

# Acrefield Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Acrefield Surgery on 13 October 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get an appointment 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.

We saw one area of outstanding practice:

We saw evidence that the partners drove continuous improvement and staff were motivated to participate in change. There was a clear proactive approach to seeking out and embedding new ways of delivering the service. For example, the practice participated in Productive

# Summary of findings

General Practice (PGP), an organisation-wide change programme, developed by the NHS Institute for Innovation and Improvement which supports general practices to promote internal efficiencies, while maintaining quality of care. The practice shared with us several examples of positive impact on patient care and experience. For example, aligning annual blood recall for each chronic disease for patients with multiple co-morbidities and coordinating with the repeat prescribing process which resulted in integrated continuity of care, reduced the frequency of attendance at the surgery and provided better appointment efficiency for the practice. All staff we spoke with told us this had been a worthwhile exercise, had provided an insight into how their contribution to a process impacted on other members of the team and had, overall, improved efficiency. The practice additionally organised annual external facilitator-led team retreats which focussed on enhancing the efficiency of the practice, improving patient satisfaction and optimising staff teamwork and collaboration. Comments from a post-event staff survey included 'very inspiring and informative' and 'very good everyone got their say'.

The areas where the provider should make improvement are:

- Ensure there is an effective system to track blank printer prescriptions through the practice in line with national guidance.
- Continue to review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Consider improving communication with patients who have a hearing impairment and how people who use the accessible toilet facility would alert staff in the event of an emergency.
- Undertake a health and safety risk assessment of the practice premises and display an appropriate warning sign on the door where the oxygen cylinder is stored.
- Develop an ongoing audit programme that demonstrates continuous improvements to patient care.
- Ensure all staff have completed all identified mandatory training, specifically fire awareness and infection control.
- Develop a system to monitor patients referred via the two-week wait referral pathway and consider providing patients referred with information.

**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.
- 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, the practice did not have an ongoing programme of clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, personal development plans for all staff and mentorship sessions. However, not all staff had completed identified mandatory training, specifically infection control and fire awareness.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey was variable when compared with CCG and national averages for several aspects of care. For example, 80% of patients said the GP was good at listening to them (CCG 83%; national average 89%), 75% of

# Summary of findings

patients said the GP gave them enough time (CCG average 80%; national average 87%) and 91% of patients said they had confidence and trust in the last GP they saw (CCG 92%; national average 95%).

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey was comparable with CCG and national averages for access. For example, 84% of patients said they could get through easily to the practice (CCG average 69%; national average 73%) and 91% of patients said the last appointment they got was convenient (CCG average 89%; national average 92%).
- Patients we spoke with on the day of the inspection said they could get an appointment when they needed one 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.

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice referred patients to H4All (a free health & wellbeing service for Hillingdon residents aged 65 and over in need of support to better manage long-term health conditions, frailty and social isolation).
- The practice utilised the local primary care navigator (supporting patients in the high risk care group take an active role in supporting the management of their care and social needs and working towards self-care) in its management and care of elderly patients.
- The practice provided extra doctor-led influenza vaccine clinics on some Saturday and Sundays between September and November for its elderly cohort.
- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for. One of the partners was the Macmillan GP End of Life Care (EOLC) Lead for Hillingdon.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 82% (national average 78%).
- The practice provided extra doctor-led influenza vaccine clinics on some Saturday and Sundays between September and November for its long-term condition cohort.
- One of the lead GPs provided insulin initiation in the management of type two diabetes under the diabetes management local enhanced service (schemes agreed by commissioners in response to local needs and priorities, sometimes adopting national service specifications).
- The practice was the designated centre for 24-hour ambulatory BP monitoring for 16 practices in North Hillingdon. One of the lead partners was the clinical cardiology lead for the CCG.
- The practice had installed a 'Surgery Pod' in the waiting room. This enabled patients to measure their own vital signs, including blood pressure. The information gathered was integrated into the practice's clinical system.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to national averages for standard childhood immunisations.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was above the national average (practice 86%, national 75%).
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a 'Commuter's Clinic' on Monday and Tuesday from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours. The practice also provided extra doctor-led influenza vaccine clinics on some Saturday and Sundays between September and November for working patients within the long-term condition cohort.

## People whose circumstances may make them vulnerable

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

Good



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

## People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health related indicators was above the national average. 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 diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% (national average 84%).

## Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 were variable compared to local and national averages. Three hundred and fifty survey forms were distributed and 93 were returned. This represented a response rate of 27% and 3.6% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 69% and the national average of 73%.
- 81% 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 81% and the national average of 85%.
- 62% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

We saw evidence that the practice reviewed the national GP patient survey when it was published twice yearly. The practice shared with us an action plan and areas where the practice had made improvements in response to feedback from patients. For example, undertaking some decorative work in the waiting room, applying for an improvement grant to make modifications to the surgery and providing influenza clinics on Saturday and Sundays.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Five of the cards contained mixed comments which included difficulty getting an appointment.

