

# Dr S Johal & Partner (also known as The Oakland Medical 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 Dr S Johal & Partner (also known as The Oakland Medical Centre) on 7 April 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the 7 April 2015 inspection can be found by selecting the 'all reports' link for Dr S Johal & Partner on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 8 December 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 April 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now 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.
- The practice had clearly defined and embedded systems to minimise risks to patient's safety.
- 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.
- The practice had effective systems in place to minimise risks to patient safety.
- Staff were aware of current evidence based guidance.
- Patients said they felt the practice offered an excellent service and staff were helpful, friendly and professional and treated them with dignity and respect.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients found it easy make an appointment with a GP with urgent appointments available the same day.

# Summary of findings

- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice acted upon feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

The areas where the provider should make improvement are;

- Review the arrangements for the disposal of sharps used to administer cytostatic medicines.
- Review the security arrangements of the room where clinical waste and cryotherapy equipment is stored.
- Review the arrangements for the cleaning of clinical equipment including schedule and log.
- Consider the options for documenting when emergency medicines are taken from stock by clinical staff.
- Continue to make improvements in the performance for QOF, including patient outcomes in long-term conditions, childhood immunisations and to align with local and national averages.
- Ensure that recommendations from clinical audit are actioned.
- Continue to identify and support more patients who are carers.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed patient outcomes were below local and national averages, although this had improved in 2016/17 with a full target achievement predicted by year end in March 2017.
- 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.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar or higher than others for several aspects of care.
- Patients said they felt the practice offered an excellent service and staff were helpful, friendly and professional and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## 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, they attended regular CCG meetings and reviewed performance data with other local practices.
- Patient's satisfaction with how they could access care and treatment was similar to or above CCG and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available although the complaints policy required review. Evidence showed the practice responded to issues raised and learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice acted on feedback from staff and patients. The practice was currently in the process of setting up a new patient participation group (PPG) which was widely advertised in the practice and the website.
- There was a focus on continuous learning and improvement at all levels.

Good



# 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.

- Older patients at risk of hospital admission were identified by the primary care co-ordinator and invited for review to create integrated care plans aimed at reducing this risk.
- The practice held monthly multi-disciplinary team meetings to discuss and manage cases of older patients with complex medical needs. These meetings were attended by the primary care co-ordinator, members of the community nursing team, community matron and palliative care nurse.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- There was a wellbeing officer attached to the practice who could assist older patients with their social care needs and referred them to local community support groups as required.
- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice offered flu and shingles immunisation for older patients in line with national guidance.

Good



### People with long term conditions

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

- The practice had two dedicated diabetic nurses who had received enhanced training in management of diabetes including insulin initiation. They pro-actively re-called patients and conducted annual health checks in a dedicated weekly diabetic clinic.
- The practice kept a register of patients with long-term conditions and they were invited for structured annual health checks including medication review.
- Longer appointments and home visits were available when needed.
- The practice held monthly multi-disciplinary team meetings to discuss and manage cases of patients with complex medical needs. These meetings were attended by the primary care co-ordinator, members of the community nursing team, community matron and palliative care nurse.

Good



# Summary of findings

- Patients with risk factors for developing long term conditions were identified through NHS health checks and routine screening. Patients were referred to appropriate services to help modify risk factors.
- Patients with long term conditions at risk of hospital admission were identified by the primary care co-ordinator and invited for review to create integrated care plans aimed at reducing this risk.
- The practice offered flu immunisation to patients with long term conditions in line with national guidance.

## Families, children and young people

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

- There was a named GP lead for safeguarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- The practice provided shared antenatal care with the local midwife team and routine post-natal care including six week post-natal checks.
- Childhood immunisation rates for the vaccinations given to under two year olds for 2015/16 achieved the 90% national target rate in three out of four sub-indicators. The overall achievement score fell below the national average. Vaccination rates for five year olds were comparable to CCG and national averages. The practice had a recall system for babies and children who had not attended for their immunisation.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The uptake for the cervical screening programme 2015/16 was 77%, which was comparable to the CCG average of 73% and the national average of 81%.

