00pm.
 - Extended surgery hours were offered from 6:30pm – 7:30pm every Tuesday.
 - When the practices are closed on Wednesday's patients can call a local out of hour's service from 1:00pm to 6:30pm.
- The Hounslow branch site was open between:

- 08:00am – 6:30pm Monday, Tuesday, Thursday and Friday. Appointments were available from 8:30am – 6:30pm.
- 08:00am – 1:00pm Wednesday. Appointments were available from 8:00am – 1:00pm.
- Extended surgery hours were offered from 6:30pm – 7:30pm every Thursday.
- When the practices are closed on Wednesday's patients can call a local out of hour's service from 1:00pm to 6:30pm.
- In addition pre-bookable appointments could be booked up to four weeks in advance; urgent appointments were also available on the same day for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours (national average of 78%).
- 70% patients said they could get through easily to the surgery by phone (national average 78%).
- 26% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

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.
- 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, posters were displayed in the waiting area and leaflets were available for patients at the reception desk.

We looked at three complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way which was open and

Are services responsive to people's needs? (for example, to feedback?)

transparent. Complaints were discussed during regular team meetings, lessons were and action was taken to as a result to improve the quality of care. For example, a GP diagnosed a patient with a particular condition and prescribed medicine accordingly. The patient within a few days complained that the GP prescribed the wrong medicine as it caused certain side effects. Upon receipt of the complaint, the practice manager called the patient to discuss the complaint. The patient said they wanted to see a GP quickly as they were worried about their health. The

patient attended the surgery within the next hour and was seen by a GP who explained that they were not given the wrong medicine; the side effects were common for the prescribed medicine. However, to reassure the patient further tests were undertaken to ensure there was no wider issue. The practice reviewed the complaint during their team meeting and determined that there was no need to make changes to the practices processes as this was an isolated incident, which was a result of miscommunication between the practice and patient.

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.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice installed a ramp in the patient waiting area to improve disabled access following feedback from the PPG.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

Are services well-led?

Good 

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

to improve outcomes for patients in the area. For example, the practice was piloting a new referral pathway for

patients to access the community integrated musculoskeletal service. As part of the pilot patients were able to refer themselves directly to the service without a direct referral from their GP.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered person did not have a defibrillator available at the practice or a risk assessment to indicate they had assessed the risks and needs. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>