We spoke with three patients during the inspection, all of whom said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results of the Friends and Family Test for April to June 2016 showed 86% of patients would be extremely likely or likely to recommend the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure there is an effective system to track blank printer prescriptions through the practice in line with national guidance.
- Continue to review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Consider improving communication with patients who have a hearing impairment and how people who use the accessible toilet facility would alert staff in the event of an emergency.
- Undertake a health and safety risk assessment of the practice premises and display an appropriate warning sign on the door where the oxygen cylinder is stored.
- Develop an ongoing audit programme that demonstrates continuous improvements to patient care.
- Ensure all staff have completed all identified mandatory training, specifically fire awareness and infection control.
- Develop a system to monitor patients referred via the two-week wait referral pathway and consider providing patients referred with information.

## Outstanding practice

We saw evidence that the partners drove continuous improvement and staff were motivated to participate in change. There was a clear proactive approach to seeking

out and embedding new ways of delivering the service. For example, the practice participated in Productive General Practice (PGP), an organisation-wide change

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programme, developed by the NHS Institute for Innovation and Improvement which supports general practices to promote internal efficiencies, while maintaining quality of care. The practice shared with us several examples of positive impact on patient care and experience. For example, aligning annual blood recall for each chronic disease for patients with multiple co-morbidities and coordinating with the repeat prescribing process which resulted in integrated continuity of care, reduced the frequency of attendance at the surgery and provided better appointment

efficiency for the practice. All staff we spoke with told us this had been a worthwhile exercise, had provided an insight into how their contribution to a process impacted on other members of the team and had, overall, improved efficiency. The practice additionally organised annual external facilitator-led team retreats which focussed on enhancing the efficiency of the practice, improving patient satisfaction and optimising staff teamwork and collaboration. Comments from a post-event staff survey included 'very inspiring and informative' and 'very good everyone got their say'.

# Acrefield Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Acrefield Surgery

Acrefield Surgery is located at 700 Field End Road, Ruislip HA4 0QR. The practice provides NHS primary care services to approximately 2,600 patients living in the Ruislip area through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice operates from a converted end terrace property with access to two consulting rooms on the ground floor. The first floor is accessed via stairs. At the time of our inspection the practice were awaiting approval from a premises improvement grant application to add an additional consulting room, reconfigure the ground floor and make adaptations in line with the Disability Discrimination Act (DDA).

The practice is part of Hillingdon Clinical Commissioning Group (CCG) which consists of 48 GP practices.

The practice has a larger than average proportion of adults on its patient list in the age ranges 30-39 and 40-49.

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; and family planning.

The practice staff comprises one male and one female partner (totalling five clinical sessions per week) and two female salaried GPs (totalling four clinical sessions per week). The clinical team is supported by a part-time practice nurse and healthcare assistant, a part-time practice manager, a medical secretary and four receptionists.

The practice premises are open from 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.30am to 1.30pm on Thursday. Extended hours are provided on Monday and Tuesday from 6.30pm to 7.30pm.

The practice provides a range of services including chronic disease management, smoking cessation, sexual health, cervical smears and childhood immunisations and travel advice and immunisations.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

The practice is part of a 16 GP consortium (MetroHealth) in North Hillingdon working together to provide greater access for patients and providing services closer to a patient's home and where possible, outside of a hospital setting.

## 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

# Detailed findings

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.

The practice had not been inspected previously.

## 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 13 October 2016. During our visit we:

- Spoke with a range of staff (GP partners, practice manager, practice nurse and reception 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. The practice had recorded seven significant events in last 12 months.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed its cold chain procedure (the process used to maintain optimal conditions during the transport, storage, and handling of vaccines, starting at the manufacturer and ending with the administration of the vaccine to the patient. The optimum temperature for refrigerated vaccines is between +2°C and +8°C) following a cold chain interruption when the vaccine fridge door had not been closed successfully. All staff were trained in the cold chain procedure, how to record and log temperatures and what to do if a temperature was out-of-range. The practice initiated a rota and allocated a deputy to check the fridge in the event of an unexpected absence. Staff we spoke with on the day were able to explain the cold chain procedure. We noted in the records that all vaccines had been quarantined and disposed of following the cold chain breach.

### 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. We saw evidence of safeguarding contact information in the consulting rooms and in reception. 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. We saw evidence that requests were dealt with on the same day they were received. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Non-clinical staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level 3.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure.
- 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 team to keep up-to-date with best practice. There was an infection control protocol in place, including a clinical waste management and needle stick injury policy. At the time of our inspection, all staff had been registered to undertake on-line training but not all staff had completed it. However, all staff we spoke with

# Are services safe?

knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk and were aware of hand hygiene.

