

Westseven GP

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 Westseven GP on 12 November 2015. Overall the practice is rated as good.

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.

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

- There was an effective system in place for reporting and recording significant events and these were discussed regularly to share learning.
- The practice had defined systems, processes and practices in place to keep people safe, including procedures to manage infection control, safeguarding concerns and staff recruitment.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt the practice offered a good service and staff were polite, professional, friendly and caring and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.
 - The practice proactively sought feedback from patients and there was evidence they acted on feedback received to make improvement to services.
- The practice was aiming to expand its services through recruiting an additional GP.

The areas where the provider should make improvement are:

Summary of findings

- Review the arrangements and responsibilities for regular fire drills at the practice premises.
- Ensure all administration staff completes up to date safeguarding training.
- Ensure that the processes for monitoring fridge temperatures are consistently followed in line with national guidance.
- Ensure paediatric defibrillator pads are available for use in a medical emergency.
- Ensure clinical staff completes Mental Capacity Act training.
- Review the processes in place for consumables stock management.
- Ensure there is a failsafe system in place to confirm results are received for every sample sent as part of the cervical screening programme.
- Advertise that translation services are available.

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.

Good



- There was an effective system in place for reporting and recording significant events.
- Significant events were discussed at the monthly practice meeting to share learning and action points.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- There was a named lead for safeguarding vulnerable adults and children and staff were aware of their responsibilities to report concerns.
- The practice had defined systems, processes and practices in place to keep people safe, including procedures to manage infection control, safeguarding concerns and staff recruitment.
- The practice was equipped to manage medical emergencies and all staff had received basic life support training. They had a comprehensive business continuity plan to cover for major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Quality and Outcomes Framework data showed patient outcomes were at or above the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a programme of independent clinical audits that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff training needs were identified through annual appraisal and personal development plans.
- Staff held monthly multidisciplinary team meetings attended by district nurses and the community palliative care team to understand and meet the range and complexity of people's needs.
- The practice had systems in place to promote good health including childhood immunisation and cervical screening programmes with uptake rates comparable to local and national averages.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2015 showed that patient satisfaction scores for consultations with doctors and nurses were comparable to local and national averages.
- Patients said they felt the practice offered a good service and staff were polite, professional, friendly and caring and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS London and the local Clinical Commissioning Group to secure improvements to services where these were identified. For example, engaging in CCG led audits and benchmarking to ensure practice was in line with local guidance.
- Patients said they found it easy to make an appointment and that 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 that the practice responded quickly to issues raised with formal apologies to patients when indicated.

Good



Are services well-led?

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

- It had a clear vision to provide a caring, comprehensive and efficient service for all patients.
- There was a clear leadership structure and staff felt supported by management.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality, identify risk and a range of practice specific policies.
- The provider was aware of the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice proactively sought feedback from patients through the virtual patient participation group, the Friends and Family Test, patient surveys and complaints received. There was evidence the practice it acted on feedback received to make improvements to services.
- The practice gained feedback from staff through monthly team meetings and one to one discussion.
- The practice was aiming to expand its services through recruiting an additional GP.

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



- There was a named lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice held monthly multi-disciplinary team meetings attended by district nurses and community palliative care team to discuss and manage the needs of frail elderly patients.
- The practice offered flu vaccinations in line with national guidance to patients aged over 65 years and uptake rates were comparable to the national averages.
- Home visits were available for older patients unable to attend the practice due to illness or immobility.
- The practice made use of the local plus bus transport service to enable older patients or those with mobility options to attend the surgery and access services.
- The practice participated in local enhanced services to identify frail older patients at risk of hospital admission and invited them to attend for review to create integrated care plans aimed at reducing this risk.

People with long term conditions

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

Good



- The practice participated in local enhanced services to identify patients with complex medical needs at risk of hospital admission and invited them to attend for review to create integrated care plans aimed at reducing this risk.
- They held regular review meetings of unplanned hospital admission to identify areas where needs could be met in the community and additional support provided on discharge.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- The practice held monthly multi-disciplinary team meetings attended by district nurses and community palliative care team to discuss and manage the needs of patients with complex medical needs.
- Patients with long term conditions were invited to nurse led annual review for health checks and to review care plans.

