

Dr Philip Olufunwa

Quality Report

Westbourne Green Surgery
260 Harrow Road
London
W2 5ES

Tel: 0207 289 2810

Website: www.westbournegreensurgery.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 Philip Olufunwa on 22 October 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Dr Philip Olufunwa on our website at www.cqc.org.uk.

This inspection was undertaken to check the provider had taken the action we said they must and should take and was an announced comprehensive inspection on 22 June 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice had taken the action we said it must take at our October 2015 inspection to ensure all appropriate pre-employment checks were carried out and recorded in staff records.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The practice had taken the action we said it should take at our October 2015 inspection to ensure evidence of child safeguarding training was held in the practice records for all locum staff.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Not all patients we spoke with said they found it easy to make an appointment with a named GP but there was continuity of care, with walk clinics, urgent appointments and GP telephone consultations available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

The provider should:

- Continue action to improve QOF performance in areas where performance has been below CCG and national averages.

- Ensure more rapid progress in the introduction of care plans for patients over 75, those at risk of hospital re-admission and patients with complex problems.
- Make further improvement in recording the process for seeking consent to ensure the process is fully documented in patient records.
- Provide appropriate briefing and instruction to ensure all staff are aware of the duty of candour requirements.

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



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 2015/16 data from the Quality and Outcomes Framework was mixed showing eight clinical indicators where performance was above and eleven below average. Indicators where performance was significantly below average included: Asthma, Cancer, COPD, Diabetes and Osteoporosis. Unpublished 2016/17 data showed significant improvement in performance in all of these indicators. However, there had been a decline in performance in mental health related indicators and this was an area which requires improvement.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- In response to our October 2015 inspection, there had been limited further progress in producing care plans for older

Summary of findings

patients but the practice had taken steps in order to make more rapid progress in their production in the current year. There was some improvement in the recording of consent, although there was scope for further improvement.

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 broadly in line with others for most aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice participated in the local pilot scheme to provide extended evening and weekend surgeries.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said it was not always it easy to make an appointment with the GP. However, the practice provided a daily walk-in clinic and there was continuity of care, with urgent appointments available the same day. The practice also provided a daily GP telephone consultation service for patients that needed this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The GP and practice managers encouraged a culture of openness and honesty, although not all staff were aware of the duty of candour requirements.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- The GP who was skilled in the specialist area of gynaecology used this expertise in providing related services to patients.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Limited further progress had been made since our previous inspection in October 2015 in producing care plans for older patients but the practice had taken steps to make more rapid progress in their production in the current year.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care and treatment was adjusted to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Services such as in house phlebotomy, and electrocardiograms (ECGs), ensured continuity of care.

People with long term conditions

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

Good



- Nursing staff had a lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for Diabetes related indicators was lower than average: 61% compared to the CCG average of 82% and national average of 90%. However more recent unpublished data showed performance had improved to 75%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care and treatment was updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- Access to services was tailored to meet the needs of this group, including flexible appointment times (not set clinics) and same day consultations where appropriate. These patients were signposted to patient groups and supported to access support networks.
- The practice participated in local out of hospital services to provide services for these patients including ambulatory blood pressure monitoring (ABPM); spirometry; monitoring and review of those with type 1 diabetes or at high risk of diabetes.

Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- There was regular assessment of children's development and early identification and follow up of problems in the physical and mental wellbeing of children and young people.
- Immunisation uptake rates for the standard childhood immunisations were below national targets based on the latest published data. However the practice had focused particularly on increasing uptake and unpublished data showed improvement in overall immunisation rates.
- The practice ensured that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal care and child health surveillance.
- Information, including on lifestyle advice on healthy living, was given to pre-expectant mothers, expectant mothers and fathers.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and weekend appointments.
- 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.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including children and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice carried out advance care planning for patients living with dementia.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- However, nationally reported data showed more generally that outcomes for patients experiencing poor mental health (including people with dementia) had declined. QOF

Summary of findings

performance in 2015/16 was lower than CCG and National averages for mental health related indicators: 82% compared to 85% and 93% respectively. Unpublished data for 2016/17 showed QOF achievement had fallen to 63%.

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. This included annual health checks for people with serious mental illnesses.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results published at the time of the inspection (July 2016) showed the practice was performing broadly in line with local and national averages. Of 357 survey forms distributed 71 were returned. This represented just under 2% of the practice's patient list.

- 80% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

- 74% 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 76% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were mostly positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue action to improve QOF performance in areas where performance has been below CCG and national averages.
- Ensure more rapid progress in the introduction of care plans for patients over 75, those at risk of hospital re-admission and patients with complex problems.

