

Dr Susan Elizabeth Honey

Quality Report

Woodfield Road Surgery
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodfield Road Surgery

on 19 May 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:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice had effective systems in place to manage risks staff recruitment, infection control, child protection and safeguarding and medical emergencies
- Patients' needs were assessed and care was planned and delivered following best practice guidance. We

found that care for long-term conditions such as diabetes was being managed effectively in the community and care was provided in partnership with other specialist and community services.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment. Feedback was positive about access to the service, with scores being in line with or better than other practices in Westminster for this aspect of care.
- 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. Staff told us they were well supported and had access to the training they needed to develop in their role.

However there was one area of practice where the provider should make improvements. The provider should:

Summary of findings

- Review how it evidences that patients have given informed consent, particularly for procedures that carry greater risk of adverse outcomes, such as ear irrigation.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement within the practice. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Staff were aware of their responsibilities in relation to safeguarding children and vulnerable adults and how to contact relevant agencies in normal working hours and out of hours. The practice had effective arrangements in place to handle medical emergencies.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. The practice carried out clinical audit and monitored its performance through continuous review and benchmarking.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that most patients were positive about the service. The national GP patient survey results for the practice tended to be better than the local and national average scores. Patients told us they were treated with kindness and respect and they were involved in decisions about their care and treatment. Information for patients about the service was easy to understand and the practice was further developing information available to patients about local out of hours health services.

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 local commissioners to secure improved access to good quality primary care services. Patients said they found it easy to make an appointment with urgent appointments. The practice was working

Good



Summary of findings

with commissioners and other practices to offer more services, for example mental health support and specialist paediatric consultations from the surgery and extended access to primary care in the locality. 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 the corporate team.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and development plan. Staff understood the vision and values of the service and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the senior members of the team. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) which actively contributed ideas for improvement and development. The practice had secured funding for the PPG to develop an information booklet for patients about out of hours services. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice was usually able to provide older patients and carers with continuity of GP.

Older patients with complex health needs were regularly monitored and their care discussed at clinical meetings. These patients had care plans and were referred to community health services such as the local falls clinic, physiotherapy and podiatry as required.

The practice was responsive to the needs of older people, and offered home visits and rapid access appointments. The practice ran flu vaccination clinics and offered bowel cancer screening to older patients and health checks to patients over 75. The practice identified carers and recognised their need for additional support with information about a range of services for example, social services assessment and respite care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice team included doctors and nursing staff with a range of skills and further qualifications, for example, in asthma care. The practice nurse was keen to develop her knowledge in relation to diabetes care with the support of the practice.

Patients were reviewed in line with published guidance or more frequently as required. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Alerts were generated on the electronic records system to remind staff and patients when repeat reviews, blood tests or medicines reviews were due.

The practice actively monitored its management of long term conditions, for example the practice had implemented a fail-safe system to ensure that patients taking high risk medicines such as warfarin were monitored appropriately.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice prioritised sick children and babies and ensured these patients were seen the same day.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example,

Good



Summary of findings

children and young people who had a high number of A&E attendances. All children known to be at risk or in local authority care had an alert added to their medical records and their cases were regularly reviewed by the clinical team.

The practice provided antenatal and postnatal care. The practice nurse led on childhood immunisations. The practice performed better than average for its child immunisation rates. Appointments were available outside of school hours and the premises were suitable for children and babies.

The health visitors were based in the same building as the practice which facilitated good communication.

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 offered extended hours one day a week. These appointment times had been implemented with the involvement of the patient participation group and were proving popular. The practice offered online services and was working with other local practices to improve access to primary care out of hours across the locality.

The practice offered a range of health promotion and screening services, including inviting patients aged 40-74 for a health check. The practice had identified that uptake of these checks was low and was planning to encourage patients to attend.

Cervical screening uptake was good. The practice rang patients who did not respond to the initial invitation to discuss the test and confirm a suitable appointment if possible. The practice followed-up any patients with abnormal results to ensure they had received the results and appropriate referral.

The practice offered a weekly smoking cessation clinic and was able to refer obese patients onto exercise scheme and to see the community dietitian. The practice nurse had received an award for encouraging patients to successfully stop smoking.

Good



Summary of findings

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 identified patients who had specific needs, for example patients who were homeless or who had substance misuse or mental health problems.

