

Western Road Medical Centre

Quality Report

99 Western Road
Romford
Essex RM1 3LS
Tel: 01708 775300
Website: www.westernroad.co.uk

Date of inspection visit: 9 December 2015
Date of publication: 10/03/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Western Road Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Western Road Medical Centre on 9 December 2015. Overall the practice is rated as good.

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.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider should make improvement is:

- Ensure patient records are accurately coded, and introduce a system to avoid coding errors on patient records.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again. For example, following a patient collapse the practice purchased a resuscitation training mannequin and provided resuscitation training for all staff every six months.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- Data showed patient outcomes were at or above average for the locality. However, the practice was below average for giving influenza immunisation for two patient groups, but this was accounted for by the recent proactive approach of local pharmacies in providing customers with influenza immunisations.
- Also the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was lower than average. The practice was aware that it had errors in coding of these patients on its computer system and undertook to correct this issue. The practice had higher than average exception reporting for Mental Health & Neurology. Exceptions were made

Summary of findings

for patients whose mental health condition had occurred and resolved more than 10 years ago. Exceptions were also made where patients did not respond to three letters or phone calls inviting them for a mental health review. The practice also had a number of patients being treated within secondary care who had declined invitations to attend for annual mental health reviews.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- It 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 this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The practice made weekly visits to the two residential homes for which it provided care. It provided written care plans for all patients seen and in need of medication. The practice also visited on other days in response to patient needs.
- Funding from the NHS England scheme 'Everyone Counts' was used to provide daily rapid response clinics with twenty minute appointments for patients aged over 75.
- A doctor was on-call during surgery hours five days a week to make home visits.
- The most recently published figures for the percentage of patients aged 75 or over with a fragility fracture who were treated with an appropriate bone-sparing agent at 71.43% was comparable to the national figure of 81.27%.
- The practice held a register of the top 2% of patients most likely to be admitted to hospital. These patients had care plans and a named GP.

People with long term conditions

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

Good



- All these patients had a named GP, structured care plan, and were offered a structured annual review to ensure that their health and medication needs were being met.
- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months at 80.61% was comparable to the national average of 88.3%.
- Longer appointments and same day home visits were available when needed for patients with long-term conditions.

Summary of findings

- The practice ran the following regular clinics for patients with long-term conditions, including: diabetes, asthma, chronic obstructive pulmonary disease (COPD), and coronary heart disease (CHD).
- However, there were fewer reported patients compared to the expected number of patients suffering from chronic obstructive pulmonary disease (COPD) compared to the national average for this illness. The practice was aware of errors in its coding of these patients on its computer system and undertook to correct this issue. It understood where improvements needed to be made to prevent this recurring.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked jointly with community nurses, midwives and health visitors. The practice ran regular post-natal and family planning clinics to provide support and advice for mothers and babies.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 80.64% compared to a national average of 81.83%.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

- To facilitate care and treatment of working age people the practice offered early morning nurse led clinics between 8.00am to 9.00am Monday to Friday, as well as bookable extended hours appointments between 6.30pm to 7.00pm, Monday to Friday.
- Patients could telephone or email questions which the GPs would respond to avoid unnecessary attendance at the practice.

Students were offered Meningitis W vaccinations before commencing university.

People whose circumstances may make them vulnerable

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

- The practice provided urgent access and longer appointments to vulnerable patients and, where relevant, held details of their carers.
- There was a register and GP led care for people with learning disabilities enabling the practice to offer annual health checks and on-going care. Also, patients or their carers were able to speak to a GP via telephone Monday to Friday.
- It offered 40 minute appointments for people with a learning disability as many within this group had complex needs.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. This included shared care arrangements with secondary care for patient reviews and prescribing.
- It carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice website also signposted to a range of support and assistance organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. 266 survey forms were distributed and 118 were returned giving a response rate of 44%.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 93% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 93% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 84% described their experience of making an appointment as good (CCG average 69%, national average 73%).

- 90% usually waited 15 minutes or less after their appointment time to be seen (CCG average 59%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients said they were happy with the care they received and that they were treated with dignity and respect by all staff. People spoke of the respect they were given, and of politeness and caring approach of all staff from receptionists through to the GPs.