Summary of findings

- Both GPs had received additional training in diabetes. The practice told us they were proactive in assessing patients at high risk of diabetes and would follow up on any risk factors identified during routine NHS Health checks offered to patients.

Families, children and young people

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

- The practice had a named lead for safeguarding children and staff had received role appropriate child protection training.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered GP led antenatal and postnatal care with support from the community midwife team. There was a weekly baby clinic for child health surveillance and immunisations.
- The practice offered childhood immunisations in line with national guidance and uptake rates were comparable to local averages.

Good



Working age people (including those recently retired and students)

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

- The practice had recently stopped offering extended hour appointments due to difficulties with resource and capacity. However, we were told they tried to accommodate working age patients by offering end of the day appointments where possible.
- There was the facility to book appointments and request repeat prescriptions online for those unable to attend the practice during working hours.
- The practice offered telephone consultations with the duty doctor if appropriate.
- Routine NHS Health checks were offered to patients aged 40 – 74 years of age and we were told any abnormalities detected were followed up promptly.

Good



People whose circumstances may make them vulnerable

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

- There were disabled facilities and translation services available.

Good



Summary of findings

- The practice maintained a register of patients with learning disabilities and offered them annual review and health checks. Appointment times for these checks were flexible where possible so that carer's may accompany patients if required.
- The practice had alerts for carers on the electronic record system and these patients were offered extra support and annual flu vaccinations.
- There was a named lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.

People experiencing poor mental health (including people with dementia)

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

- The practice made use of local Improving Access to Psychological Therapies (IAPT) services to support patients suffering with anxiety and depression.
- The practice maintained a register of patients experiencing poor mental health and these patients were invited for annual review and health checks. The practice had monitored the uptake of these annual reviews with a complete cycle audit and made changes to improve the number of completed health checks.
- The practice engaged in the shifting settings of care program that supported patients discharged from secondary care mental health services to primary care with advice and input from the primary mental health care worker.
- The practice nurse was trained to administer depot injections (an Antipsychotic medicine) and we were told they would follow up on patients who missed appointments.
- The practice was pro-active in screening for dementia in at risk patients with onward referral to local memory services if required. We were told the practice diagnosis rate of dementia was above the local CCG average. All staff had received dementia training to raise awareness and management of the condition.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was performing in line with local and national averages. 367 survey forms were distributed and 111 were returned.

- 89% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 89% found the receptionists at this surgery helpful (CCG average 81%, national average 87%).
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 72% described their experience of making an appointment as good (CCG average 66%, national average 73%).

- 57% usually waited 15 minutes or less after their appointment time to be seen (CCG average 53%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were mostly positive about the standard of care received. Feedback described the staff as professional, caring, friendly and efficient and described the environment as safe, hygienic and clean. The few negative comments received included long waits to get appointments.

We spoke with 12 patients during the inspection. Most of the patients said that they were happy with the care they received and thought that staff were professional, supportive and caring. Negative comments included the wait to get a routine appointment and surgeries often running late.

Westseven GP

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 second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Westseven GP

Westseven GP is a well-established GP practice located in Hanwell within the London Borough of Ealing and is part of the NHS Ealing Clinical Commissioning Group (CCG) which is made up of 79 GP practices. The practice provides primary medical services to approximately 3400 patients. The practice holds a core General Medical Services contract. The practice is located within Hanwell Health Centre owned by another GP Practice in residence. The health centre was previously shared with three GP practices but one had recently vacated the premises. The practice premises are ground floor based with wheelchair access, disabled toilets and car parking facilities.

The practice team comprises of one female senior GP partner working six sessions per week, one female GP partner working six sessions per week, one female practice nurse, a practice manager and four reception staff.