The practice had a register of patients with learning disabilities and had carried out annual health checks with all patients with a learning disability. The GPs were able to provide examples of how they engaged and supported patients to make decisions about their own care and how they assessed whether patients had the capacity to take specific decisions.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice ensured the service was accessible to homeless patients if they attended the surgery. The practice signposted patients to 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).

People experiencing poor mental health received an annual health check covering both their mental and physical health. The practice hosted the locally commissioned “Primary Care Plus” service once a fortnight which provided focused support for patients with a range of mental health problems.

The practice had recently identified five patients with previously undiagnosed dementia through a records audit and case review. The practice followed-up patients in vulnerable circumstances including those at risk of mental health crisis following an attendance at A&E.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice tended to achieve results in line with or frequently better than the local and national averages. There were 112 responses and a response rate of 24%.

- 92% of respondents said the GP was good at listening to them compared to the Westminster average of 89% and national average of 89%.
- 82% of respondents said the GP gave them enough time compared to the Westminster average of 81% and national average of 87%.
- 99% of respondents said they had confidence and trust in the last GP they saw compared to the Westminster average of 93% and national average of 95%
- 89% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the Westminster average of 86% and national average of 90%.
- 96% of respondents said they found the receptionists at the practice helpful compared to the Westminster average of 82% and national average of 87%.

- 75% of respondents were satisfied with the practice's opening hours compared to the Westminster average of 75% and national average of 75%.
- 90% of respondents said they could get through easily to the surgery by phone compared to the Westminster average of 82% and national average of 73%.
- 85% would recommend the practice to someone new to the area compared to the Westminster average of 73% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection and conducted interviews with patients on the day of the inspection. We received feedback from 31 patients in total. Patients were positive about the service. They said they received good treatment and told us they were listened to and treated promptly. Most patients said it was easy to get an appointment and see their preferred doctor although three said they had experienced difficulty getting an appointment as quickly as they wanted.

Dr Susan Elizabeth Honey

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Susan Elizabeth Honey

Dr Susan Elizabeth Honey provides primary care services to around 4,940 patients living in West London. The practice holds a General Medical Services (GMS) contract with NHS England to deliver primary care services to the local community.

The practice is owned by the principal GP who employs a salaried assistant GP, a practice nurse and two practice managers and a team of administrators and receptionists. Patients have access to a male or female GP.

The practice is open from 8.00am until 6.30pm on Monday and Thursday and until 6.00pm on Friday with extended hours on Tuesday from 7.00am until 7.30pm. Morning appointments are available from the time the surgery opens until 11.30am and afternoon appointments are available from 3.00pm on Friday and 4.00pm otherwise. The practice is closed on Wednesday afternoon and at the weekends. It also closes for half an hour at lunchtime (from 1.00pm) during the week and the practice operates a telephone answerphone message telling patients the opening times and how to access alternative services. The practice has introduced an electronic appointment booking system and an electronic prescription service.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides information on

its website, answerphone and on the practice door for patients on how to access primary care when the practice is closed. Patients are advised in the first instance to telephone “111” or in an emergency, to attend A&E. The practice also provides direct contact details for the local out of hours service.

The practice is located in purpose-built, modern premises which are suitable for the provision of healthcare. The building is shared with other community health and dental services and has wheelchair access and limited parking.

The local population is diverse in terms of levels of deprivation with average life expectancy being higher than the national average but unemployment rates also being high. The practice population is characterised by a high proportion of adults aged 30-55 and a low proportion being over the age of 65. Just under half of patients have a longstanding health condition and around 15% have caring responsibilities.

The practice is registered to provide the regulatory activities of diagnostic and screening procedures; treatment for disease, disorder or injury; and, maternity and midwifery services.

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 the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

Detailed findings

How we carried out this inspection

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)

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 19 May 2015. During our visit we spoke with a range of staff including the principal GP, the practice managers, the practice nurse and reception staff. We observed how people were greeted at reception. We reviewed a number of care plans and patient records and other documentary evidence, for example staff training records and practice monitoring checks and records.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection and conducted interviews with patients on the day of the inspection. We received feedback from 31 patients in total.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events including near misses. Staff told us they would inform the practice manager and GP principal of any incidents and would complete a reporting form. The practice similarly investigated and reviewed complaints as a source of learning and improvement.

Patients were informed about mistakes, for example the practice identified that a patient had not been sent a follow-up appointment by the colposcopy clinic following an abnormal cervical screening test result. The practice contacted the patient and explained the error and ensured that they were offered another appointment.

