

The Mill Hill Surgery

Quality Report

111 Avenue Road
Ealing
London
W3 8QH
Tel:020 8992 9955
Website:millhillsurgery.co.uk

Date of inspection visit: 12 April 2016
Date of publication: 15/08/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to The Mill Hill Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Mill Hill Surgery on 12 April 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, with the exception of managing some medical emergencies and control of substances hazardous to health.
- 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 felt the practice offered an excellent service and staff were helpful, friendly, caring, professional and treated them with dignity and respect

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 areas where the provider should make improvement are:

- Undertake a formal risk assessment for not having a defibrillator for use in a medical emergency.
- Undertake risk assessments for the control of substances hazardous to health (COSHH) and for looped cord window blinds installed.

Summary of findings

- Ensure that separate receptacles are available for the disposal of sharps used to administer live vaccines.
- Implement a system to monitor and track the distribution of prescription pads kept at the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/2015 showed performance for diabetes and mental health related indicators were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a programme of CCG linked and independent clinical audits that 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 most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was at or above average for its satisfaction scores on consultations with GPs and nurses.

Good



Summary of findings

- Patients said they felt the practice offered an excellent service and staff were helpful, friendly, caring, professional and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. For example, they attended monthly CCG meetings and peer reviewed referral and admission rates to identify areas for improvement.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice had a named lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- They created chronic visit sessions for all GP partners that allowed housebound patients to receive health reviews at home by a GP who knew them well to address chronic disease issues and update care plans.
- The practice engaged in local enhanced services to identify older patients at risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk.
- They provided primary medical services to a local residential care home with one of the GP partners taking a leading role in providing medical care to the residents to maintain continuity.
- The practice held regular multi-disciplinary team meetings with district nurses and the community palliative care team to discuss the management of older patients with complex medical needs.
- Longer appointments were available for care plan reviews and for older patients with complex medical conditions.

Good



People with long term conditions

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

- The practice ran nurse and GP led chronic disease clinics and patients were invited for annual health checks including medication review.
- QOF data for 2014/2015 showed the practice was performing at local and national averages for indicators related to chronic disease, for example in diabetes and hypertension.
- Longer appointments and home visits were available when needed.
- There were named clinical leads for a variety of chronic conditions, including diabetes, heart disease and asthma. Staff in these roles had received additional training to support in their chosen area.

Good



Summary of findings

- The practice engaged in local enhanced services to identify patients with long-term conditions at risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk.
- A dietician was employed by the practice and provided lifestyle advice to those with long-term conditions and also those at risk of developing a chronic condition.
- The practice held regular multi-disciplinary team meetings with district nurses and the community palliative care team to discuss the management of patients with complex medical needs.

Families, children and young people

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

- There was a named GP lead for safeguarding vulnerable children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- The practice had a higher than average number of patients below 14 years of age in their practice population and planned their services accordingly to meet their needs. They ran a daily children's clinic from 11am to 12.00pm and any acutely unwell children were added to the list and seen on the day.
- The practice offered shared ante-natal care with the community midwives and performed routine post-natal mother and baby checks.
- Uptake rates for childhood immunisations were above local CCG averages.
- The practice had support from the Children's and Adolescents Mental Health Services (CAMS) when managing young patients experiencing mental health issues and they referred to the local Service for Adolescents and Families (SAFE) if required.
- The practice offered well woman and family planning services, including fitting of long term contraceptive devices. Cervical screening uptake rates were in line with national averages.
- The practice had a weekly visiting health advocate from a local female genital mutilation (FGM) charity to encourage and support women through translation, to engage with the cervical screening programme and to assist in the onward referral to FGM clinics where the need was identified.

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).

Good



Summary of findings

- The practice offered extended hour surgeries on the first Wednesday of every month and on alternate Saturday mornings for patients who were unable to attend the practice in normal working hours. Telephone consultation appointments were also available daily.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice nurses offered travel advice and travel vaccination as required.
- The practice offered NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

People whose circumstances may make them vulnerable

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

- There was a named lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice had participated in a scheme with a local homeless charity to provide healthcare for patients with no fixed abode. They allowed these patients to use the practice address for registration to facilitate hospital communications and appointments.
- They registered patients from a local women's refuge to provided medical care if required.
- They maintained a register of patients with learning disabilities and they were offered annual health checks with extended appointments.

