

Dr N Isaac - The Acton Health Centre

Quality Report

35-61 Church Road

Acton

W3 8QE

Tel: 020 8992 6768

Website: www.actonhealthcentre.nhs.uk

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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 Dr N Isaac, Acton Health Centre on 15 December 2015. 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 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Advertise the chaperoning service for patients within consultation and treatment rooms.
- Formalise the clinical meetings and minute these.
- Ensure safeguarding training is incorporated within the induction programme for new staff.

Summary of findings

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 there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. However, safeguarding training was not provided as part of the induction programme for newly appointed staff.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care. For example, 72% usually waited 15 minutes or less after their appointment time to be seen (CCG average 53%, national average 65%); 77% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%; and 92% found the receptionists at this surgery helpful (CCG average 81%, national average 87%).

Summary of findings

- 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.
- Patients identified as carers were prioritised for appointments. There was a 'Carers Lead' and patients were provided with a carer's information pack which provided patients with written information to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice offered extended hours on a Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- It had a clear vision and strategy to act as a gateway to high quality care and an advocate for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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 knowing about notifiable safety incidents.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided and paid for taxis for elderly patients to enable them to attend the practice and return home. The practice was also participating in the Ealing Community Transport and Ealing CCG 'PlusBus for Health' pilot in which patients who experienced difficulty in getting to the practice such as vulnerable patients and patients over the age of 65, were provided with bus transportation to their practice.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.
- Flu vaccination rates for the over 65s was 57% which was below the national average of 73%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, performance for the percentage of patients on the diabetes register with a record of a foot examination was 94% in comparison to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 70%, which was below the national average of 82%. The practice was proactively working to increase this figure.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 reflects the needs for this age group.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice worked with a homeless charity and had a system in place to register homeless people upon referral from them. There was a nominated member of staff who acted as the

Good



Summary of findings

homeless lead for the practice who had developed a help pack for homeless patients with information and contact telephone numbers for emergencies. Homeless patients were prioritised for appointments.

- 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).

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had received a comprehensive, agreed care plan which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 8 July 2015. The results showed the practice was performing in line with local and national averages. 398 survey forms were distributed and 89 were returned.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 92% found the receptionists at this surgery helpful (CCG average 81%, national average 87%).
- 65% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 92% said the last appointment they got was convenient (CCG average 87%, national average 92%).

- 75% described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 72% usually waited 15 minutes or less after their appointment time to be seen (CCG average 53%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received.

We spoke with 11 patients during the inspection. All 11 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Advertise the chaperoning service for patients within consultation and treatment rooms.

- Formalise the clinical meetings and minute these.
- Ensure safeguarding training is incorporated within the induction programme for new staff.

Dr N Isaac - The Acton 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 advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Dr N Isaac - The Acton Health Centre

Dr N Isaac – Acton Health Centre provides GP primary medical services to approximately 3,398 patients living in the London Borough of Ealing. The borough of Ealing has an ethnically diverse population and has significant income inequalities with a high proportion of unemployment. A large proportion of the local population speak English as a second language.

The practice team is made up of two male GPs, a practice manager, an assistant practice manager/Health Care Assistant, practice nurse and four administrative staff. Prior to the inspection, the practice's female GP had left and the practice was in the process of recruiting a new female GP.

The practice opening hours are between 8.30am-6:30pm on Monday, Thursday and Friday; 8:30am-8:00pm on Tuesday and 8:30am-1:00pm on Wednesday. Appointments were from 8:30am-11:30am and 4:00pm-6:00pm on Monday and Friday; 9:30am-11:30am

and 3:00pm-6:00pm on Tuesday; 9:30am-11:30am on Wednesday; 9:00am-11:00am and 3:00pm-5:00pm on Thursday. Home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice refers patients to the Harmoni Out of Hours and the NHS '111' service for healthcare advice during out of hours.