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).

- Extended hour appointments were available twice a week for patients unable to attend the practice during normal working hours. Telephone consultations with a GP were also available daily.
- There was the facility to book appointments and request repeat prescriptions online.

Good



# Summary of findings

- The practice offered health checks for new patients and NHS health checks for patients aged 40 to 74 years of age with appropriate follow-up of any risk factors identified.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

## People whose circumstances may make them vulnerable

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

- There was a named GP lead for safeguarding vulnerable adults. Staff knew how to recognise signs of abuse in vulnerable adults and children and 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered annual health checks for patients with a learning disability with longer appointments available if required.
- 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.

Good



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

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

- 76% of the 100 patients' diagnosed with dementia on the practice list had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 87% and the national average of 84%.
- 56% of the 52 patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months; compared to the CCG average of 92% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good





# Summary of findings

- The practice advised patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had two counsellors from Improving Access to Psychological Therapies (IAPT) who provided general counselling services and cognitive behavioural therapy one and a half days a week.
- Patients on the mental health register were invited to annual health checks including medication review and blood tests if required.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016 and showed the practice was performing in line with local and national averages. Two hundred and fifty-seven survey forms were distributed and 124 were returned. This represented a response rate of 48% and 1.8% of the practice's patient list.

- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 79.5%.
- 61% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.

The practice was in the process of reviewing the options for the installation or upgrade of the telephone and text messaging system to address the difficulties patients experienced making contact by telephone.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were mostly positive about the standard of care received. Comments received described staff as helpful, friendly and professional and the environment clean and hygienic. The few negative comments received described difficulty in making appointments with a preferred GP.

We spoke with two patients both of whom were satisfied with the care they received and felt the staff treated them with dignity and respect. Results from the Friends and Family Test (FFT) for the period April 2016 to November 2016 showed that 68% of respondents would recommend the practice to their friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the arrangements for the disposal of sharps used to administer cytostatic medicines.
- Review the security arrangements of the room where clinical waste and cryotherapy equipment is stored.
- Review the arrangements for the cleaning of clinical equipment including schedule and log.
- Consider the options for documenting when emergency medicines are taken from stock by clinical staff.
- Continue to make improvements in the performance for QOF, including patient outcomes in long-term conditions, childhood immunisations and to align with local and national averages.
- Ensure that recommendations from clinical audit are actioned.
- Continue to identify and support more patients who are carers.

# Dr S Johal & Partner (also known as The Oakland Medical Centre)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

## Background to Dr S Johal & Partner (also known as The Oakland Medical Centre)

Dr S Johal & Partner (also known as The Oakland Medical Centre) is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of the Wellcare Health Ltd locality.

The practice provides primary medical services to approximately 7,000 patients living in Hillingdon within the practice boundary. The practice holds a core General Medical Services Contract (GMS) and Directed Enhanced Services Contracts. The practice is located at 32 Parkway, Hillingdon, Uxbridge, UB10 9JX with good transport links by bus services.

The practice operates from a purpose built building owned and managed by the GP partners. The building is set over

three floors with lift and stair access. There are four consultation rooms and two treatment rooms on the ground floor, four consultation rooms on the first floor and three consultation rooms on the third floor. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are toilet facilities on each floor of the practice including those for people with disabilities. There are car parking facilities at the rear of the practice.

The practice population is ethnically diverse and has a similar to the national average number of patients between 0 and 19 years of age and higher than the national average number of patients 65 years plus. The practice area is rated in the third less deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (59%, 50%, and 54% respectively).

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

The practice had within the last year experienced difficulties with the recruitment of a permanent practice manager following the resignation of the previous post holder. Three separate interim practice managers had been employed to cover the vacancy until the permanent

# Detailed findings

position was filled in April 2016 by the current practice business manager. Additionally two of the GP partners had unexpected separate periods of absence due to illness, within the last twelve months.