We spoke with eleven patients, including two members of the Patient Participation Group (PPG) during the inspection. All eleven patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Western Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience.

Background to Western Road Medical Centre

Western Road Medical Centre is located in Romford in the London Borough of Havering. It is one of the 52 member GP practices of Havering Clinical Commissioning Group. There are approximately 15566 patients. The practice is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, family planning, maternity and midwifery services, and surgical procedures. It is also a teaching and training practice for undergraduate and post-graduate doctors. The practice had received student commendations from Kings College School of Medicine for the GP Trainers highlighting their commitment to providing a good quality education.

The practice is located in the third less deprived decile of areas of England. Life expectancy is comparable to the average for England. Of the patients registered at the practice 74.4% are white, 11.9% are Asian, 7.3% are black and 6.3% are of mixed or other ethnic background.

Services are provided by Western Road Medical Centre under a Personal Medical Services (PMS) contract. Western Road Medical Centre is registered with CQC as a partnership. Services are offered from one location at 99 Western Road, Romford, RM1 3LS.

The practice clinical team consists of four male and three female GP partners, one female GP Retainer, two female salaried GPs, three female GP Registrars, one female Foundation Doctor, and one male locum GP. Those permanently employed work the whole-time equivalent of eight GPs. In addition, there are five female practice nurses, one of whom was on maternity leave, together with a female health care assistant (HCA) who was also on maternity leave. The nursing staff work together to cover the work of those on maternity leave. The clinical team is supported by a practice manager, eight administration staff and 12 reception staff.

The practice is open between 8.00am–6.30pm Monday to Friday. Appointments are available 09.00am - 11.00am, 13.30pm - 3.30pm and 4.00pm - 5.50pm. In addition, the practice also offers extended hours appointments between 6.30pm - 7.00pm Monday to Friday.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to the out-of-hours service provided by Partnership of East London Cooperatives (PELC) a contracted OOH service.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This practice had not been inspected prior to our inspection on 9 December 2015. The inspection was planned to check whether the provider is

Detailed findings

meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 December 2015. During our visit we:

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice had had a system in place for recording and learning from significant events since 2001. It carried out a thorough analysis of significant events to identify and disseminate any lessons learned.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a patient suffering a cardiac arrest in reception, the practice had purchased a training mannequin used for teaching cardiopulmonary resuscitation (CPR), and arranged for CPR training for all staff to take place every six months. Also, a pen and paper were added to the emergency bag to enable staff to log events in an emergency.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- 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 check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the health care assistant to administer vaccinations.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in reception, as well as in staff areas. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control and legionella.
 - Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- Arrangements to deal with emergencies and major incidents**
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were also panic buttons on the phones allowing staff to raise alerts.
 - All staff received six monthly 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. There was also a first aid kit and accident book available.
 - The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. As an example, a water leak from the dental surgery above the practice was dealt with in less than one hour, causing no inconvenience to patients.
 - Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
 - There was no Atropine amongst the emergency medicines. Atropine is used during emergency resuscitation procedures. The practice placed an order for Atropine during the inspection visit, and this was delivered the following day, 10 December 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice manager received the guidelines and alerts and distributed them to clinical staff via email. A message receipt system was used to ensure that these came to the attention of all recipients.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed that the practice had gained 95.1% of the total number of points available, with 3.7% exception reporting.

The practice was an outlier for Mental Health & Neurology with 12.2% exception reporting. It confirmed that it went through the register every year. Exceptions were made for patients who had had a mental health condition which occurred and resolved more than 10 years ago. Exceptions were also made where patients did not respond to three letters or phone calls inviting them for a mental health review, further to the QOF guidelines. The practice had a number of patients who were being treated within secondary care and had declined invitations to attend for health checks. The practice confirmed that it would continue to invite all patients on the mental health register for their annual reviews. Data from 2014-2015 showed:

- Performance for hypertension related indicators were comparable to the CCG and national average. For example the percentage of patients with hypertension in

whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 81.7% compared to the CCG average of 83.7% and the National average of 83.6%.