- Make further improvement in recording the process for seeking consent to ensure the process is fully documented in patient records.
- Provide appropriate briefing and instruction to ensure all staff are aware of the duty of candour requirements.

Dr Philip Olufunwa

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Philip Olufunwa

Dr Philip Olufunwa provides primary medical services through a Personal Medical Services (PMS) contract to around 3,950 patients living in the Westbourne Green area within the London Borough of Westminster in North West London. The services are provided from a single location within the Health@Stowe premises run by Central London Community Services and the practice is part of NHS West London Clinical Commissioning Group. The practice has an ethnically diverse patient population which includes a relatively high proportion of Arabic speaking patients. There were high rates of deprivation within the practice area compared to practice averages across England.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury. However, no minor surgery service was being provided at the time of the inspection.

The practice is open between 8am and 8pm Monday to Friday, and 12 noon to 8pm at weekends. The practice closes on weekdays between 1.30pm and 2pm for lunch. Walk-in clinic appointments are available between from 9am to 12 noon and bookable appointments between 12

noon to 8pm Monday and Friday. Under the CCG's extended hours scheme, in addition to the practice's own later clinics on Mondays and Wednesdays, it offers additional evening clinics for pre-booked appointments from 6.30pm - 8pm Monday to Friday and between 12 noon and 8pm on Saturdays and Sundays. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them.

At the time of our inspection, the practice staff comprised the Principal GP (male), two long-term and two more recently engaged locum GPs (one male and three female), and practice manager. The practice also employed a part-time nurse practitioner and part-time weekend locum nurse, a health care assistant and seven administrative staff, plus three administrative bank staff.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are advised to call 111 who will direct their call to the out of hours service to provide telephone advice or make a home visit.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Philip Olufunwa on 22 October 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 and effective services and we identified action the provider must and should take to improve the quality and safety of services provided.

We also issued a requirement notice to the provider in respect of fit and proper persons employed. We undertook

Detailed findings

a further announced comprehensive inspection of Dr Philip Olufunwa on 22 June 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Dr Philip Olufunwa on our website at www.cqc.org.uk.

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 22 June 2017. During our visit we:

- Spoke with a range of staff (the Principal GP, a Locum GP, the Practice Nurse, Practice Manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 22 October 2015, we rated the practice as requires improvement for providing safe services as there were deficiencies in the arrangements for recruiting staff; the practice's policy on safeguarding of vulnerable adults; evidence of the completion of child safeguarding training for some locum GP staff, infection control in relation to privacy curtains, and vaccine fridge temperature monitoring and stock management.

These arrangements had significantly improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, where appropriate, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a complaint about the referral process, the practice audited all referrals since the introduction of a new referral system, identified where the process had not worked as intended, rectified

matters and informed patients concerned. All staff were provided with additional training on the new system and further monitoring undertaken to ensure no recurrence of the errors.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. In response to action we said the provider should take at our October 2015 inspection, policies for both child protection and vulnerable adults 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses and healthcare assistants to level 2 and administrative staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. External IPC audits were

Are services safe?

undertaken every 18 months and internal audits were completed weekly. We saw evidence that action was taken to address any improvements identified as a result.

- In response to action we said the provider should take at our inspection of October 2015, disposable privacy curtains in consulting rooms were now dated to show they were changed after six months in accordance with national guidance.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. One of the nurses was training to become a qualified Independent Prescriber to be able to prescribe medicines for clinical conditions within their expertise. In the meantime, Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- In response to action we said the provider should take at our October 2015 inspection, there were now appropriate arrangements in place to ensure accurate monitoring of vaccine fridge temperatures and effective stock rotation to avoid overstocking.

We reviewed seven personnel files and, in response to action we said the provider must take at our inspection of October 2015, found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in

previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills and we saw the documentation for this. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We saw up to date records of these checks.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or

building damage. The plan included emergency contact numbers for staff. It also made provision for services to be delivered from a local 'buddy practice' in the event of the practice building becoming uninhabitable.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 October 2015, we rated the practice as requires improvement for providing effective services as there were deficiencies in the arrangements for producing care plans for older patients; clinical auditing; recording consent; and the recall for review of patients with long term conditions and health checks for patients with dementia and those with a learning disability.