The practice team comprises of two male GP partners, three female salaried GPs (one is currently on maternity leave and one on a year's sabbatical), three female locum GPs and two male locum GPs who all collectively work a total of 26 clinical sessions per week. They are supported by a part time advanced nurse practitioner, two part time practice nurses, a health care assistant, a practice business manager and seven administration/reception staff.

The practice opening hours are from 8.50am to 6.30pm Monday to Friday. Consultation times in the morning are from 9am to 12.30pm and in the afternoon from 3pm to 6pm Monday to Friday. Extended hour appointments are offered from 6.30pm to 8pm Wednesday evening and from 7am to 08.50am on Thursday morning. Pre-bookable appointments can be booked four weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr S Johal & Partner (also known as The Oakland Medical Centre) on 7 April 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We issued requirement notices to the provider in respect of safe care and treatment and safeguarding. The full comprehensive report following the inspection on 7 April 2015 can be found by selecting the 'all reports' link for Dr S Johal & Partner on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Dr S Johal & Partner (also known as The Oakland Medical Centre) on 8 December 2016. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## 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 8 December 2016.

During our visit we:

- Spoke with a range of staff including the principal GP, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

# Detailed findings

- 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

At our previous inspection on 7 April 2015 we rated the practice as requires improvement for providing safe services as some arrangements in respect of safeguarding, infection prevention and control and emergency provisions required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 8 December 2016. The practice is now rated as good for providing safe services.

### 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 serious incident notification 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, and an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of the significant events and showed us the outcomes of five incidents that had occurred in the previous year.

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 significant event was recorded after an issue with a repeat prescription sent electronically to a local pharmacy. The event was discussed and staff updated to ensure they were all aware of the policy for the electronic prescribing service and could explain the procedure to patients. A message alert was placed on the patient records to prevent the issue from occurring in the future.

### Overview of safety systems and processes

When we inspected the practice, on 7 April 2015, we found that although there were processes and practices in place to keep patients safe, there were some areas of concern.

Disclosure and Barring Service (DBS) checks had not been undertaken for all staff who performed chaperone duties, safeguarding and infection prevention and control had not been completed or regularly updated for some members of staff. There was no named safeguarding lead. At this inspection we found that these issues had been addressed by the practice.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and there was a system to highlight vulnerable patients on their records. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The safeguarding register was reviewed and discussed at weekly clinical meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3, nurses to level 2 and administration staff to level 1.
- A notice in reception and in the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. We saw evidence that an infection control audit had been carried out in November 2016 which did not identify any remedial actions. However, we observed that there were no separate receptacles for the disposal of sharps used to administer cytostatic medicines for example, hormone containing medicines. It was also noted that there was no written schedule

## Are services safe?

and log for the cleaning of clinical equipment and clinical waste awaiting disposal was stored in an unlocked room within the premises. This room was also used for the storage of cryotherapy equipment.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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 the practice nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

We reviewed four personnel files of and found appropriate recruitment checks had been undertaken. 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 a poster was displayed which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills although they did not keep a log of fire alarm checks which we were told were conducted weekly. 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 (COSHH) infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

When we inspected the practice, on 7 April 2015, we found that annual basic life support training had not been completed by all members of staff and the practice business continuity plan for major incidents had not been reviewed for several years. At this inspection we found that these issues had been addressed by the practice.

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 an emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had access to a defibrillator and oxygen with adult and children's masks. We saw records to show that this equipment was regularly checked to ensure they were working correctly. However, it was observed that there was no log kept of when emergency medicines were taken by the GPs.
- The practice had an up to date comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a buddy arrangement system with another practice in the event of whole building loss.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 7 April 2015, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff training and appraisals required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 8 December 2016. The practice is now rated as good for providing effective services.

### 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, medicines and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 showed the practice had achieved 76% of the total number of points available compared to the CCG average of 96% and the national average of 95%. This was lower than the previous QOF year 2014/15, when the practice had achieved 92%.