The practice analysed significant events and complaints and routinely discussed these at a regular clinical meeting. All agreed actions were recorded and shared. Lessons were learned and communicated widely within the practice to support improvement and reduce the risk of reoccurrence. The practice had held a review meeting to discuss five significant events which had occurred over the previous six months. The practice recorded the actions and learning arising from this discussion. All team members were involved in this process and lessons communicated with external professionals and organisations if appropriate, for example we saw an example where a significant event had been discussed with the district nursing team.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and safety alerts from NHS England and the Medicines and Healthcare products Regulatory Agency (MHRA). The practice had a system to cascade and action relevant alerts, for example the practice had audited all patients taking both the medicines simvastatin and cyclosporine following an alert about harmful drug interactions between these medicines.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were accessible to

all staff and included key local contacts if staff had concerns about a patient's welfare. This information was also available in the clinical rooms for ready reference. The principal GP was the designated lead for safeguarding. The GPs attended case conference meetings when possible and always provided reports. All children known to be at risk or in local authority care had an alert added to their medical records and their cases were regularly reviewed by the clinical team. The practice had a protocol to follow if children did not attend for key appointments or immunisations and shared information appropriately with the local health visitors. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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 were procedures in place for monitoring and managing risks to patient and staff safety. The practice had health and safety policies which were reviewed periodically and updated and displayed a health and safety poster in the reception office. The practice had up-to-date fire risk assessments and carried out occasional fire drills. Staff were able to describe the evacuation procedure and meeting point. 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, infection control and a legionella risk assessment.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and patients confirmed this was also their experience. 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. Staff received training in infection control and the practice nurse carried out monthly infection control audits. The practice had a comprehensive range of

Are services safe?

infection control policies and procedures in place, for example covering handwashing, spillages of body fluids, managing sharps safely and staff were familiar with these.

- The practice had arrangements for safely managing medicines, including emergency drugs and vaccinations (including obtaining, prescribing, recording, handling, storing and security). Regular audits of medicines and prescribing were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice prescribing guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. There were no controlled drugs on the premises.
- Recruitment checks were carried out and the four files we reviewed included evidence to show that all required checks had been carried out before new staff members started work. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had developed packs for locum GPs which included useful information including practice policies and information about the practice electronic records system, making referrals and useful local contacts including safeguarding contacts and procedures. The practice usually secured a regular locum to cover planned leave who was familiar with the practice and local treatment pathways but the locum pack was kept up to date in case it should be required at short notice.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure that the right mix of staff were on duty. The practice used locum doctors and nurses to cover planned leave.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator (with child and adult pads) available at reception. A supply of oxygen for use in an emergency was accessible to the GP practice. This was located in a dental practice located in another part of the building. The oxygen could be accessed by the practice staff when the dental surgery was closed.

There was also a first aid kit and accident book available. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included contact numbers for staff, the emergency services, utilities and service commissioners among others.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice ensured that guidelines were followed through regular monitoring of records and performance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice scored 97% of the total number of points available in 2013/14 which was higher than the national average. Data from 2013/14 showed that:

- Practice performance for diabetes-related indicators was generally high. Ninety-three per cent of diabetic practice patients had a recorded foot examination and risk assessment in their records compared to a national average of 88%. Eighty-nine per cent of diabetic practice patients had a blood pressure check in the last year compared to 78% nationally. However, only 69% of the practice's diabetic patients had well-controlled blood glucose levels (ie their last IFCC-HbA1c test was 64 mmol/mol or less). The national average for this measure was 78%.
- The practice had positive results in relation to mental health related indicators. For example 91% of practice patients diagnosed with a psychosis had an agreed care plan and 100% had a record of their alcohol consumption in their notes. The comparative national averages were 86% and 87% respectively.
- The practice had completed a face-to-face review with 86% of patients diagnosed with dementia in the preceding 12 months, in line with the national average of 84%.