At our follow up inspection of 22 June 2017 we found limited further progress had been made in producing care plans for older patients but the practice had trained its nurse to produce care plans and anticipated more rapid progress in their production in the current year. There was some improvement in the recording of consent, although there was scope for further improvement. The provider had addressed deficiencies in clinical auditing and the recall of patients and overall the practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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, audits and checks of patient records.
- At our inspection of October 2015 we found care plans were being introduced for patients over 75, those at risk of hospital re-admission and patients with complex problems, although this was in the early stages. We said the provider should take action to complete the introduction of these care plans. At our inspection on 22 June 2017 we found limited further progress in the introduction of these care plans. However, we were told the practice nurse had been trained to produce care plans and the practice anticipated more rapid progress in their production in the current year.
- At our October 2015 inspection we said the provider should take action to ensure the completion of:

systematic recall for the review of all patients with long term conditions; and the annual health checks for patients diagnosed with dementia and those with learning a learning disability, for all patients due them. At our inspection of 22 June 2017 we found the practice had taken this action.

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 (2015/16) were 78% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%.

Exception rates for the following clinical indicators were significantly higher than the CCG or national averages. (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):

- Heart Failure: 25% compared to the CCG average of 9% and national average of 9%.
- Cancer: 44% compared to the CCG average of 32% and national average of 25%.
- Depression: 54% compared to the CCG average of 29% and national average of 22%.

We discussed this data with the practice who were unable to offer any explanation for these exception rates.

Data from 2015/16 was mixed showing eight clinical indicators where performance was above and eleven below average.

- Performance for diabetes related indicators was lower than the CCG and national averages. 61% compared to 82% and 90% respectively.
- Performance for mental health related indicators was lower than the CCG and national averages. 82% compared to 85% and 93% respectively.

Indicators where performance was significantly below average included:

Are services effective?

(for example, treatment is effective)

- Asthma: 57% compared to the CCG average of 95% and national average of 97%.
- Cancer 59%: compared to the CCG average of 92% and national average of 98%.
- COPD 38%: compared to the CCG average of 82% and national average of 96%.
- Osteoporosis 0%: compared to the CCG average of 70% and national average of 88%.

The practice told us they had put particular effort into achieving a higher QOF performance and had made significant improvement since 2015/16. Unpublished data for 2016/17 showed overall performance for the clinical domain was 90% of the points available. In areas of previous lower than average performance the practice had achieved improvement to 75% for diabetes; 100% for Asthma; 100% for Cancer; 82% for COPD; and 67% for Osteoporosis. Achievement for Mental health had however decreased to 63% and required improvement. The practice anticipated further improvement for 2017/18. Practice data up to 7 August 2017 showed performance for the year to date was: 68% for diabetes; 100% for Asthma; 59% for Cancer; 57% for COPD; 67% for Osteoporosis; and 57% for Mental health.

There was evidence of quality improvement including clinical audit:

- There had been 10 clinical audits commenced in the last two years. In response to action we said the provider should take at our October 2015, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, as a result of a completed audit of patients on anticoagulation medicine the practice implemented improved monitoring and more up to date recording of blood test results.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 fire safety, health and safety and confidentiality. The programme also included familiarisation with the staff training programme and the employee handbook containing the policies and

procedures relating to employment. Locum doctors employed by the practice were provided with a 'locum induction pack', which covered both administrative and clinical practices and processes.

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

Coordinating patient care and information sharing

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.
- We found that 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. Information was shared between services, with patients'

Are services effective?

(for example, treatment is effective)

consent. Meetings took place with other health care professionals according to need when care and treatment was routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- At our October 2015 inspection we said the provider should take action to ensure discussion of informed consent for medical procedures was recorded in the patient's notes in all cases. At our follow up inspection of June 2017 we found there had been improvement in recording the process for seeking consent but there was scope for further improvement to document the process more fully.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service.
- The nurse practitioner and healthcare assistant provided advice to identified smokers at a smoking cessation clinic. A smoking cessation adviser also attended the practice once a week to provide additional assistance to patients.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 73% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance in 2015/16 for meeting 90% targets for childhood immunisation rates for the vaccinations given was below standard for four national targets:

- 81% for children aged 1 with a full course of recommended vaccines.
- 69% for children aged 2 with pneumococcal conjugate booster vaccine.
- 71% for children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine.
- 67% for children aged 2 with Measles, Mumps and Rubella vaccine.

For 5 year olds, for MMR doses 1 and 2, performance was above CCG but below national averages:

- Dose 1: 93% compared to the CCG at 80% and 94% nationally.
- Dose 2: 78% compared to the CCG at 62% and 88% nationally.

The practice told us that performance was affected by the relatively high turnover of patients moving in and out of the area. They had nevertheless actively sought to achieve a higher uptake since 2015/16. From practice data, in 2016/17 the total uptake for all vaccinations was 84%, and 87% up to the first quarter of 2017/18. The practice said these targets took six months to show improvements so they expected to be over the 90% NHS target by the end of 2017.