Clinical exception reporting 2015/16 was 5%, which was below the CCG of 8% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This had improved from the previous QOF year 2014/15 when the clinical exception reporting rate was 7%.

We discussed QOF with the practice who considered that staffing difficulties in 2015/16 had negatively impacted on

lower performance. They told us that since the appointment of the substantive practice business manager in April 2016, an additional practice nurse and targeted patient recall and review, current QOF performance 2016/17 whilst not yet complete or published, had improved from the previous year's position at the same period of time. QOF performance was monitored and discussed at weekly practice meetings and actions agreed with the focus on achieving maximum points by the year end in March 2017.

Published data from 2015/16 showed:

Practice performance for key diabetes related indicators were significantly below local and national averages. For example,

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 57%; compared to the CCG average of 75% and national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 39%; compared to the CCG and national averages of 78%. Exception reporting was 6% (20/362) compared to the CCG rate of 8% and the national rate of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 56%, compared to the CCG average of 77% and the national average of 80%. Exception reporting was 10% (35/362) compared to the CCG and national rates of 10% and 13% respectively.

The practice was aware of the diabetes indicators they needed to improve upon and had implemented a dedicated diabetic clinic with 30 minute consultation appointments for the review of diabetic patients to provide a holistic approach for their management. They told us that they were recalling all their diabetic patients with a focus on reducing their cholesterol, blood sugar and blood pressure levels. At the time of inspection the practice had exceeded the percentage rates of all the above diabetic indicators and was aspiring to achieve the full QOF target rates by March 2017.



# Are services effective?

(for example, treatment is effective)

Performance for mental health related indicators 2015/16 were below CCG and national averages. For example;

- 56% of patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months; compared to the CCG average of 92% and national average of 89%. Exception reporting was of 4% (2/52) compared to the CCG and national rates of 8% and 13% respectively.
- 76% of the 100 patients' diagnosed with dementia on the practice list, had their care reviewed in a face to face meeting in the last 12 months; compared to the CCG average of 81% and national average of 84%. Exception reporting was 6% (6/100) compared to the CCG and national rates of 5% and 7% respectively. Exception reporting was 6% (6/100) compared to the CCG and national rates of 5% and 7% respectively.

Performance for other health related indicators 2015/116 were comparable to or significantly below CCG and national averages. For example,

- 84% of patients, on the register, with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, compared to the CCG average of 93% and the national average of 90%.
- 60% of patients on the register with hypertension had a blood pressure reading measured in the last 12 months that was 150/90mmHg or less; compared to the CCG average of 82% and national average of 83%.

Nationally reported unpublished QOF data 2016/17 provided after the inspection showed the practice was on course to achieve largely better outcomes across all clinical indicators at year end.

There was some evidence of quality improvement including completed clinical audits.

- There had been five clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored. For example, the practice conducted an audit on the prescription of blood glucose testing strips to patients with diabetes. First cycle data showed some patients were prescribed more than the recommended amount of blood glucose testing strips. As a result recommendations were made to review the

prescriptions of those patients receiving more than the recommended amount of testing strips and to provide information and training to those using inappropriate quantities. Second cycle data showed improvements with overall reduction in the number of blood glucose testing strips prescribed. However, it was noted that another completed audit regarding domperidone prescribing, the recommendations from the first cycle audit in December 2015 had not been fully implemented with three patients still requiring review at second cycle in June 2016.

The practice participated in local audits, national benchmarking and peer review. Findings were used by the practice to improve services. For example, the practice reviewed performance data, such as prescribing rates and hospital admissions, and compared them with local practices to identify areas for improvement and share learning.

Information about patients' outcomes was used to make improvements. For example, the practice engaged with local enhanced services to identify patients at risk of hospital admission and invited them in for review to create integrated care plans aimed at reducing the risk.

## Effective staffing

When we inspected the practice, on 7 April 2015, we found that mandatory training was not up to date for some members of staff and staff appraisals had not consistently been completed. At this inspection we found that these issues had been addressed by the practice.