- An infection control audit had been undertaken in August 2016 by the practice nurse. We saw evidence that action was taken to address any improvements identified as a result. For example, replacement of an old and damaged examination couch in the nurse's treatment room and replacing fabric-covered chairs with wipeable-fabric chairs in the waiting room.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice utilised prescribing optimisation software which interfaced with the practice's clinical system to ensure safe and appropriate prescribing. Blank prescription forms and pads were securely stored and serial numbers of the boxes were logged. However, there was no system in place to track them through the surgery.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). These were signed by the practice nurse and lead prescriber. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters located in the reception office which identified the local health and safety representative. The practice had not undertaken a health and safety or Control of Substance Hazardous to Health (COSHH) risk assessment. During our inspection we noted several substances which should be considered as part of a COSHH risk assessment. After the inspection the practice sent a completed COSHH risk assessment.
- There was a fire procedure in place and we saw evidence that all the fire extinguishers and the fire alarm had been maintained. The fire alarm sounder was checked on a weekly basis and we saw a log of this. Fire evacuation drills were undertaken every six months. The practice had nominated and trained a fire marshal. All staff had been registered to complete on-line fire awareness training but at the time of our inspection not all staff had completed it. However, all staff we spoke with knew where the fire evacuation assembly point was located, what to do in the event of a fire and who the fire marshal was. The practice had undertaken a fire risk assessment.
- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence that calibration of equipment used by staff and portable electrical appliances had been checked in May 2016.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in October 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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



## Are services safe?

- There were panic alarms in the consulting rooms and on reception as well as an instant messaging system on the computers which alerted staff to any emergency.
- All staff received annual basic life support training which included use of the defibrillator and anaphylaxis training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks in the treatment room. There was no warning sign on the door where the oxygen cylinder was stored. A first aid kit and accident book were available in the reception back office. All staff we spoke with knew the location of all the equipment.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. There was evidence that the plan was updated and had been tested recently when the practice telephone system failed. The practice shared learning from the event with us.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice utilised a GP advice email system to obtain advice from hospital consultants in a wide range of specialities.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 82% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 92% (national average 94%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 86% (national average 84%).
- Performance for mental health related indicators was above the national average. 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%) and the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, including medicine management audits, national benchmarking, accreditation and peer review. The practice undertook research and was a member of the National Institute for Health Research (NIHR).
- Findings were used by the practice to improve services. For example, the practice improved the identification of patients with atrial fibrillation (an irregular and often very fast heart rate) and subsequent treatment and management by the utilisation of a quality improvement tool which integrated with the clinical system to analyse clinical data and identify potential patients with atrial fibrillation. The first cycle audit identified 75 patients with known atrial fibrillation. Following implementation of the data tool 87 patients were identified. A learning outcome from the audit included a greater awareness of accurate coding when inputting secondary care letters and results of investigations.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety, significant event reporting, emergency procedures 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 had update training.
- 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

# Are services effective?

## (for example, treatment is effective)

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 facilitation and support for revalidating GPs. The practice nurse shared with us reflective learning from 10 mentor sessions she had had with one of the GP partners ahead of the Nursing and Midwifery Council (NMC) revalidation process. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. At the time of our inspection not all staff had completed all the mandatory training identified which included fire safety awareness and infection control.

### 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. However, the practice did not have a system in place to monitor patients referred via the two-week wait referral pathway.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.
- The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice was available at the practice.
- The practice was the designated centre for 24-hour ambulatory BP monitoring for 16 practices in North Hillingdon. One of the lead partners was the clinical cardiology lead for the CCG.
- One of the lead GPs provided insulin initiation in the management of type two diabetes under the diabetes management local enhanced service (schemes agreed by commissioners in response to local needs and priorities, sometimes adopting national service specifications).
- The practice provided extra influenza vaccine clinics on some Saturday and Sundays between September and

# Are services effective?

(for example, treatment is effective)

November for its at-risk long-term condition and elderly cohorts. These are doctor-led to enable the doctors to engage with patients they may not always see at consultation.