Good



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).

- One hundred per cent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- Alerts were placed on a patients electronic records if they were at risk of dementia. They used the GP Cognition Assessment Test (GPCOG) to screen patients at risk of dementia with referral on to local memory services if required. The integrated care plan template used by the practice also included a section on screening for dementia to prompt discussion when reviewing these patients.

Good



Summary of findings

- QOF data from 2014/2015 showed the practice was performing in line with local and national averages for performance indicators relating to mental health.
- The practice participated in the local Shifting Settings of Care scheme that facilitated the transition of patients with stable mental health conditions discharged from secondary care back to primary care services. They had a primary mental health worker who attended the practice to review these patients and provide support to the clinicians managing their conditions.
- The clinical team attended educational sessions offered by the community mental health team to keep up to date with local policies and new guidance.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing at or above local and national averages. Three hundred and forty four survey forms were distributed and 105 were returned. This represented 1.4% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were mostly all positive about the standard of care received. Comments described staff as friendly, caring, professional, polite and the environment as hygienic and safe. Negative comments received included issues with long waits from appointment time.

We spoke with 13 patients including three PPG members during the inspection. All 13 patients said they were satisfied with the care they received and thought staff were helpful, committed and caring. The practice was ranked top in NHS Ealing for the percentage of patients most likely to recommend the practice in the National GP patient survey 2014/15.

The Mill Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to The Mill Hill Surgery

The Mill Hill Surgery is a well-established GP practice situated within the London Borough of Ealing. The practice lies within the administrative boundaries of Ealing Clinical Commissioning Group (CCG) and is part of the Ealing GP federation and a member of the Acton GP network within Acton and Central Ealing locality. The practice is an approved training practice for GP specialist trainees (GP Registrars).

The practice provides primary medical services to approximately 7,500 patients and holds a core General Medical Services Contract and Directed Enhanced Services Contracts. The practice is situated at 111 Avenue Road Ealing in the Mill Hill Park conservation area, with good links by bus and train transport services.

The practice operates from converted leasehold premises which the GP partners are responsible for repair. There are eight consultation rooms and one isolation room on the ground floor of the premises. The reception and waiting area are on the ground floor with ramp access to the entrance and rear of the building. There are accessible toilet facilities for people with disabilities and off site car parking in the surrounding residential area.

The practice population is ethnically diverse and has a higher than the national average number of patients between 0 to 14 years of age and between 25 and 44 years of age. There is a lower than the national average number of patients 55 years plus. The practice area is rated in the third more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice team comprises of one male and four female GP partners, one female salaried GP who collectively work a total of 31 clinical sessions and a male GP registrar who works seven supernumerary sessions a week. They are supported by two practice nurses, two health care assistants, a practice manager and eight administration/reception staff.

The practice is open from 8.30am to 6.30pm Monday, 8.00am to 6.30pm Tuesday, Thursday and Friday and from 8.00am to 1.00pm on Wednesday. The practice is closed between 1.00pm to 2.00pm on Tuesday for staff training. Extended hour appointments are offered from 7.00am to 8.00am on the first Wednesday of every month and from 8.00am to 11.00am on alternate Saturdays. Consultations are offered daily from 9.00am to 11.30am Monday to Friday and from 3.00pm to 6.00pm Monday, Tuesday, and Thursday and from 2.30pm to 6.00pm on Friday. Appointments with the practice nurses and healthcare assistants are also offered daily from 9.00am to 11.30 am and from 2.00pm to 4.00pm with the exception of Wednesday afternoon.

The practice provides a wide range of services including chronic disease management, antenatal and postnatal

Detailed findings

care and over 75's health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an issue with the door lock of the toilet for people with disabilities the practice discussed the event and created a policy for toilet lock checks daily to ensure they were functioning correctly.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses to level two.