The practice opening hours are 8.00am to 6.30pm Monday to Fridays. The practice is closed for lunch from 1.00pm to 2.00pm daily. Morning appointments are from 9.00am to 11.00am Monday to Fridays and afternoon appointments from 4.00pm to 6.00pm Monday to Thursday and 3.30pm to 5.30pm on Fridays. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice

website. The practice provides a wide range of services including chronic disease management, maternity services, child health surveillance and anticoagulation clinics. The practice also provides health promotion services including childhood immunisations, family planning and cervical screening.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 November 2015:

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

Detailed findings

- Reviewed 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and discussed learning and action points from each event reported at the monthly practice team meeting.

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, following an incident involving a repeat prescription the practice reviewed their policy to advise reception staff to proactively contact patients if a repeat prescription was rejected to discuss and resolve any issues.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people 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. The practice carried out an annual safeguarding audit to quality assure the processes in place. One of the GP partners 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 safeguarding responsibilities and there was evidence that clinical staff

had received safeguarding training at the required level. However there was no evidence that reception staff had completed safeguarding training within the last three years.

- All staff who may be called upon to act as a chaperone had received a disclosure and barring 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. For example, the practice changed the chairs in clinical rooms to wipe able material on the recommendations of the last infection control audit. They had submitted an application for an improvement grant to replace carpets and sinks in clinical areas.
- Most of the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling and security). However, we did not see evidence that the cold chain for vaccine storage had been consistently maintained as there were omissions in the record logs kept. Actual fridge temperatures were documented twice daily, but minimum and maximum ranges were not always recorded each day. This issue was identified by the practice a week prior to the inspection and monitoring of minimum and maximum temperatures had since been recorded daily. The practice advised us following the inspection that they had purchased a digital logger to verify fridge temperature stability. We observed that the fridge was not hard wired and there was no sign on the electrical plug to warn that it should not be switched off. 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

Are services safe?

monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw evidence these were all signed and in date.

- The practice nurse was responsible for the stock management of clinical consumables, however we did find some out of date urine sample dip sticks and dressings.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, there were no references retained in some of the recruitment files reviewed, which we were told was because most staff had been employed at the practice for many years.

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. The landlord was responsible for the maintenance of the building and the communal areas within the building. We saw evidence that a variety of risk assessments and safety checks were regularly undertaken to monitor the safety of the premises. These included testing and investigation of legionella, asbestos surveys and completion of fire equipment checks. There was no evidence that fire drills were carried out regularly. The practice conducted formal fire risk assessments within their own practice area but did not carry out fire evacuation drills. We were told that they had implemented a reactive evacuation in January 2015 due to a car fire outside the premises. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. We were told the practice used regular locum staff to cover absence or sick leave. There was a locum pack available for staff working at the practice. The practice was aware they had issues with staffing levels and were in the process of recruiting an additional GP and receptionist.

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 shared a defibrillator with another practice in the health centre and this was located accessibly in the reception area. However, there were no paediatric pads available to use with this. There was oxygen on the premises with adult and children's masks. There was also a first aid kit available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice did not maintain a stock of all recommended emergency medicines, but retained those medicines required to manage anaphylaxis, infection, chest pain and breathing difficulties. We were told additional emergency medicines that may be required could be easily accessed from the on-site pharmacy within the health centre. All the emergency 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. A copy of this plan was also available off site. 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local CCG guidelines.

- The practice had systems in place to keep all clinical staff up to date. We were told, as it was a small practice GPs would discuss new guidance with each other or at the monthly practice meeting. 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 and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.9% of the total number of points available, with 9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 95.3%, which was better than the CCG average of 85.6% and national average of 89.2%
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 85.5%, which was in line with CCG average of 81.2% and national average of 82.6%.
- Performance for mental health related indicators was 92.3%, which was similar to the CCG average of 94.9% and the national average of 92.8%.
- The dementia diagnosis rate was above the local CCG average.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years. One of these was a completed audit where improvements made were implemented and

monitored. For example, the completed audit reviewed patients experiencing poor mental health to ensure they received regular health checks, re-audit showed numbers had improved following implementation of alerts placed on patients electronic records. The second cycles of the other two audits were planned for later in the year.

