

Grand Union Health Centre

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 Grand Union Health Centre on 28 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.
- 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. However, only a small number of patients had been identified as carers to provide them with support.

- 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.

We saw one area of outstanding practice:

The practice supported homeless patients who lived in a hostel next door to the practice, the majority of whom were registered with the practice. They were given same day appointments and the reception team supported them to make GP and hospital appointments, and often

Summary of findings

collected them from the hostel. The practice also provided them with an outreach service for annual flu vaccinations to care for as many of these patients as possible.

The areas where the provider should make improvement are:

- Monitor improvements to medicines management to ensure systems remain robust.
- Keep under review improvements to the workflow system to ensure pathology results and scanned letters and tasks are completed within stated timescales.

- Ensure relevant clinical audits are completed through the full audit cycle where the improvements made are implemented and monitored.
- Review systems to improve the identification of carers and provide support.
- Update the practice's policy on notifiable incidents in line with 2014 regulations.

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. On the day of the inspection we identified some deficiencies in medicines management but the practice addressed these immediately after the inspection and provided supporting evidence for this.
- 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.
- The practice recognised that the workflow system needed to be more robust and immediately after the inspection implemented a new protocol for managing pathology results and scanned letters and tasks with clear timescales for the completion of follow up action.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although evidence was available of only one completed audit where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice recognised that it needed to do more to identify and support carers and immediately after the inspection undertook to revisit and implement more rigorously the carers identification protocol it had put in place in January 2016.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in CCG audits of outpatient referrals to various specialties, to ensure that these were appropriate.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.

Good



Summary of findings

- 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. However, the practice's policy on notifiable incidents needed to be updated to reflect the new 2014 regulations.
- The practice proactively sought feedback from staff and patients, which it acted on. A combined patient participation group had recently been formed following the practice merger and was becoming active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a named GP for all patients over 75 years and close liaison with the community matron, district nurses and primary care navigator for signposting patients and relatives to access services and for management of their conditions.
- The practice held regular meetings for avoiding admissions with a multidisciplinary team (district nurses, practice nurses, all doctors, medicines management team, social services and palliative care). There was also close working with the local rapid response team, which included doctors and nurses to keep patients over 65 well, at home and out of hospital.
- Care planning was in place for frail patients, and also for all over 65s as part of whole systems integrated care pilot.

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.
- The practice performance for the QOF indicators for long-term conditions was above average including for diabetes related indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice participated in a number of hospital services including an in house phlebotomy service, electrocardiograms (ECGs) and 24 hour blood pressure monitoring. There was an in-house anticoagulation service for the practice's patients and also patients from several other local practices.

Summary of findings

- The practice hosted a drug dependence programme with an in-house drugs counsellor and methadone prescribing.

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 relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was same day access for children and young people who were unwell both in the morning and after school. A priority service for was available for unwell children who attended the practice.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Under the local 'Connecting Care for Children' initiative monthly paediatric clinics and multidisciplinary team meetings took place in the practice involving a paediatric consultant and four local GP practices.

Good



Working age people (including those recently retired and students)

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

- The 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 reflected the needs for this age group.
- There were GP telephone consultations for some medication reviews, results and advice.
- The practice provided a travel vaccination clinic.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- Patients living in vulnerable circumstances including vulnerable families, homeless people, refugees and asylum seekers and those with a learning disability were flagged on the patient record system.
- The practice offered longer appointments for vulnerable patients, where necessary. Patients with a learning disability were offered an annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Homeless patients who lived in a hostel next door, were given same day appointments and the reception team supported them to make GP and hospital appointments, reminded them, and often collected them from the hostel, if required.
- Weekly prescriptions were provided for patients at risk of overusing medications and the practice signposted patients to addictions services in house and externally.

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).

- QOF performance for mental health related indicators was above average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients with complex mental health needs were identified and referred into the practice's in house out of hospital mental health programme or common complex mental health programme. There was a practice based psychiatric nurse available to support this.
- There were same day appointments/telephone phone triage for patients experiencing acute mental health problems.
- There were annual mental health reviews and a recall system to encourage attendance. Patients with acute mental illness were offered an annual 30 minute appointment, a six monthly 20

Good



Summary of findings

minute appointment and two further 10 minute appointments per year. Patients with depression and anxiety were offered two 20 minute and seven 10 minute appointments annually to support their symptoms.

Summary of findings

What people who use the service say

Due to the practice merger there was no data available from the national GP patient survey which showed whether patients felt they were treated with compassion, dignity and respect. However, the practice had carried out a patient survey since the merger and 82% of patients who responded rated the clinicians as good, very good or excellent and 96% for satisfaction with reception.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The majority of the 35 cards we received were positive

about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the NHS Friends and family test between January and March 2016 showed 96% of patients would recommend the practice, from 56 responses received.