The practice was carrying out regular clinical surveys and audits. We saw examples of regular monitoring of patient appointments which were not attended; anticoagulants and follow-up of abnormal cervical screening results. The practice also carried out clinical audits to investigate whether the practice was meeting good practice standards and guidelines, for example the practice had audited in detail its rheumatology referrals as its referral rate was relatively high compared to other local practices. We saw an example of clinical audit into ferritin levels (associated with the body's ability to store iron) in women which had included a second cycle to demonstrate that improvements had been sustained. All relevant staff were aware of recent audit results and recommended changes in policy and practice. The practice participated in local area audit, benchmarking and staff were aware of the practice's relative performance and areas for improvement and focus. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. The practice aimed to use regular locums who were familiar with the service to cover predicted or longer periods of staff leave. The practice had recently appointed a new practice manager who confirmed that they had been well supported to understand policies and procedures in the practice and local network.
- The learning needs of staff were identified through a system of appraisals and staff meetings. Staff had access to appropriate training to meet learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire procedures, basic life support and infection control. Staff had access to and made use of e-learning training modules, in-house training and attended monthly local practice network meetings which included a regular learning session.

Are services effective?

(for example, treatment is effective)

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 patient records system. This included care planning templates, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred 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 were discharged from hospital. The practice monitored the outcome of referrals including any two-week wait referrals and followed up two-week patients who did not attend their referral appointments.

We saw evidence that patients with complex needs had care plans in place which were routinely reviewed and updated. The practice team liaised with the community nursing teams to ensure patients received coordinated support.

Consent to care and treatment

Patients' consent to care and treatment was generally sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The clinical staff were aware of the need to carry out assessments when providing care and treatment for children and young people in line with relevant guidance. Patients' consent was generally appropriately recorded in their medical records. However, informed consent was not always fully evidenced in relation to interventions carrying greater risk, such as ear irrigation.

Health promotion and prevention

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme in 2013/14 was 83%, which was similar to the national average of 82%. The practice had implemented a failsafe system to ensure any abnormalities were followed-up.

The practice's child immunisation rates tended to be higher or in line with the Westminster average. In 2014/15, 84% of eligible children on the practice list had received the combined Dtab/IPV/Hib ('5-in-1') vaccination and 91% the Meningitis C vaccination. In contrast, the average figures for the Westminster area were 72% and 78% respectively. The practice offered flu and shingles vaccinations to eligible patients. Eighty-one per cent of (around 250) eligible patients aged over 65 had been immunised against flu in the previous 12 months.

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. Four hundred of 425 new patients had received a health check with the practice nurse (94%). In contrast only 13% of eligible patients had attended for an NHS health checks for people aged 40-74 but this scheme was being rolled out and the practice hoped to increase participation over the coming year.

The practice nurse provided tailored health checks and lifestyle advice and participated in the local smoking cessation programme with training and support from the specialist smoking cessation service. The practice nurse had received an individual award in recognition of their smoking cessation work. The practice had achieved the highest number of successful "quitters" of all GP practices in Westminster in 2014/15 despite having a relatively small patient list size.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were friendly and welcoming and this was also reflected in the patient feedback we received which was overwhelmingly positive about the service. Patients said the doctors and nurse listened, were caring and polite. Some patients said that they were able to see the same doctor and this made a difference to their treatment. One patient had recently joined the practice and said the quality of service was better at this GP.

Patients' privacy and confidentiality was protected. Curtains were provided in consulting rooms to protect privacy during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Results from the 2014/15 national GP patient survey confirmed that the majority of patients were happy with the service and the way they were treated. The practice tended to score better than the local and national averages for satisfaction on the quality of consultations:

- 92% of respondents said the GP was good at listening to them compared to the Westminster average of 84% and national average of 89%.
- 82% of respondents said the GP gave them enough time compared to the Westminster average of 81% and national average of 87%.
- 99% of respondents said they had confidence and trust in the last GP they saw compared to the West London average of 93% and national average of 95%.
- 89% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the Westminster average of 83% and national average of 85%.
- 89% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the Westminster average of 86% and national average of 90%.
- 96% of respondents said they found the receptionists at the practice helpful compared to the Westminster average of 82% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they were involved in decision making about the care and treatment they received. Patients said they had been supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available.

Results from the national GP patient survey also showed patients responded positively to questions about their involvement in planning and making decisions about their care. Again the practice's survey results tended to be better than local and national averages. For example:

- 89% of respondents said the last GP they saw was good at explaining tests and treatments compared to the Westminster average of 83% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the Westminster average of 76% and national average of 82%.
- 85% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the Westminster average of 81% and national average of 85%.

Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice ensured that staff were available to help patients complete forms if they had difficulty reading or writing.

