

# Dr AM Hogarth's Practice (also known as The Harefield Practice)

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr AM Hogarth's Practice (also known as The Harefield Practice) on 31 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt the practice provided excellent care and staff were helpful, caring, kind, professional and treated them with dignity and respect.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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 areas where the provider should make improvement are:

- Review significant event recording forms to support the recording of notifiable incidents under the duty of candour.
- Ensure a consistent pre-employment check process is practised for all staff groups including those employed as locums.

# Summary of findings

- Ensure that concerns relating to the maintenance of the premises are progressed with the landlord.
- Review the system for monitoring blank prescription forms.
- Review the disaster prevention and recovery policy to ensure it covers for incidents and emergencies that may impact on the daily operation of the practice.
- Display notices informing patients of the translation services.

**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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed diabetes and mental health related performance indicators were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a program of clinical audit, including second cycle audits that 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 other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed the practice was performing in line with local and national averages for their satisfaction scores on consultations with GPs and nurses.
- Patients said they felt the practice provided excellent care and staff were helpful, caring, kind, professional and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended regular CCG led network meetings with local GP practices.
- Patients said they found it easy to make an appointment with a named GP and 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice 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.

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.

Good



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice provided primary care services to a local residential and nursing home. Each home had a named GP to promote continuity of care and visits were provided as required.
- Home visits, including those for immunisations, were available for patients unable to attend the practice due to illness or immobility.
- The practice was part of a local integrated care pilot scheme which invited older patients with complex medical needs for review to create integrated care plans. Patients identified as risk of admission or those recently discharged were discussed weekly with the local network guided care nurse to review and update care plans accordingly.
- Monthly multi-disciplinary team meetings were held with members of the community palliative care team, district nurses and community matron to discuss management of older patients with complex medical needs.
- As part of the local GP network, the practice provided a home visiting service for patients over the age of 75.

### People with long term conditions

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

Good



- The practice offered GP and nurse led annual health checks for patients with long term conditions including medication review.
- QOF data from 2014/2015 showed the practice performance for indicators related to long term conditions, such as diabetes and high blood pressure, was comparable to local and national averages.
- In response to the increasing incidence of diabetes, the practice had recently employed a practice nurse with a specialist interest in diabetes to improve management and support of these patients.
- Home visits and longer appointments were available as required for patients with long term conditions.

# Summary of findings

- The practice engaged in local admission avoidance services that identified patients with long term conditions at risk of hospital admission and created integrated care plans aimed at reducing this risk.
- Monthly multi-disciplinary team meetings were held with members of the community palliative care team, district nurses and community matron to discuss management of patients with complex medical needs.
- The practice offered nurse-led in house spirometry for patients with chronic lung disease. Smoking cessation clinics were offered at the practice.

## Families, children and young people

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

- There was a named GP lead for safe guarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- The practice had systems in place to follow up on patients who do not attend six week checks and immunisation appointments.
- The GP safeguarding lead attended six weekly meetings with the health visitor team to discuss any families of concern.
- Staff demonstrated an understanding of Gillick competency and there were posters displayed in the waiting room reminding young people they can speak to clinical staff confidentially without a parent.
- Same day appointments were available for unwell children as well as access to telephone consultations for parents/guardians.
- The practice offered routine GP led ante-natal and post-natal care.
- Family planning advice was available from the GPs and practice nurses and there was a sexual health clinic held at the practice once a month.

Good



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

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

- Extended hour appointments were available on Tuesday mornings and Saturdays for patients unable to attend the practice during normal working hours. Telephone consultations were also available daily.

Good



# Summary of findings

- There was the facility to book appointments and request repeat prescriptions online.
- The practice offered new patient and NHS Health checks and any abnormalities identified at these checks were followed up appropriately.
- The practice supported students who had left the area to study by allowing them to register as temporary patients during term breaks and sending brief summaries with them when they returned to update their local GP on any medical issues.

## People whose circumstances may make them vulnerable

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

Good



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice maintained a register of patients with learning disabilities and these patients were invited for annual health checks with longer appointments if required.
- The practice identified patients who were also carers and offered them additional support, such as annual health checks and referral to local support services.

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

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

Good



- Screening for dementia was offered opportunistically as well as to those at high risk with referrals to local memory services as appropriate.
- QOF data from 2014/2015 showed the practice performance for mental health related indicators was comparable to local and national averages.
- An in house relaxation service was provided by a local charity for patients experiencing stress or mental health related problems.
- Patients had access to an in-house counselling service for patients suffering with issues such as anxiety or depression.
- The practice had support from the local mental health coordinator and community mental health nurse who used consultation space to review patients transitioning from secondary to primary mental health services.
- Three reception staff had received training from a mental health charity service and shared learning with the other administration staff to help them identify patients in crisis.