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

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with a range of staff (GPs, practice manager, HCA, practice nurse, administrative staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and also reported incidents through the National Reporting Learning System (NRLS) as appropriate.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff told us a significant event for them was the practice manager being taken unwell. Practice staff learning was the need for all staff to become multi-skilled on all aspects of reception and administration and learning to delegate tasks; which had been implemented.

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

National patient safety alerts were disseminated by the practice manager to relevant staff members and recorded within a folder on the practice's computer shared drive. A printed copy was also circulated amongst staff who were requested to sign to confirm they had read the alert.

Overview of safety systems and processes

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

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and we saw posters in the reception area and within the consultation rooms detailing these contact telephone numbers for leads within social services. The GP

partner was the lead member of staff for safeguarding and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role except for one member of staff who had recently been recruited. GPs were trained to Safeguarding level 3 and the practice nurse was trained to level 2. The practice maintained a register of vulnerable patients and staff told us these patients were prioritised for appointments.

The practice had also trained staff in Female Genital Mutation (FGM) awareness and worked with specialists within the health centre who provided an African Well Women's clinic. Staff provided us with an example of successful management of an FGM patient case.

- A notice at reception and as part of the advertising on the television screen in the waiting room advised patients of the chaperone service, if required. However, there were no posters to advertise the chaperoning service within the treatment or consultation rooms. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken 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 kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with

Are services safe?

legislation. However, we found the fridge temperature monitoring recorded only the actual temperature and not the minimum and maximum temperatures in line with national guidance. We discussed this with the practice manager and arrangements were made with staff to ensure these were recorded following our inspection visit.

- We reviewed four personnel files and found that 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 and 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 also had a variety of other risk assessments in place to monitor safety of the premises such as asbestos, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Prior to the inspection the

practice's female GP had left and the practice was in the process of recruiting a female GP to cater for patient choice of male or female GP. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice told us they prepare for increased appointment activity during the winter period of December to March and plan staffing accordingly.

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 Health Care Assistant's room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 9% exception reporting. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, performance for the percentage of patients on the diabetes register with a record of a foot examination was 94% in comparison to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average at 88% in comparison with 84%.
- Performance for mental health related indicators was better than the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a comprehensive, agreed care plan was 91% with the national average at 88%.
- 89% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was better than the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last 12 months and one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of patients with COPD included to implement a policy to issue patients with a winter 'Rescue Pack' which contained a supply of standby medications to start if the patient's COPD deteriorated before being able to see the GP at each review.

Information about patients' outcomes was used to make improvements. For example, the practice actively provided care plans for patients with chronic diseases; vulnerable patients; and those at risk of admission to hospital. The practice actively re-called these patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. However, safeguarding training was not incorporated as part of the induction programme for newly appointed staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Some staff had not received an appraisal in the last 12 months due to the incapacity of the practice manager as a result of sickness, however we saw evidence of pre-appraisal documentation given to staff and arrangements in place for appraisals to be completed in January 2016.

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice told us they work closely with palliative care nurses and local hospices, district nurses, health visitors and pharmacists. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the senior receptionist who had been trained in smoking cessation.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 70%, which was below the national average of 82%. The practice was working to increase this figure by displaying signs in the waiting area advising patients of the importance of cervical smears in Arabic and Somali. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and multi-lingual staff provided these telephone calls to facilitate communication with patients in their own language. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 90% and five year olds from 60% to 92%. Flu vaccination rates for the over 65s was 57% which was below the national average of 73%. The practice were working to improve the flu vaccination rates for this group by encouraging patients opportunistically. Flu vaccination rates for at risk groups was 45% which was comparable to the national average.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had developed a 'Dignity List' which lists a series of medical issues which patients can point to who may wish to not discuss the reason for their appointment at the reception counter.
- The practice provided and paid for taxis for elderly patients to enable them to attend the practice and return home. The practice told us currently three patients were provided this service on a regular basis.