- A notice in the waiting and consultation rooms advised patients that chaperones were available if required, although these were all written in English. All clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be generally 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 received training on the topic at induction with update training provided by the infection control nurse lead at practice team meetings. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, a monthly programme of temperature water checks had been implemented following the audit. There were actions that remained outstanding for example, sealing the flooring in one of the consultation rooms and repair of internal walls in some areas of the practice. We were told that the practice had recently secured NHS England premises improvement funding which was planned to be used to progress outstanding issues and improve the infrastructure of the building.
- Arrangements were in place for the management of clinical waste inside the practice, however it was observed that there were no separate receptacles for disposal of sharps used to administer live vaccines. Environment cleaning schedules lacked detail as completion of tasks were not signed off.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however we did not see a tracking system to monitor their distribution. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment, although there were some gaps in individual staff records. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were evident where applicable, however proof of identification was not present in all staff files reviewed.

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 health and safety and fire risk assessments and they 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 other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no risk assessment for the control of substances hazardous to health (COSHH) for cleaning materials used at the practice or for window blinds installed with free hanging looped cords.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had not used any GP locum staff within the last year.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to some 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.
- We were told that basic life support training sessions were held annually for the whole practice team with the last completed September 2015. However, completion of this training was not documented in the training log provided or evidenced in some of the staff files reviewed. Emergency medicines were available in the treatment room and these were kept securely.
- The practice had oxygen with adult and children's masks available on the premises, but did not have a defibrillator or a formal written risk assessment demonstrating the reasons for not having one.
- 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, with the exception of two medicines to treat breathing difficulties which were immediately rectified.
- 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. The continuity plan had recently been updated following its use during a power cut to the practice premises, which had exposed some unanticipated exclusions.

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. Members of the clinical team regularly updated their colleagues of new guidance and learning from teaching sessions and the CCG at the weekly clinical meeting. Minutes of these meetings were kept and circulated to all clinical staff including locum GPs. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessment and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.5% of the total number of points available. Exception reporting was 9% which was below the CCG average of 10% and the same as the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators was comparable to national averages. For example;

- The percentage of patients with diabetes, on the register, in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 72% (national average 76%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 74% (national average 78%).

- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 91% (national average 94%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less 91% (national average 88%).
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015).

Performance for mental health related indicators was comparable to national averages. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (national average 88%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 91% (national average 90%)

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two were audits linked to CCG led medicines management schemes and one was a completed audit where the improvements made were implemented and monitored. For example, following recent guidelines on osteoporosis risk in patients with Polymyalgia Rheumatica (PMR) one of the GPs conducted an audit to review current practice compared to recommended guidance. Results showed some patients had no record of osteoporosis risk assessment in their notes. These patients were invited for review to assess risk of osteoporosis and managed accordingly. Findings from the first cycle of the audit were discussed at the weekly clinical meeting to raise awareness of the issue and highlight the importance of completing osteoporosis risk assessments in this group of patients. Subsequent re-audit showed improvement in the number of patients with documented risk assessment and receiving appropriate treatment.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking and peer review. The practice was a member of the West London Research Network and participated in projects which required patient recruitment.
- Findings were used by the practice to improve services. For example, the practice discussed referral data and accident and emergency attendances at monthly CCG meetings to compare performance with other local practices and identify areas for improvement.

Information about patients' outcomes was used to make improvements. For example, the practice engaged in local enhanced services to use a risk stratification tool to identify patients at risk of hospital admission and invited them in for review to create integrated care plans aimed at reducing this risk. These patients were regularly discussed at weekly clinical meetings and management plans updated accordingly. The practice had achieved the CCG target of 2% completed care plans however, they were aiming for a 4% completion rate as the practice nurse had been provided with dedicated time for the review of five patients per month at high risk of hospital admission.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety, infection control, information governance and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and the GP lead for safeguarding vulnerable children had a Diploma in Child Health.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs. Most staff had received an appraisal within the last 12 months with those outstanding due for completion in the next few weeks.

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals bi-weekly when care plans were routinely reviewed and updated for patients with complex needs. Three monthly meetings took place with the community palliative care team to discuss patients receiving end of life care.