Grand Union Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Grand Union Health Centre

Grand Union Health Centre provides primary medical services through a Personal Medical Services (PMS) contract within the London Borough of Westminster. The practice is part of NHS West London CCG. The services are provided from a single location, to around 9,900 patients in one of the most deprived wards in central London. The practice serves a diverse population of registered patients. Fifty three percent of patients do not speak English as a first language. Arabic is the most common language spoken in the practice, after English. Twenty three percent of patients are under the age of 18 and 3% over the age of 75. The practice looks after 133 homeless patients and 47 opiate dependent patients on opiate substitutes.

The practice was formed in October 2015 by the merger of two former GP practices, the New Elgin Practice and Harrow Road Health Centre, based at 209 Harrow Road. At the time of our inspection, there were 4 whole time equivalent (WTE) GPs comprising the three partner GPs (two female and one male), two salaried GPs (one female and one male) providing 31 clinical sessions and nine administration sessions per week; plus a long term locum GP (female) providing two clinical sessions per week. Two additional salaried GPs were due to join the practice in May 2016 (one female and one male) to provide 10 GP sessions

per week. The practice also employed three nurses (1.6 WTE); two healthcare assistants (2 WTE); and, a practice secretary, IT/premises lead, prescriptions/administrator, reception manager, and six receptionists (a total of 9.46 WTE). The practice had been without a practice manager since the merger but was in the process of recruiting a new manager. At the time of the inspection the duties of the post were shared between the three partner GPs.

The practice is open and appointments available between 8.00am and 6.30pm every weekday except Tuesday when it opens between 6.00am to 8.30pm to provide extended hours appointments. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that them.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

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.

One of the practices which formed part of the new merged practice, Harrow Road Health Centre, was inspected under

Detailed findings

our new inspection approach in May 2014. This was part of a pilot exercise when practices were not rated. However, we judged it provided safe, effective, caring, responsive and well-led care and treatment.

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 28 April 2016.

During our visit we:

- Spoke with a range of staff (the three partner GPs, a salaried GP, a practice nurse, healthcare assistant, reception manager and two administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a two week waiting referral fax failed to transmit and the error message was not spotted by reception. Consequently the referral was delayed by some weeks. This was discussed at a practice meeting and reception were reminded that the failsafe back up procedure of checking all faxes are transmitted. It was also agreed that doctors would send referrals by email if possible.

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 were lead members of staff for both safeguarding children and vulnerable adults. 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 and nurses were trained to child protection or child safeguarding level 3. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the partner GPs was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were kept securely in most respects. However, prescriptions ready for printing were left in printers in unlocked treatment rooms which could compromise security. The practice addressed this immediately after the inspection and re-instated magnetic door locks to ensure appropriate security.
- There was a process for ensuring that medicines were kept at the required temperatures. We saw that checks of fridge temperatures were carried out and recorded by the practice nurse. However, no recordings were made on the nurse's day off each week. In addition the vaccines stock control system previously in place had not been in operation since the practice merger. The practice addressed both of these issues immediately after the inspection. The healthcare assistant was assigned to carry out fridge temperature checks on the

Are services safe?

nurses day off and the stock control system was re-instated. There were arrangements in place to support the management of patients on high risk medicines, including recall procedures for patients on anticoagulants and medicines for rheumatoid arthritis and mental health conditions. However, there were no written policies regarding patients on anticoagulants who did not attend (DNA) recall appointments or for monitoring patients on high risk disease modifying drugs (DMARDs), including those for rheumatoid arthritis. Immediately after the inspection the practice put in place appropriate policies to address these issues.

- 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. However, we found some lack of clarity in the directions provided in records we reviewed. In response to this, immediately after the inspection the practice implemented clear instructions in a new policy on 'The administration of vaccines by healthcare assistants (HCAs) under patient specific direction (PSD).'
- We reviewed the personnel files of the two mostly recently recruited GP and administrative staff members and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw the action plan for the latest legionella assessment completed in May 2015 and noted that some actions had been implemented and others were ongoing, for example where funding had been sought and recently secured to address outstanding issues.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. However, detailed published data on performance across the full range of indicators was not available as the practice had only been formed in October 2015 following the merger of two separate practices. The yet to be published data for the most recent year's results was 98% of the total number of points available. Data from the practice for 2015/16 showed:

- Performance for diabetes related indicators was 98%.
- Performance for mental health related indicators was 100%.