- The practice participated in applicable local audits and national benchmarking. They were part of a GP federation that were developing a network to deliver out of hospital services within the local community.
- Findings were used by the practice to improve services. For example, the practice undertook regular internal review of unplanned hospital admissions at their monthly practice meeting to identify any issues that could have been managed by primary care services.

Information about patients' outcomes was used to make improvements. For example, the practice took part in local enhanced services to use a risk stratification tool to identify patients at high risk of hospital admission and invite them for review to create integrated care plans aimed at reducing that risk. At the time of the inspection the practice had completed above the required target of completed care plans with 2.3% completed.

The practice had also performed a review of urgent two week wait referrals to ensure all patients had been seen by secondary care services within the required two week period. They found the majority of patients had been seen within the time frame and there were adequate explanations for the two that were not. However, to ensure all referrals were seen within the two week period, it was agreed the referring GP would add any two week wait referrals made to their task list to follow up on personally and in the case of referrals made by locum staff this would be handed over to the duty doctor to follow up.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics infection prevention and control, fire safety, health and safety and basic life support.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included on-going support during one-to-one meetings, appraisals, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, information governance awareness and dementia training. Staff had access to and made use of e-learning training modules.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis when members of the district nursing team and community palliative care teams attended the monthly practice meetings to discuss patient cases and review and update care plans.

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. However, clinical staff had not received formal training in the Mental Capacity Act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The practice did not carry out any procedures that required written consent, where verbal consent was obtained for treatments and procedures this was recorded within the patient's electronic record.

Health promotion and prevention

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

- These included carers, those at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available in house from the practice nurse.

The practice's uptake for the cervical screening programme was 80.3%, which was comparable to the CCG average of 78.3% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice did not have a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.1% to 93.9% and five year olds from 72% to 98%. Flu vaccination rates for the over 65s were 68.8%, which was comparable to the national average. However, flu vaccination rates for at risk groups were 35.6% which was below the national average of 52%. The practice were aware of this and had processes in place that endeavoured to increase uptake rates including open flu clinics, contacting at risk patients and reminders on prescriptions.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. Reception staff updated patients when the surgeries were running late.

- 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 16 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were polite, professional, friendly and caring and treated them with dignity and respect. 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 comparable to local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 77% said the GP gave them enough time (CCG average 80%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 81%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. However there were no 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 and reception area 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 and these patients were offered additional support and invited for annual flu vaccinations. 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 and gave advice on support services available if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS London Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice attended a monthly locality meeting with other practices to discuss local needs and plan service improvements that needed to be prioritised. The practice also engaged with CCG led audits and benchmarking to monitor services and improve outcomes for patients. Any areas identified for improvement were acted upon, for example the practice reviewed antibiotic prescribing to ensure they were prescribed in line with local CCG guidance.

- Home visits were available for older patients or patients unable to attend the practice.
- The practice participated in local enhanced services to identify frail older patients and those with complex medical needs at risk of hospital admission and invited them to attend for review to create integrated care plans aimed at reducing this risk. They also held regular review of unplanned hospital admission to identify areas where needs could be met in the community and additional support provided.
- The practice made use of the local Plus Bus transport service to enable older patients or those with mobility options to attend the surgery and access services.
- Patients with long term conditions were invited to nurse led annual review for health checks and to review care plans.
- Both GPs had completed additional diabetes training courses to improve knowledge and management of the condition. The practice told us they were proactive in assessing patients at high risk of diabetes and would follow up proactively on any risk factors identified during routine NHS Health checks offered to patients.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered GP led antenatal and postnatal care with support from the community midwife team. There was a baby clinic once a week for child health surveillance and immunisations.
- There was the facility to book appointments and request repeat prescriptions online for those unable to attend the practice during working hours. The practice

had recently stopped offering extended hour appointment due to difficulties with resource and capacity. However, we were told they tried to accommodate working age patients by offering end of the day appointments were possible. The practice offered telephone consultations with the duty doctor if appropriate.