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 assessed the patient's capacity and recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- Consent for procedures such as fitting long-term contraceptive devices was documented in the patient's electronic records. A log of procedures performed was kept, however there was no formal audit to monitor the consent process.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
 - A dietician was available on the premises and smoking cessation advice was available from a local support group.
 - The practice's uptake for the cervical screening programme was 77%, which was similar to the CCG average of 78% and slightly below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had a visiting health advocate from a local female genital mutilation charity (FGM) that attended the practice once a week to contact patients who failed to attend for cervical smear screening. The role was to encourage and support women through translation, to engage with the cervical screening programme and to assist in the onward referral to female genital mutilation FGM clinics where the need was identified.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
 - The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
 - Childhood immunisation rates for the vaccinations given were above CCG averages. For example, 2014/15 immunisation rates for the vaccinations given to under two year olds ranged from 41% to 97% (CCG range 31% to 94%) and five year olds from 83% to 96% (CCG range 70% to 94%).
 - Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 –74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, friendly, caring, professional 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 practice was at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notification in a number of languages in the reception area informing patients this service was available, although it was observed this did not include Polish and Eastern European dialects.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 128 patients as carers (nearly 2% of the practice list). Patients identified as

carers were offered health checks and referred to support organizations if required. 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 followed by a patient consultation at a flexible time and location to meet the family's needs and 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They had regular direct contact with the CCG and attended monthly meetings. Referral rates and accident and emergency attendance data was regularly reviewed and compared with local practices to identify areas for improvement. The practice was a member of the Ealing GP Federation.

- The practice offered commuter clinics on the first Wednesday of each month and pre-bookable appointments on alternative Saturday mornings for patients who were unable to attend the practice in normal working hours.
- There were longer appointments available for patients with learning disabilities and for patients who required interpreting services.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice participated in the local Shifting Settings of Care scheme to manage patients with stable mental health conditions discharged from secondary care with the support of a primary mental health worker who attended the practice.

Access to the service

The practice was open from 8.30am to 6.30pm Monday, 8.00am to 6.30pm Tuesday, Thursday and Friday and from 8.00am to 1.00pm on Wednesday. The practice was closed between 1.00pm to 2.00pm on Tuesday for staff training. Appointments were offered in the morning from 9.00am to 11.30am Monday to Friday and in the afternoon from 3.00pm to 6.00pm Monday, Tuesday, Thursday and from 2.30pm to 6.00pm on Friday. Appointments with the practice nurses and healthcare assistants were offered

daily from 9.00am to 11.30am and from 2.00pm to 4.00pm with the exception of Wednesday afternoon. Extended hour appointments were offered from 7.00am to 8.00am on the first Wednesday of every month and from 8.00am to 11.00am on alternate Saturdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, same day emergency appointments were also available for adults until 11.00am and children between 11.00am to 12.00pm.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared the CCG average of 69% and to the national average of 73%.

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

Listening and learning from concerns and complaints

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

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

We looked at 13 complaints received in the last 12 months and found they were satisfactorily handled with openness and transparency and with apologies provided if appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, following an issue with a delay in providing a repeat prescription the practice discussed the issue at the weekly clinical meeting and updated their repeat prescribing policy to provide guidance on managing requests for urgent repeat prescriptions.

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 all staff had been involved in creation; 'To deliver excellent safe health care to the diverse, multicultural population of our practice in Acton, following the principles of respect and confidentiality and using the best medical practice'.
- 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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

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

- Staff told us the practice held regular team meetings and that they were actively involved in the content of the discussions. Minutes of all meetings were comprehensively documented which included a table of agreed tasks assigned to the staff member/s responsible.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held periodically.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had recently consulted the PPG about the extended hour's service and had received favourable feedback about increasing the Saturday morning service while still

Are services well-led?

Good 

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

retaining some early morning commuter clinics. The PPG were also instrumental in the practice telephone system upgrade to inform callers of their position in the queue.

- The practice had gathered feedback from staff through staff away days, staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues. 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 were part of local pilot

schemes to improve outcomes for patients in the area. The practice had participated in conjunction with a homeless charity to provide consultations and healthcare for local homeless people. They were imminently due to employ a community pharmacist to bring their expertise to the practice. The practice was a member of the West London Research Network and participated in projects which required patient recruitment. They arranged for guest speakers to present specialist topics at staff team meetings and practice staff were also encouraged to present a training theme once a month. To enhance the surgery environment the practice provided wall space for local artists to exhibit their pictures and were about to involve in a new project to install art work inspired by the GP surgery environment.