The practice had identified that disease prevalence (based on the number of patients on each disease register), in areas such as hypertension and diabetes was low and had implemented an action plan. As a result, seven patients had been added to the hypertensive register and 25 patients had been diagnosed with type 2 diabetes since 1 April 2016.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits conducted in the last year. One of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review .
- Findings were used by the practice to improve services. For example, QOF prevalence data for diabetes led to review of the register and 409 patients had been coded with a high risk of diabetes and all would be reviewed six monthly with a blood test to check blood glucose levels.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff that were due one had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We found some pathology results in the nurse's workflow in-tray appeared not to have been actioned in a timely manner. The practice looked into this on the day of the inspection and assured us that results had been followed up. However, the partners recognised the workflow system needed to be more robust and immediately after the inspection implemented a new protocol for managing pathology results and scanned letters and tasks with clear timescales for the completion of follow up action.
- 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. We saw minutes of meetings which 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, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- Dietary advice was provided at the practice's weight management clinic. Patients could be referred to an in-house health trainer or to weight management or exercise schemes. Smoking cessation advice was available on the premises from the GPs, practice nurse and health trainer and there was an in house smoking cessation advice service manned by counsellors from the borough-based smoking cessation team. Of the 1702 smokers who had been identified, 1615 (95%) had been offered support.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Due to the practice merger national comparative data was not available for childhood immunisation rates. The practice's own data showed childhood immunisation rates for the vaccinations given to under two year olds was 82% and five year olds 78%. The practice had implemented an action plan to improve recall rates for childhood vaccinations following an email from NHS England to all practice nurses about recall rates.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (20% of those eligible screened) and NHS health checks for patients aged 40–74 (74% of those eligible screened). 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 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with 11 patients. 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.

Due to the practice merger there was no data available from the national GP patient survey which showed whether patients felt they were treated with compassion, dignity and respect. However, the practice had carried out a patient survey since the merger and 82% of patients who responded rated the clinicians as good, very good or excellent and 96% for satisfaction with reception.

Care planning and involvement in decisions about care and treatment

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

The practice's in-house patient survey did not provide any data about patient involvement in planning and making decisions about their care and treatment.

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. There were no notices in the reception areas informing patients this service was available. However, there was an on-site interpreter present in the practice every morning to support the high number of Arabic patients. Information leaflets were available in other languages. In addition, immediately after the inspection the practice initiated the creation of a list of the ten most commonly used leaflets, so they could order these in Arabic, Spanish, French, Albanian and Portuguese (the five most common languages among their patients).

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 58 patients as carers (less than 1% of the practice list). The practice recognised that it needed to do more to identify and support carers and immediately after the inspection undertook to revisit and implement more rigorously the carers identification protocol it had put in place in January 2016. 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in monthly CLS meetings (local CCG groups of practices attended by GPs and practice managers) at which neighbouring practices performance is discussed, examples of good care and service delivery were identified and shared. There were several audits each year including unplanned admissions and A+E attendances, and referral numbers to various specialties. The practice also participated in all the CCG audits of outpatient referrals to various specialties, to ensure that these were appropriate.

- The practice was open from 6.00am until 8.30 pm every Tuesday for working patients who could not attend during normal opening hours. There were 60 doctor appointments weekly outside of normal working hours. The healthcare assistants and practice nurses also offered extended hours appointments.
- There were flexible, longer appointments available for vulnerable patients, including those with a learning disability and mental health problems.
- 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. There were disabled facilities, a hearing loop and translation services available. There were also adjustable examination couches in the treatment area and in some consulting rooms.
- The practice had secured approval from the landlord for internal building works, including creating a new consulting room and to update current clinical rooms. The whole practice would also be redecorated. The licence for the works was received on 26th April 2016.
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Access to the service

The practice was open and appointments available between 8.00am and 6.30pm every weekday except Tuesday when it opened between 6.00am to 8.30pm to provide extended hours appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Due to the practice merger there was no data available from the national GP patient survey which showed patients' satisfaction with how they could access care and treatment. However, the practice had carried out a patient survey since the merger and 76% of patients who responded rated the speed of telephoning answering as good, very good or excellent and 87% for convenience of appointment. The practice had implemented a survey action plan to address access issues raised by patients including the installation of a queuing system on the phone so patients are made aware of how long they will have to wait and the employment of a further receptionist to answer phone calls at busy times.

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.

If patients needed a home visit they were asked to contact the surgery between 8.30am and 10.30am and give a brief description of their illness to help the doctor to judge whether a home visit was appropriate and the urgency of the patient's needs. 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.

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

- We saw that information was available to help patients understand the complaints system including a, notice and summary leaflet available in the reception area and details on the practice's website

We looked at six complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis

of trends and action was taken to as a result to improve the quality of care. For example, following a complaint about a delayed referral for a hospital scan the practice discussed the matter in a GP meeting. To avoid future delays it was agreed that GPs would do referral letters with the patient present in the room, or send a computer task prompting them to complete the referral. The practice also met with complainant, responded in writing to provide an apology and explanation and arranged an appropriate referral.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the practice's policy on notifiable incidents needed to be

updated to reflect the new 2014 regulations. 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys and complaints received. The practice also sought feedback from the patient participation group (PPG). The combined PPG reflecting the practice merger had only recently been established but planned to meet regularly, carry out patient surveys and submit proposals for improvements to the practice management team. In the meantime the practice was in the process of setting up an email group to communicate with patients and obtain feedback. One PPG member we spoke with suggested that it would be helpful to have a separate noticeboard in the practice to help make patients more aware of the group's business. The practice undertook to consider this. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was at the forefront of the development of the local 'Connecting Care for Children' initiative. It had also just started participating in the whole system integrated care pilot being developed to support frail or vulnerable people over age 65.