- There were disabled facilities and translation services available. There was no hearing loop in reception, however we were told the practice had applied for a grant to have a power supply installed near reception to facilitate arranging a hearing loop. Alerts were placed on the electronic records of patients who had hearing impairments to make staff aware that they may require additional time or support.
- The practice maintained a register of patients with learning disabilities and offered them annual review and health checks. Appointment times for these checks were flexible where possible so that carer's may accompany patients if required.
- The practice regularly referred patients to local Improving Access to Psychological Therapies (IAPT) services to support patients suffering with anxiety and depression.
- The practice offered support to patients with issues of alcohol misuse and had recently conducted an audit into advice given about driving to these patients. As a result of the audit they planned to be pro-active in recording alcohol consumption and whether a patient was driving in their electronic records and planned to incorporate this into information obtained at new patient registration. A second cycle of the audit was planned once this had been addressed.
- The practice maintained a register of patients experiencing poor mental health and these patients were invited for annual review and health checks. The practice had recently conducted an audit into the number of these patients receiving annual health checks and following implementation of alert messages on patients notes prompting invitation for annual review the numbers receiving their health checks had improved.
- The practice engaged in the shifting settings of care program that supported patients discharged from secondary care mental health services to primary care

Are services responsive to people's needs?

(for example, to feedback?)

with advice and input from the primary mental health care worker. These patients were offered double appointments to allow time to discuss and manage their needs if required.

- The practice nurse was trained to administer Depot injections and we were told they would follow up on patients who missed appointments with telephone contact.
- The practice was pro-active in screening for dementia in at risk patients with onward referral to local memory services if required. We were told the practice diagnosis rate of dementia was above the local CCG average. All staff had received dementia training to raise awareness and management of the condition. One of the GP partners was the CCG lead for dementia.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. The practice closed for lunch from 1.00pm to 2.00pm daily. Morning appointments were from 9.00am to 11.00am Monday to Fridays and afternoon appointments were from 4.00pm to 6.00pm Monday to Thursday and 3.30pm to 5.30pm on Fridays. In addition to pre-bookable appointments that 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 comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.

- 89% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 72% patients described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 57% patients said they usually waited 15 minutes or less after their appointment time (CCG average 53%, national average 65%).

Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found these were managed with openness and transparency with patients receiving formal apologies where indicated. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a delay in reading an email regarding a repeat prescription reception staff were required to frequently check emails.

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 provide a caring, comprehensive and efficient service for all patients.

- The practice had a mission statement which was displayed on their website and practice information leaflet.
- The practice had identified areas for future improvement and had supporting business plans to address these. For example, the practice had identified the need to expand their clinical team and reintroduce extended hour appointments.

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 with staff in lead roles and they were aware of their responsibilities.
- Practice specific policies were implemented and were available to all staff. However it was noted that some of the policies were very generic and nothing about the practice was embedded.
- A comprehensive understanding of the performance of the practice.
- A programme of clinical and internal audit which is used to monitor quality and to make improvements with second cycles planned for recent audits completed.
- There were robust arrangements for identifying, recording and managing risks and lessons learnt from significant events were shared with staff.

Leadership, openness and transparency

The partners in the practice have the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that 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. When there were unexpected or unintended safety incidents the practice gives affected people reasonable support and a verbal or written apology

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

- Staff told us that the practice held monthly team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in 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.

- It had gathered feedback from patients through the patient participation group (PPG), Friends and Family Test, patient satisfaction questionnaire through complaints received. The practice had a virtual PPG group that were contacted regularly throughout the year by email, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback about waiting times for appointments the practice advised reception staff to inform patients if surgeries were running late and they displayed a poster in the waiting room advising patient to inform reception staff if they have been waiting longer than 20 minutes to be seen. However, none of the patients we spoke with on the day were aware of the PPG and how to become involved.
- The practice had also gathered feedback from staff through monthly staff meetings, one to one discussions and staff appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement

There was a strong 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 they had been involved in a local transport bus scheme to enable older patients or those with mobility options to

attend the surgery and access services. They were looking to become involved in a local patient self-referral scheme to musculoskeletal services that aimed to widen patients' access to physiotherapy treatments.

The practice were planning to expand the provision of services and employ a further GP as space had recently become available within the health centre premises.