- The performance for Diabetes related indicators were varied. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 82.6% compared to the CCG average of 73.6% and the national average of 77.5%.
- However, the percentage of patients with diabetes, on the register, who had received an influenza immunisation in the preceding 1 August to 31 March at 76.7% was 15% below the CCG average and 17.7 % below the national average. The practice explained that local pharmacies had in recent years been proactively offering the influenza vaccination. The practice had identified this as an issue to raise with their local Clinical Commissioning Group (CCG) with the intention of encouraging pharmacies to report the numbers of patients for whom they were providing the vaccination.
- Performance for mental health related indicators were comparable to or better than the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 100% some 8.2% above the CCG and 11.7% above the national averages.
- However, there was a large variation in the ratio of reported versus expected prevalence for chronic obstructive pulmonary disease (COPD) at 0.27 compared to a national average of 0.52. The practice was aware of errors in coding of these patients on its computer system and undertook to correct this issue within thirty days. It understood where improvements needed to be made to prevent this recurring.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits carried out in the last two years, three of these were completed two cycle audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings from completed audits were used by the practice to improve services. For example, following a completed audit the practice had reviewed the provision of 'rescue packs' to patients with chronic obstructive pulmonary disease (COPD) and had given clearer counselling to patients in the use of the medications within the rescue packs.

Information about patients' outcomes was used to make improvements such as reduction in unnecessary antibiotic prescribing. A completed two-cycle audit of antibiotic prescribing in fit young patients with likely viral respiratory tract infection found a significant difference in antibiotic prescribing rates by different GPs within the practice. As a result the practice clarified the evaluation of common symptoms, made greater use of deferred prescriptions to help identify patients at risk of needing antibiotics. It also posted the numbers of antibiotic prescriptions, by each GP on its intranet site. This had recently resulted in a reduction of overall prescribing and of prescriptions of one antibiotic, co-amoxiclav, from 36% to 26% of prescriptions given for antibiotics in line with a local CCG moratorium on prescribing that particular antibiotic.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. In addition to appropriate training, new administration and reception staff mirrored another member of staff performing the same role until they were able to take on the tasks themselves.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a GP and undergraduate training practice. The practice had received student commendations from Kings College School of Medicine for the GP Trainers highlighting the commitment to providing a good quality education.

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 its intranet system.

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

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

The practice provided care for patients in convalescence care who were well enough to leave hospital but not yet ready to return home. The patients in this 'step-down' programme were cared for by the practice during their stay whether or not they were registered with the practice.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.64%, which was comparable to the national average of 81.83%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77.9% to 80.8% and five year olds from 64.4% to 71.4%.

Flu vaccination rates for the over 65s at 65.12% were comparable to the CCG rate of 73.24%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the twenty-eight patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke to the managers of two care homes, respectively caring for forty-one and thirty-two residents, for which the practice provides care. Both confirmed that the practice visited patients every week. Following visits the homes received written care plans for any patients requiring treatment or medication. In addition, the same GP attends regularly giving greater continuity of care. There were no difficulties experienced in obtaining prescriptions or repeat prescriptions.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 97.6% Say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 82.1% and national average of 86.6%.
- 97.9% Say the last GP they saw or spoke to was good at listening to them (CCG average 83.2%, national average 88.6%).
- 98.5% said they had confidence and trust in the last GP they saw or spoke to (CCG average 92.6%, national average 95.2%).
- 98.3% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 91.6% and the national average of 91.9%).
- 94.3% the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average 84.7% and national average of 84.8%).
- 93% said they found the receptionists at the practice helpful (CCG average 86.7%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively 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:

- 96.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.1% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 75.2% , national average 81.4%)

Staff told us that bookable interpreter services were available for patients for whom English was not their first

Are services caring?

language. We saw notices in the reception area informing patients this service was available. The practice website could be translated into ninety languages, including European and Asian languages.

Patient and carer support to cope emotionally with care and treatment

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

Written information was available to direct carers to the various avenues of support available to them. The practice website held information and resources for carers, including: how to access a carers group; and how to access help with financial and legal matters.