All of the 21 patient CQC 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 also spoke with three members of the patient participation group. 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 the majority of patients felt they were treated with compassion, dignity and respect. The practice was generally below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 84% and national average of 87%.

- 73% said the GP gave them enough time (CCG average 81%, national average 87%).
- 87% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 65% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 81%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 12 patients as carers and maintained a register of this patient group. Patients identified as carers were prioritised for appointments. The practice had recently appointed the senior receptionist as the 'Carers Lead' who liaised with the Carers Association and organised training for staff. The practice had introduced a carer's information pack which provided patients with written information to direct carers to the various avenues of support available to them. The practice were also in the process of organising a notice board for the waiting area with information for carers.

During our inspection we observed the senior receptionist had organised for a patient to attend the practice in order to provide assistance with completing application forms for a carers assessment.

Staff told us that if families had suffered bereavement, the lead GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs or by giving them advice on how to find a support service. The lead GP also gave patients his personal mobile telephone number to contact him further support was required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- Longer appointments were available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice worked with a homeless charity and had a system in place to register homeless people upon referral from them. There was a nominated member of staff who acted as the homeless lead for the practice who had developed a help pack for homeless patients with information and contact telephone numbers for emergencies. The practice told us they prioritised homeless patients for appointments.
- The practice provided and paid for taxis for elderly patients to enable them to attend the practice and return home. The practice was also participating in the Ealing Community Transport and Ealing CCG 'PlusBus for Health' pilot in which patients who experienced difficulty in getting to the practice such as vulnerable patients and patients over the age of 65, were provided with bus transportation to their practice.

Access to the service

The practice was open between 8.30am-6:30pm on Monday, Thursday and Friday; 8:30am-8:00pm on Tuesday and 8:30am-1:00pm on Wednesday. Appointments were from 8:30am-11:30am and 4:00pm-6:00pm on Monday and Friday; 9:30am-11:30am and 3:00pm-6:00pm on Tuesday; 9:30am-11:30am on Wednesday; 9:00am-11:00am and

3:00pm-5:00pm on Thursday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 75% patients described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 72% patients said they usually waited 15 minutes or less after their appointment time (CCG average 53%, national average 65%).

Listening and learning from concerns and complaints

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

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

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of a complaint relating to a patient

Are services responsive to people's needs?

(for example, to feedback?)

being removed from the practice list; staff learning included all spoken conversations and warnings regarding a removal from the practice list to be diligently recorded with the patient notes.

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 act as a gateway to high quality care and an advocate for patients. We found evidence of the practice vision on the practice website and in the practice leaflet. We spoke with a cross section of staff and they all knew and understood the vision and values of the practice and knew what their responsibilities were in relation to these.

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.
- A programme of clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice clinical meetings held were generally informal and not routinely minuted. There was no standing agenda items for these meetings to ensure previous actions had been completed and staff were updated with all necessary information.

Leadership, openness and transparency

The GP partner and practice manager have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GP partner and practice manager were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held whole team meetings approximately every two months. Informal meetings were held every morning and a handover between morning and afternoon administrative staff was held daily and GPs attended the handover.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP partner and practice manager. All staff were involved in discussions about how to run and develop the practice and staff were encouraged 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the PPG requested some larger seats to be provided within the waiting area and this had been implemented.

Are services well-led?

Good 

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

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested the reception desk to be manned by two members of staff as opposed to one for both morning and afternoon shifts to manage the workflow and this had been implemented. Staff told us they felt involved and engaged to improve how the practice was run.

There was a strong focus on continuous learning and improvement at all levels within the practice. One receptionist had been successfully trained as a practice nurse and now has a role as a district nurse who locums for the practice when necessary. A second receptionist had been trained as a Health Care Assistant and was also promoted to an assistant manager role. A third receptionist had been promoted to a senior receptionist role and had been trained to provide smoking cessation advice for patients and act as the carer's lead for the practice.

Continuous improvement