There was a policy to offer telephone, text or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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

Are services caring?

Our findings

At our previous inspection on 22 October 2015, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 22 June 2017, we found the practice continued to provide caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. In three comments cards patients said it was difficult at times to get an appointment.

We spoke with 10 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mainly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 82% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% 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 81% and the national average of 85%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 81% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% 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 in most respects to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

The practice identified patients who were carers on initial registration and opportunistically during appointments. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 adult patients as carers (1% of the practice's adult population); there were currently no young carers. Written information was available to direct carers to the various avenues of support available to them. The practice website set out the support

provided by the practice for carers including help available from the practice's dedicated lead. Older carers were offered timely and appropriate support. Once the practice identified someone as a carer they offered flexible appointment times; a free annual flu and vaccination health check; and referral to the local carer support service.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They attended regular meetings with the borough wide carer champions. The practice offered referrals to carer's network and social services at the point of being informed that a patient was or had a carer.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice had a bereavement policy which advised staff how to support families when there is death of a patient at home. The policy included a letter which was sent to families who had suffered bereavement, offering the practice's condolences and enclosing information leaflets and contact details to help the family, signposting organisations that can give support and comfort.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 October 2015, we rated the practice as good for providing responsive services.

At our follow up inspection on 20 June 2017 we found the practice remained responsive to meeting people's needs and the practice is again rated as good for providing responsive services.

Responding to and meeting people's needs

- The practice offered extended hours on a Monday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Flexible appointment times were available for older and vulnerable patients, including those with long term conditions, a learning disability and poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation. Telephone consultations were also available.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- There was a mental health support worker and a counsellor who attended the practice weekly. Appointments with them were by GP referral.

Access to the service

The practice was open between 8am and 8pm Monday to Friday, and 12 noon to 8pm at weekends. The practice closed between 1.30pm and 2pm for lunch. Walk-in clinic appointments were available between from 9am to 12 noon and bookable appointments between 12 noon to 8pm Monday and Friday. Under the CCG's extended hours scheme, in addition to the practice's own later clinics on Mondays and Wednesdays, it offers additional evening

clinics for pre-booked appointments from 6.30pm - 8pm Monday to Friday and between 12 noon and 8pm on Saturdays and Sundays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

If patients wished to speak to a GP or nurse, they were asked to call the surgery before 12 noon. The receptionist liaised with the GPs and arranged for them to call the patient back at the earliest opportunity to provide telephone advice. Calls after 12 noon were responded to the following day if the GP is not in on that day unless urgent in which case the call would be referred to the on call GP to contact the patient.

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.

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 73% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 27% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

The practice had analysed waiting times and found that this related mainly to the morning walk in clinics where if patients waited at the practice once they had been allocated an appointment, they could be waiting some time before being seen. The practice now encouraged patients not to wait around and to return later when they would be seen. Patients told us on the day of the inspection that they were able to get appointments when

Are services responsive to people's needs?

(for example, to feedback?)

they needed them, although some felt it was an inconvenience to have to come to a walk in clinic rather than being allocated a specific time if they wished to be seen in the morning.

The practice had a system to assess:

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

Patients were asked to call before 10.30am if they wished to request a home visit to enable the doctor to plan and prioritise visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including an NHS notice on how to complain in the reception area, a practice complaints leaflet and form and comments box available at the reception desk. There was also information available on the practice's website if patients wished to raise concerns.

We looked at the information provided by the practice on five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint highlighted an issue with the in-house referral system and in response to this the practice arranged further staff training on the new NHS e-referral system and put a new system in place to ensure that referrals reached the provider service in a timely manner.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Due to staff absence and the recent introduction of weekend surgeries, attendance at these meetings and their frequency had been reduced but it was anticipated that full meetings would be reinstated when the situation had stabilised.
- In response to action we said the practice should take at our October 2015 inspection, the practice now undertook regular clinical and internal audit to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included the maintenance of a risk and issues log which was reviewed annually.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

The provider was aware of and had systems 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 GP and managers encouraged a culture of openness and honesty, although not all staff were aware of the duty of candour. From the sample of eight documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings, although the frequency and staff attendance at these had reduced due to staff absence and the recent introduction of weekend surgeries.
- 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 GP and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice put in place a comments and suggestions box in the waiting area as a result of feedback provided by the group. The comments and suggestions were reviewed at PPG meetings and acted upon as appropriate allowing the group to take and share ownership of improvements.
- the NHS Friends and Family test, complaints and compliments received

- staff through periodic staff surveys and generally 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 suggestions to improve signage within the practice were implemented. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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