Dr Ajay Birly

Quality Report

Acorn Medical Centre
149 Long Lane Hillingdon
Uxbridge
Middlesex
UB10 9JN
Tel: 01895 237474
Website: www.acornmedicalcentre.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?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection April 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Dr Ajay Birly on 22 February 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had processes to manage current and future performance, including QOF. However, there was scope for improvement in QOF performance for some indicators, and in particular in reducing high exception reporting.
- Staff involved and treated patients with compassion, kindness, dignity and respect. However, national GP patient survey information we reviewed was mixed when patients were asked about treatment during consultations and their involvement in decisions about their care and treatment.
- Not all patients found the appointment system easy to use and access care when they needed it. However, in 2017 the practice had completed a wide-ranging review of all areas of patient feedback and implemented a comprehensive improvement action plan to address the issues raised, including access to appointments.

Summary of findings

- Information about services and how to complain was available and accessible to patients. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a focus on continuous learning and improvement within the practice.

The areas where the provider **should** make improvements are:

- Complete the review of the practice's 'cold chain' policy initiated after the inspection.
- Review the process for signing of Patient Group Directions (PGDs) to ensure that they are signed by all appropriate staff in all cases.
- Review the practice's fire evacuation procedure to ensure periodic fire drills are appropriately documented.
- Review action to improve QOF performance in areas where performance has been below CCG and national averages and exception reporting significantly above average.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Review the implementation of the practice's patient feedback log and action plan against satisfaction scores from the next national GP Patient survey, particularly those associated with access to services.
- Review the need for an emergency pull cord in the patients' toilet.
- Review with the PPG and staff the vision set out in the practice's statement of purpose, with a view to producing a vision and values statement for the benefit of patients and staff.
- Review the practice's governance systems with a view to introducing formal minutes of all practice meetings to document decisions and action agreed.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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

Dr Ajay Birly

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, and an expert by experience.

Background to Dr Ajay Birly

Dr Ajay Birly provides services to approximately 6185 patients in the surrounding areas of Hillingdon and Uxbridge from a single site through a General Medical Services contract. The practice is also known as Acorn Medical Centre. The practice is accessible to people with disabilities.

The practice is led by an individual GP principal. The GP principal specialises in providing care for patients recovering from substance misuse and patients with a history of violence referred from other practices in the borough. The practice employs five part-time long-term locum GPs, three of whom are female, and two part-time practice nurses. The practice also employs a practice manager and a small team of receptionists/administrative staff.

The practice is open between 8.30am and 6.30pm during the week with appointments available morning and afternoon daily. Individual doctors offer variable surgery times. Appointments are also available on Thursday evenings between 6.00pm-7.30pm and Saturday mornings between 8.45am and 11.15am.

In addition, the practice provides access to appointments through the Hillingdon Primary Care Federation hub for 12 hours each Saturday and Sunday and up to 7.30pm on weekdays via three GP locations in Hillingdon.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information about how to access urgent care when the practice is closed on its website, answerphone and in its patient information leaflet. Out of hours care is also directly accessible at the Urgent Care Centre at Hillingdon Hospital.

The local area is characterised by relatively low levels of socio-economic deprivation with higher than average rates of employment. The practice population is younger than average and culturally and ethnically diverse. The practice has relatively few patients aged over 75.

The provider is registered with the Care Quality Commission to carry on the following regulated activities:

Treatment of disease, disorder or injury

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. At the inspection we found three medicines recommended in national guidance were not included in the practice's stock of emergency medicines. However, the practice obtained a supply of these medicines immediately after the inspection and provided evidence of this. We also found in the daily logs of vaccine fridge temperature

checks incidences where the temperature had exceeded the expected range. The practice took immediate action on the day to quarantine the vaccine stocks, sought advice from the fridge manufacturer and informed NHS England of the incident. Based on the advice received that the vaccines had not been compromised the fridge was taken out of quarantine and the practice reassigned staff responsibility for temperature checks, introduced closer monitoring and audit of the checks and initiated a review of its 'cold chain' policy.

- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Patient Group Directions (PGDs) used by the practice were signed by staff who used them but we saw three PGDs that were not signed. The practice took steps immediately to address this. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Fire evacuation drills were undertaken periodically but were not documented.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following a serious patient incident, the practice reviewed its follow up and referral processes and reflected on its approach to patient engagement.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as requires improvement for providing effective services.

The practice was rated as requires improvement for providing effective services because of below average QOF scores for some indicators and significantly higher than average QOF exception reporting overall and for several indicators.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used specific equipment to improve treatment and meet patients' needs, for example under the NHS health checks programme the practice used a point of care testing cardiology machine to inform the checks, which patients found very convenient.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice used the local rapid response team where appropriate. The team provided a multidisciplinary, single point of access when patients experienced a health crisis in the community and could be safely cared for in the community rather than hospitalisation.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- QOF performance for diabetes for 2016/17 was below average (80% compared to the CCG average of 91% and national average of 91%). However, the practice had taken steps to improve this including the recent appointment of a diabetes nurse and had signed up to a primary care diabetes enhanced service. The service included an annual review for all patients with diabetes aged 17 years and over against nine diabetes indicators. The annual review provided for care planning fully involving patients in setting ongoing care plans.

Families, children and young people:

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in broadly line with the target percentage of 90% or above for three of the four indicators. The practice was below target for children aged 2 with pneumococcal conjugate booster vaccine at 71%. However, the practice anticipated an improvement in uptake for this vaccine now that more nurse resource was available to follow up non-attenders.
- The practice carried out routine past natal checks on mothers with particular emphasis on screening for

postnatal depression. Six-week checks were carried out by a doctor and we were told patients valued this**.** Patients were provided with advice and post-natal support in accordance with best practice guidance.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 61% based on national data for the period 01/04/2016 to 31/03/2017, which was lower than the 80% coverage target for the national screening programme. However, the practice had taken steps to improve uptake and had achieved 76% in the 2017/18 year to date based on unpublished data.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including people with poor mental, long term conditions such as chronic obstructive pulmonary disease (COPD), those receiving palliative care and those with a learning disability.
- The practice was signed up to a learning disability enhanced service scheme for identifying and supporting patients aged 14 with learning disabilities. This included maintaining a learning disabilities 'health check' register and offering those on the register an annual health check, which included producing a health action plan.

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

- 70% of patients (seven of 10) diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is below the national average of 84%. The practice explained that they telephoned all patients personally as well as writing to them. The patients' carers sometimes expressed the view that the patient was being followed up by the hospital or in the community and did not want or need a further dementia check.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is above the national average of 90%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was signed up to a number of enhanced service schemes including a post-operative wound care enhanced service to enable patients to access the most appropriate care for their wound in an accessible and convenient location at the practice.

The most recent published QOF results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 97%. The overall exception reporting rate was 30% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) Exception reporting for several indicators was significantly higher than the CCG and national averages:

- Asthma: 49% compared to the CCG average of 3% and National average of 6%.
- COPD: 37% compared to the CCG average of 12% and National average of 13%.
- Cancer: 56% compared to the CCG average of 21% and National average of 25%.
- Diabetes mellitus: 30% compared to the CCG average of 10% and National average of 11%

Requires improvement

Are services effective?

(for example, treatment is effective)

- Depression: 72% compared to the CCG average of 24% and National average of 23%.
- Mental health: 36% compared to the CCG average of 10% and National average of 11%
- Rheumatoid arthritis: 36% compared to the CCG average of 4% and National average of 7%.

We discussed the higher than average exception rates with the practice who were unable to offer a satisfactory explanation in line with QOF recommendations. They anticipated a reduction in exception rates now that more nursing resources were available at the practice.

The practice was actively involved in quality improvement activity. We were shown a range of audits, including two completed audit cycles that showed improvements in patient outcomes. For example, following the issue of new MHRA guidance on the prescribing of a medicine used to control nausea and vomiting, the practice reviewed patients prescribed this medicine; the results of the second cycle audit show an improvement in the prescribing of the medicine in accordance with MHRA advice.

- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had audited and re-audited its prescribing of antibiotics to treat urinary tract infection (UTI) against local CCG guidelines. The re-audit completed in February 2018 showed a 20% increase in compliance with CCG guidelines for antibiotic choice and for treatment course length.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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. QOF performance for palliative care was 50% which was below the CCG average of 99% and national average of 98%. This was because the practice did not meet one of two palliative care indicators for holding regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed. However, the practice did engage in multidisciplinary working through access to a local Care Co-ordination team (CCT) which consisted of a health and social care coordinator and a community matron. The practice met with them weekly to discuss any high risk patients who are care planned, including those on the palliative care register. We saw examples of multidisciplinary management of patients on the palliative care register alongside the practice's palliative care policy.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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 13 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and twelve surveys were sent out and 98 were returned. This represented about 1.5% of the practice population. The results were mixed for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 95%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 79%; national average - 86%.
- 86% of patients who responded said the nurse was good at listening to them; (CCG) - 86%; national average - 91%.

81% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.

As part of its pre-inspection information submission, the practice provided a report of an analysis of patient feedback it had completed. At the same time as the GP National Survey was being carried out in 2017, they ran their own in-practice survey to get a better understanding of the experiences of patients. When the national survey was published in July 2017 they analysed this data alongside the national results and looked at the areas which needed to be improved. The in-house survey questions were presented and analysed on a different basis to the national survey. However, there were a similar number of responses to the national survey and there was similarity in some of the questions. For example, in response to the question "The doctors listen to what I have to say", 65 patients rated the practice as excellent, 30 good and 7 fair. As a result of their analysis the practice put in place a comprehensive improvement feedback log and action plan for implementation by March/April 2018 for the majority of actions.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were due to be trained by March 2018 on the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers using a documented carer identification protocol which included self-identification (through for example the new patient registration form and the use of a self-referral form) and practice identification (for example, in writing to patients during a flu vaccination programme inviting carers to

Good

Are services caring?

submit a carers referral form). The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 26 patients as carers (less than 1% of the practice list).

- Examples of how the practice supported carers included: providing information and local authority resources and contact points; supporting carers with suitable appointment flexibility and understanding; and care for the carer to enable them to maximise their own health and needs by providing health checks and advice. In addition, there was a dedicated carers noticeboard in the waiting area.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey were below local and national averages in response to questions about patients' involvement in planning and making decisions about their care and treatment:

- 74% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 74%; national average - 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 73% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

The practice had reviewed these results in its detailed analysis of patient feedback. In its in-house practice survey, in response to the question "The doctor adequately explains his/her diagnosis and provides full information about any proposed course of treatment", 62 patients rated the practice as excellent, 32 good and 9 fair. In response to the question, "I am happy with the availability and service I receive from the Practice Nurses", 51 patients agreed, 23 sometimes agreed, 2 disagreed and 8 had no opinion. In its patient feedback action plan, in response to this and other feedback nursing staff were due to receive customer care training by April 2018. The practice had also appointed additional nurse resources in December 2017, which they anticipated would improve patient satisfaction in the next survey.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments).
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice was accessible to patients with a disability including toilet facilities. However, there was no emergency pull cord in the toilet. The practice undertook to address this immediately after the inspection.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice met weekly with the local Care Co-ordination team (CCT), which consisted of a health and social care coordinator and a community matron, to discuss any high risk patients who are care planned.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with relevant local health and care professionals to discuss and manage the needs of patients with complex medical issues and deliver a multidisciplinary package of care.

Families, children and young people:

- We found 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had signed up to a Lutenising hormone releasing hormone (lhrh) analogues enhanced service. The hormone stimulated ovulation in females and was used to treat advanced prostate cancer in men.

Working age people (including those recently retired and students):

- The needs of this population group 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, through the Hillingdon Primary Care Federation hub the practice now provided access to appointments for 12 hours each Saturday and Sunday and up to 7.30pm on weekdays via three GP locations in Hillingdon.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice used a 'point of care' testing cardiology machine for patients' convenience and to enable more rapid diagnosis of heart problems.