Patient and carer support to cope emotionally with care and treatment

The practice displayed information about services for carers, patients concerned about dementia and other mental health problems and how to access support. The clinical staff were also able to discuss leaflets and literature which they could give to patients to take away.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that patients who had suffered a bereavement were referred to local bereavement counselling services if they wanted this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local commissioners and practices to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open for extended hours. There were longer appointments available for people with more complex needs or who had greater difficulty communicating
- Home visits were available for older patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open from 8.00am until 6.30pm on Monday and Thursday and until 6.00pm on Friday with extended hours on Tuesday from 7.00am until 7.30pm. Morning appointments were available from the time the surgery opened until 11.30am and afternoon appointments were available from 3.00pm on Friday and 4.00pm otherwise. The practice was closed on Wednesday afternoon and at the weekends. It also closed for half an hour at lunchtime (from 1.00pm) during the week. The practice had introduced an electronic appointment booking system and an electronic prescription service which were popular with patients.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable and often better than comparable local and national averages. For example:

- 75% of respondents were satisfied with the practice's opening hours which was the same as the Westminster and national averages.
- 90% of respondents said they could get through easily to the surgery by phone compared to the Westminster average of 82% and the national average of 73%.

- 79% of respondents said they usually waited less than 15 minutes after their appointment time compared to the Westminster average of 56% and the national average of 65%.
- 76% of respondents described their experience of making an appointment as good compared to the Westminster average of 76% and the national average of 73%.

The practice had identified non-attendance at booked appointments as a problem resulting in reduced access for patients and had displayed a poster in the waiting room and on the website encouraging patients to cancel appointments if they no longer needed them.

The patient participation group (PPG) had discussed recent findings from the practice's annual patient satisfaction survey and had also identified a lack of awareness amongst patients of primary care out of hours services and confusion about appropriate reasons to attend the GP, out of hours service or the A&E department. The practice managers and PPG had (jointly with another practice) successfully secured funding to produce information booklets for patients to provide this information. The PPGs were leading on the design and content with input from a designer.

Listening and learning from concerns and complaints

We saw that information was available to help patients understand the complaints system, for example the practice had a complaints leaflet which was available at reception. Patients we spoke with were not aware of the process to follow if they wished to make a complaint although they said they would feel able to raise any issues with their doctor and had not needed to complain.

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice policy was that the principal GP or the relevant lead clinician (if different) would take responsibility for handling individual complaints.

The practice had received two complaints over the last 12 months. Complaints were handled in line with the provider's policy and in a timely way. The practice was open about errors and discussed how it might have

Are services responsive to people's needs? (for example, to feedback?)

handled matters better with patients and offered an apology. The practice provided patients with information about how to take their complaint further if they were dissatisfied with the outcome of the investigation.

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 vision to deliver high quality care and promote good outcomes for all of its patients. The provider had a statement of purpose to provide safe and effective healthcare for the local community; to plan and share information with other providers for the benefit of patients; to promote disease prevention and provide excellent maternity care to its patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. We found in relation to this practice:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff were supported and encouraged to take opportunities to develop their career within the practice.
- Practice-specific policies were implemented and were available to all staff
- The practice manager demonstrated a comprehensive understanding of the performance of the practice
- The practice participated in benchmarking and carried out audits to monitor quality and to make improvements
- The practice engaged with other health and social care providers and commissioners to provide coordinated care to patients and extend access to primary care services
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The practice team had the experience, capacity and capability to run the practice and ensure high quality care. The principal GP was a visible leader who prioritised, high quality and compassionate care. Staff told us that the

principal GP and practice managers were approachable and listened to all members of staff, for example recruiting an additional practice manager on a job share arrangement. The practice encouraged a culture of openness.

We saw evidence of regular staff and clinical meetings. Staff told us that they had the opportunity and confidence to raise any issues at team meetings. Staff were involved in discussions about how to develop and improve the practice.

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

The practice encouraged and valued feedback from patients and had a patient participation group (PPG) which met regularly. The practice was in the process of encouraging more patients to join the group and there was an open invitation on the website to any patients who were interested to attend these meetings.

The practice had gathered feedback from patients through running its own survey, the national GP patient survey, internet feedback, complaints and comments and the friends and family test. The practice had an open action plan in response to its most recent patient survey and the PPG had identified priority areas for further work including non-attendance at booked appointments and clearer information about out of hours services available locally.

The practice also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.

Innovation

The practice was open to new and innovative ways of working. As a small practice, the team participated in local network meetings and joint work in order to have the capacity to develop new services for its patients. For example the practice was planning to introduce a regular consultant-led paediatric clinic at the practice in partnership with another practice.