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. Two of the practice nurses had undertaken training courses in the enhanced management of type 2 diabetes including initiating insulin and in spirometry for assessing respiratory disease.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate

# Are services effective?

## (for example, treatment is effective)

how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at meetings with other practice nurses.

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

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

When we inspected the practice, on 7 April 2015, we found that staff were not up to date with the key principles of the Mental Capacity Act 2005. At this inspection we found that this issue had been addressed by the practice.

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 for which they had received training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through patient records audits. Following a recent audit one of the GP partners intended to design a consent form to be given to patients prior to a joint injection appointment in order for them to raise any questions or concerns.

### 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. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme 2015/16 was 77%, which was similar to the CCG average of 73% and below the national average of 81%, with an exception reporting rate of 3% compared to the CCG rate of 7% and national rate of 6.5%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake 2015/16 for female patients aged 50 to 70 years of age screened for breast cancer in the last 36 months was 72%, which was similar to the CCG average of 69% and the same as the national average of 72%. The practice uptake 2015/16 for patients aged 60 to 69 years of age screened for bowel cancer in the last 30 months was 55%, which was similar to the CCG average of 51% and national average of 58%.

Childhood immunisation rates 2015/16 for the vaccinations given were lower compared to national averages. The practice achieved the 90% national expected coverage of immunisations given to children up to two years of age in three of the four areas measured. Data showed that;

# Are services effective?

(for example, treatment is effective)

- 96% of children aged one had received the full course of recommended vaccines.
- 69% of children aged two had received pneumococcal conjugate booster vaccine.
- 91% of children aged two had received Haemophilus influenzae type b and Meningitis C booster vaccines.
- 91% of children aged two had received Measles, Mumps and Rubella vaccine.

Immunisation rates for five year olds were below CCG and national averages. For example:

- Measles, Mumps and Rubella dose one vaccinations for five year olds was 88.5%, compared to the CCG and national averages of 94%.

- Measles, Mumps and Rubella dose two vaccinations for five year olds was 79.5%, compared to the CCG average of 85% and the national average of 88%.

The practice operated a patient reminder and re-calls system to encourage immunisation uptake and advised the community health visiting team to follow up with parents when no response was made.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and five-yearly NHS health checks were offered to patients aged 40 to 74 years of age. 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

At our previous inspection on 7 April 2015, we rated the practice as good for providing caring services. At our follow up inspection on 8 December 2016 we also found the practice was good for providing caring services.

### Kindness, dignity, respect and compassion

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

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

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, friendly and professional and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were mostly similar to or above CCG and national averages. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 87% and the national average of 92%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to CG average of 75% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% national average of 85%.

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

Staff told us that translation services were available for patients who did not have English as a first language. The

## Are services caring?

practice team spoke a range of languages, including those spoken by some of the practice's population groups. There was a language sheet kept in reception for patients to use to communicate the language/s they spoke.

### **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 had a generic system on registration that asked if a patient was also a carer and the practice's computer system alerted GPs to those identified. The practice had identified 25 patients as carers (0.4% of the practice list). Patients identified as carers were offered annual health checks and flu immunisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or a condolence card was sent. This 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

At our previous inspection on 7 April 2015, we rated the practice as good for providing responsive services. At our follow up inspection on 8 December 2016 we also found the practice was good for providing caring services.

### 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 attended regular CCG led meetings with other local practices and reviewed performance data, including referrals and unplanned admissions, to identify areas for improvement and share learning.

- Extended hour appointments were available twice a week for patients unable to attend the practice during normal working hours. Telephone consultations with a GP were also available.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Patients could register to receive information by text message by phone regarding appointments and health care.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Baby changing facilities were available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- Patients could choose to consult a male or female GP.
- A self-measuring blood pressure (BP) monitor was available in the waiting room to enable patients to opportunistically measure their own BP.
- Patients from the practice and Hillingdon community had access to on-site community based services, including secondary care ophthalmology, chronic pain service, and wheel chair assessment services.