Staff told us that if a family suffered a bereavement, their usual GP contacted them or sent them a sympathy letter. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered an early morning nurse run clinics Monday to Friday for working patients who could not attend during normal opening hours. As well as running extended hours evening clinics Monday to Friday.
- The practice ran a three session clinical day. This offered patients a greater choice of appointment times.
- There were longer appointments available for people with a learning disability and for elderly patients and carers, and for any patient requesting one.
- The practice offered online appointment booking and electronic repeat prescriptions..
- Home visits were available for older patients and patients who would benefit from these. One GP was assigned each morning and afternoon to be available for home visits.
- Same day appointments were available for children and those with serious medical conditions.
- There was wheelchair access, a disabled toilet and translation services were available.
- The practice was planning to offer staff sign-language training to assist in communicating with deaf patients.
- Patients known to reception staff who needed longer appointments were offered these without need to ask for them. In addition, the staff undertook early morning reviews of the day's appointments to identify any patients in need of longer appointments.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 9.00am to 11.00am every morning and 1.30pm - 3.30pm and 4.00pm - 5:50pm every afternoon. Extended hours surgeries were offered Monday to Friday from 6.30pm to 7.00pm. Early morning nurses clinics ran from 8.00am to

9.00am Monday to Friday. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available on the same day for people that needed them. At the time of our inspection the practice had urgent appointments available on the same day, with the next non-urgent appointment being available the next day.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 84% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 90% patients said they usually waited 15 minutes or less after their appointment time (CCG average 59%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. This included posters in the waiting room, a leaflet was available in reception and there was information on the practice website.

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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.

- Staff we spoke to knew and understood the values of the practice. The practice had a practice charter leaflet and also on their website that underpinned the values of delivering high quality care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

Governance issues were discussed at regular meetings attended by a GP, the practice manager, a practice nurse and the reception manager. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept copies of written correspondence but did not keep a record of verbal interactions.

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

- Staff told us that the practice held regular team meetings. These were both formal and informal. For example, the practice held regular weekly meetings, an Annual General Meeting (AGM), and daily coffee breaks attended by clinical and non-clinical staff where all staff were encouraged and supported in raising any issues.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- There was a staff newsletter that also helped to keep staff updated.
- By actively engaging all staff in the running and development of the practice, and by encouraging them to feel a part of the practice staff turnover had been very low. For example, since 1994 only one GP partner had left the practice, by reason of retirement.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice actively engaged staff in a range of morale lifting events, such as raising funds for several charities. This often involved baking and selling cakes, book sales, and dressing up in various forms of costume such as 'wear it pink' for breast cancer. During 2015 the practice had raised a total of £2,110.00 for the charities it supported.

Are services well-led?

Good 

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

- We also noted that there was a staff away day each year. This year the practice took part in a karting day. The staff also participate in dress-down Friday once a month.

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

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

- Membership of the Patient Participation Group (PPG) included people from every age group except those under twenty. The practice had also managed to recruit members from each of the ethnic backgrounds represented amongst patients of the practice. In addition there was a PPG representative from one of the nursing homes for which the practice provided care.
- It had gathered feedback from patients through the PPG and through surveys and complaints received. There was a newly re-established PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG was asked how the practice could attract more users of its online-services. The response was used to make the online services more visible on the practice website, making links easier for patients to find. Together with advertising online services throughout the practice, and more training for staff. The practice also added a facility for displaying the website pages in multiple languages. This resulted in growth of use of online services from 1439 patients in 2014 to 2232 patients in 2015.
- The practice had also gathered feedback from staff through practice wide coffee breaks, through staff away days 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, following the collapse in reception of a deaf patient a receptionist had become distressed that she had been unable to adequately communicate with the patient. The practice had approached the CCG for funding to provide reception staff with sign-language skills. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and sought to improve outcomes for patients. For example, the practice ran early morning nurse led clinics from 8.00am-9.00am, and extended hours clinics from 6.30pm to 7.00pm to help working patients avoid taking time off during their working day. This was popular with patients who commute into London.

The practice had also developed its own additional programmes that made interrogating its patients record system much more user friendly. For example, the practice had created a table based display of blood test data making interpretation of the information accurate and faster.