People whose circumstances make them vulnerable:

- The practice was the sole GP provider of the 'Violent Patient Scheme' in Hillingdon and provided this service to all GP practices in the borough. The practice followed a multi-disciplinary approach with these patients, recognising that they frequently presented with multiple needs and in vulnerable circumstances. Staff were trained in managing challenging behaviour and the practice had adapted the premises to improve security.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice provided shared care for patients with substance misuse problems in partnership with local substance misuse specialist services. The practice worked with patients to reduce long term dependence on drugs.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients diagnosed with dementia were invited for an annual review which included where appropriate a physical and mental health review of the patient; a review of the carer's needs for information about the patient's health and social care needs; and, if applicable, the impact of caring on the care-giver, and communication and co-ordination arrangements with secondary care.
- The practice had an in-house counsellor to whom they could refer patients (most commonly with depression). We were told patients valued the fact that they could see a counsellor at the practice. There was also a mental health primary care navigator who came to the practice to see patients and monitor their progress.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs. The practice was addressing this as a priority.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients reported that the appointment system was easy to use. Others including four of the seven we spoke with and four of the 12 who completed CQC comment cards reported either difficulties in getting through to reception in the morning to book an appointment or the delay in seeing a doctor when they were able to book an appointment

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. Three hundred and twelve surveys were sent out and 98 were returned. This represented about 1.5 % of the practice population. Patients' satisfaction with how they could access care and treatment was below local and national averages.

- 63% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 51% of patients who responded said they could get through easily to the practice by phone; CCG – 68%; national average - 71%.
- 73% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 81%; national average - 84%.
- 66% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 81%.
- 44% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 48% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%.

The practice had analysed these results alongside the results of its own in-practice survey and found from a similar number of responses that access to appointments was a common source of dissatisfaction. The practice put in place a number of measures to address this as a priority in its patient feedback log and action plan. This included offering extended hours appointments through the primary care Confederation hub in Hillingdon; reviewing with the PPG, how to reduce the number of do not attends (DNAs) that occur in the practice; in response to patients frustrations of not being able to contact the surgery on the telephone, especially when making an appointment, purchasing a new telephone to be installed at the beginning of April 2018; increasing patients' knowledge and use of online booking of appointments and requesting repeat prescriptions; and employing an additional nurse to increase capacity and provide more nurse appointments.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. As a result of patient feedback, the practice had produced an updated complaints procedure in colour and displayed it more prominently on the patient notice board. There was also information on the complaints process in the patient information leaflet and on the practice's website.
- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a number of miscommunications about appointments, further briefing and instruction was given to staff about the appointment system and the communication to patients of changes to appointments.

Are services well-led?

Good

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had sufficient capacity and skills to deliver high-quality, sustainable care.

- The Principal GP and practice manager had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were seeking to address them.
- The Principal GP and practice manager were accessible to staff, although the Principal GP now provided just one GP session per week. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice had a vision as set out in its statement of purpose to deliver excellence in quality care to its patients. The practice did not display its vision and values in the practice but had an ethos which was strongly patient-centred.
- Staff were aware of and understood the practice ethos and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between clinical and non-clinical staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. They promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The Principal GP and practice manager had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

Are services well-led?

Good

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

- Arrangements were in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance, including QOF. However, there was scope for improvement in QOF performance for some indicators, and in particular in reducing high exception reporting.
- The practice had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Operational information was used to ensure and improve performance, taking account of the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Practice meetings were not routinely minuted but at the inspection the practice undertook to produce a record of all future meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses, although further action was necessary to improve QOF performance in indicators where performance was below average and reduce above average exception reporting.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, in 2017 the practice completed a wide-ranging review of all areas of patient feedback including complaints, NHS Choices, NHS Friends and Family Test, National GP patient survey, practice patient survey and the patient participation group (PPG). Implementation of the comprehensive action plan put in place in response to the feedback received was ongoing at the time of our inspection.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- Staff knew about improvement methods and how to use them.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice participated in several local enhanced service and other schemes. The practice was the sole GP provider of the 'Violent Patient Scheme' in Hillingdon and provided this service to all GP practices in the borough. The practice provided shared care for patients with substance misuse problems in partnership with local substance misuse specialist services. The practice made effective use of access to a local Care Co-ordination team (CCT) which consisted of a health and social care coordinator and a community matron.