### Access to the service

The practice was open from 8.50am to 6.30pm Monday to Friday. Consultation times in the morning were from 9am to 12.30pm and in the afternoon from 3pm to 6pm daily. Extended hour appointments were offered from 6.30pm to 8pm Wednesday evening and from 7am to 8.50am on Thursday morning.

Most results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was similar to local and national averages with the exception of the waiting time to be seen.

- 74% of patients were satisfied or fairly satisfied with the practice's opening hours compared to the CCG average of 72% national average of 76%.
- 90.5% of patients said the last appointment they got was convenient compared to the CCG average of 89% and the national average of 92%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 51% of patients felt they normally have to wait too long to be seen compared with the CCG average of 41% and the national average of 34.5%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

The practice was in the process of reviewing the options for the upgrade of the telephone and text messaging system to address the difficulties patients experienced making contact by telephone. It was the practice plan for this to be finalised by June 2017. People told us on the day of the inspection that they were able to get appointments when they needed them but not always with the GP of choice.

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. All home visit requests were logged by reception staff which were then considered and prioritised by the duty GP according to clinical need. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example information displayed in the practice information leaflet, complaints and comments leaflet and on the practice website.

We looked at four complaints received in the last eight months and found they were satisfactorily handled, in a timely way with, openness and transparency with dealing with the complaint. For example, following a complaint to the practice about problems with communication, the patient concerned received an apology and staff involved reflected on ways to improve communication skills with patients. Lessons learnt from the complaint were documented on the practice complaints register and were discussed at the practice team meeting to share learning.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 7 April 2015, we rated the practice as requires improvement for providing well-led services as the arrangements in relation to strategy, governance and leadership required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 8 December 2016. The practice is now rated as good for providing well-led services.

### Vision and strategy

When we inspected the practice, on 7 April 2015, although there was a vision for the practice there was no formal strategy in place to deliver it.

At this inspection the practice had a formal and comprehensive business plan in place to deliver the practice vision and values which was to deliver high quality care and promote good outcomes for patients. The business plan reflected the goals and objectives the practice aimed to achieve over the current and proceeding four years. This included plans in relation to staffing, staff training, building and equipment, information technology, patient services, finance, management and communication. Staff we spoke with were positive about the purpose of the practice and their role in achieving this.

### Governance arrangements

When we inspected the practice, on 7 April 2015, the practice could not demonstrate effective governance arrangements across all areas. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

At this inspection we found 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, regularly reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of clinical and internal audit was used to monitor quality and to make improvements. We saw several examples of on-going audits and those planned for the future.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

When we inspected the practice, on 7 April 2015, there was no evidence of a clear leadership structure with named members of staff in lead roles.

At this inspection we saw that there was a clear leadership structure in place and staff felt supported by management. The GP partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us that the practice prioritised safe, high quality and compassionate care.

- 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 practice manager, who they said took time to listen to them. The practice had plans for two team building events in the following year.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment;

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

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

The practice encouraged and valued feedback from patients, the public and staff.



# Are services well-led?

Good 

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

It proactively sought patients' feedback and endeavoured to engage patients in the delivery of the service. The practice had gathered feedback from patients through surveys and complaints received. The practice was currently in the process of setting up a new patient participation group (PPG) which was widely advertised in the practice and the website. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Friends and Family Test (FFT). For example, in response to suggestions received from patients through the FFT the practice had put in place an action plan for the replacement of the telephone system and now displayed posters explaining the need to book a double appointment time where a patient had more than one medical problem.

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

## 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. The practice had co-founded the Wellcare Health Network, which comprised of eight local practices with a combined population of over 51,000 patients. They had collaborated in a number of initiatives such as providing out of hours, Saturday morning surgeries during winter pressures to all patients in the network. The network had recruited a doctor to provide weekend morning and early afternoon cover to help manage patients in care homes. The practice provided accommodation for a number of outreach clinics including secondary care ophthalmology services, consultant led pain management clinics, physiotherapy and wheelchair assessment services.