- The practice made use of a CCG-employed primary care navigator (supporting patients in the high risk care group take an active role in supporting the management of their care and social needs and working towards self-care).
- The practice referred to H4All (a free health & wellbeing service for Hillingdon residents aged 65 and over in need of support to better manage long term health conditions, frailty and social isolation).
- The practice had installed a 'Surgery Pod' in the waiting room. This enabled patients to measure their own vital signs, including blood pressure. The information gathered was integrated into the practice's clinical system.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to

offer letter reminders for patients who did not attend for their cervical screening test. 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 comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 52% to 89% and five year olds from 78% to 97%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Five of the cards contained mixed comments which included difficulty getting an appointment at times. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were mixed with some comparable and some below local and national averages. For example:

- 80% of patients said the GP was good at listening to them compared to the CCG average of 83% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 76% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 77% of patients said the nurse gave them enough time compared to the CCG average of 89% and the national average of 92%.
- 90% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and the national average of 97%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey were variable compared to local and national averages for questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 67% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 90%.
- 66% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

## Are services caring?

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 notices in the reception areas informing patients this service was available.
- Several members of the practice staff spoke other languages, for example Hindi, Gujarati and Punjabi. The practice website had the functionality to translate to other languages.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which 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 19 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice captured carer details on the new patient registration form and opportunistically during the influenza campaign.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Monday and Tuesday from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice also referred patients to its sister practice where it held a weekly travel clinic.
- There were translation services available and the practice website had the functionality to translate to other languages.
- The practice had some disabled facilities, which included a ramp and an accessible toilet. There was no emergency cord in the accessible toilet. The practice did not have a hearing loop. At the time of our inspection the practice were awaiting approval from a premises improvement grant application which included adaptations in line with the Disability Discrimination Act (DDA).

### Access to the service

The practice was open between 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.30am to 1.30pm on Thursday. Appointments were available from 8.30am to 11.30am each morning and from 4.30pm to 6.30pm on Monday and Tuesday afternoon and from 4pm to 6pm on Wednesday and Friday afternoon. Extended hours are provided on Monday and Tuesday from 6.30pm to 7.30pm. In addition to pre-bookable appointments that

could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice operated an appointment reminder text service.

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. For example:

- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 91% of patients said the last appointment they got was convenient compared to the CCG average of 89% and the national average of 92%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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



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

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and

dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements. However, the practice did not have an ongoing programme of quality improvement.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners

encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment affected people were given reasonable support, truthful information and a verbal and written apology.

We were shown a clear leadership structure that had named members of staff in lead roles. For example, infection prevention and control, safeguarding, information governance. Communication across the practice was structured around key scheduled meetings which included a clinical meeting and team meeting. Good quality minutes were kept of these and were available to staff. Staff told us they valued these meetings.

We saw evidence that the partners drove continuous improvement and staff were motivated to participate in change. There was a clear proactive approach to seeking out and embedding new ways of delivering the service. For example:

- The practice participated in Productive General Practice (PGP), an organisation-wide change programme, developed by the NHS Institute for Innovation and Improvement which supports general practices to promote internal efficiencies, while maintaining quality of care. Staff we spoke with on the day told us the practice worked as a team to analyse and process-map existing processes such as patient registration and prescription requests and made changes and efficiencies. All staff we spoke with told us this had been a worthwhile exercise, had provided an insight into how their contribution to a process impacted on other members of the team and had, overall, improved efficiency. The practice shared with us several examples of positive impact on patient care and experience. For example, aligning annual blood recall for each chronic disease for patients with multiple co-morbidities and coordinating with the repeat prescribing process which resulted in integrated continuity of care, reduced the frequency of attendance at the surgery and provided better appointment efficiency for the practice.
- The practice organised annual external facilitator-led team retreats for all staff. The practice shared feedback data from the 2014 and 2015 retreats which had included topics regarding enhancing the efficiency of the practice, improving patient satisfaction and optimising staff teamwork and collaboration. The event included a pre-retreat meeting with the partners and the

# Are services well-led?

Good 

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

facilitator to set the agenda for the day and the completion of an anonymous staff survey pre and post-event. All staff we spoke with on the day of the inspection found the retreat rewarding. Comments from the staff survey included 'very inspiring and informative' and 'very good everyone got their say'. The next team retreat is scheduled for May 2017.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff we spoke with told us the annual team retreat and participation in the Productive General Practice programme made them feel more involved 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.

- The practice had gathered feedback from patients through the patient participation group (PPG), surveys, the Friends and Family Test (FFT), NHS Choices feedback

and complaints received. The practice shared evidence of improvement undertaken as a result of patient feedback. For example, some decorative work in the waiting room.

- The PPG was active and met every two months and felt the practice worked well with the PPG. However, feedback suggested they would like a representative of the practice to attend each meeting.
- The practice had gathered feedback from staff through staff surveys, meetings, appraisals and the annual team retreat.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice participated in Productive General Practice (PGP), an organisation-wide change programme, developed by the NHS Institute for Innovation and Improvement which supports general practices in promoting internal efficiencies, while maintaining quality of care.
- The practice is the designated centre for 24-hour ambulatory BP monitoring for 16 practices in North Hillingdon. One of the lead partners was the clinical cardiology lead for the CCG.