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twelve survey forms were distributed and 114 were returned. This represented 1.2% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the compared to the CCG average of 73% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the compared to the CCG average of 72% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were mostly positive about the standard of care received. Comments received described staff as kind, caring, attentive and professional and the overall service as good. The few negative comments received described difficulty getting through to the practice on the telephone.

We spoke with eight patients including two members of the Patient Participation Group (PPG) during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the practices most recent Friends and Family Test (FFT) showed they had achieved an average 90% satisfaction rate for the four month period from January to April 2016.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review significant event recording forms to support the recording of notifiable incidents under the duty of candour.
- Ensure a consistent pre-employment check process is practised for all staff groups including those employed as locums.
- Ensure that concerns relating to the maintenance of the premises are progressed with the landlord.
- Review the system for monitoring blank prescription forms.
- Review the disaster prevention and recovery policy to ensure it covers for incidents and emergencies that may impact on the daily operation of the practice.
- Display notices informing patients of the translation services.

# Dr AM Hogarth's Practice (also known as The Harefield Practice)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

### Background to Dr AM Hogarth's Practice (also known as The Harefield Practice)

Dr AM Hogarth's Practice (also known as The Harefield Practice) is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of the Metro health Network in the Hillingdon locality. The practice is an approved training practice for GP specialist trainees (GP Registrars) and foundation year two doctors.

The practice provides primary medical services to approximately 9,350 patients living in Harefield and some areas of Northwood, Ruislip, Ickenham, Denham and Rickmansworth. The practice holds a General Medical

Services (GMS) contract and Directed Enhanced Services contracts. The practice is located at Harefield's Health Centre, Rickmansworth Road, Harefield, Uxbridge with good transport links by bus services.

The practice operates from a purpose built health centre owned and managed by NHS Property Services. The practice shares the premises with two other health care organisations and operates from the ground floor of the building renting six consultation rooms, two treatment rooms, reception, waiting area and administration offices. There is open unaided wheelchair access to the building and a toilet for disabled people. There are public car parking facilities on site and in the surrounding residential areas.

The practice population is ethnically diverse and has a lower than the national average number of patients between 20 and 34 years of age and higher than the national average number of patients between 45 and 59 years of age. There is a similar to the national average number of patients 65 years of age plus. The practice area is rated in the fourth less deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a higher percentage of patients with a long-standing condition compared to CCG and England averages (65%, 50%, and 54% respectively).

# Detailed findings

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

The practice team comprises of two male and two female GP partners, two female salaried GP's and one female GP Registrar, who all collectively work a total of 43 clinical sessions per week. They are supported by three practice nurses, one health care assistant, practice manager, deputy practice manager, two administrators and 14 administrators/receptionists.

The practice opening hours are from 8.30am to 12.30pm and 1.30pm to 6.30pm Monday, Tuesday and Wednesday, 8.30am to 5.00pm Thursday and 8.30am to 6.00pm Friday. Consultation times in the morning are from 8.30am to 12.10pm Monday and Tuesday and 8.30am to 12.15pm Wednesday, Thursday and Friday. Consultation times in the afternoon are from 1.30pm to 5.50pm Monday, 1.30pm to 6.00pm Tuesday, 1.30pm to 5.30pm Wednesday and 1.30pm to 5.00pm Thursday and Friday. Extended hours pre-bookable appointments are offered from 7.00am to 8.00am on Tuesday morning and on two Saturday mornings each month. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

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

## Why we carried out this inspection

We 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. The inspection was planned to check whether the provider is 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 May 2016. During our visit we:

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

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

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

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

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

## Detailed findings

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a significant event report form available on the practice's computer system. It was practice policy that any significant events that occurred were reviewed at the proceeding weekly team meeting and the outcome of which was recorded on a significant case analysis form. This form detailed the actions and learning from the event including any follow up required but did not specifically support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident with missing paperwork from a patient's electronic record, the practice discussed the event at the weekly meeting and updated the process for handling faxed letters and mail to ensure all urgent communication was reviewed and actioned by the duty doctor.

### Overview of safety systems and processes

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

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, nurses to level two and administration staff to level one.

- There were notices in consultation rooms to advise patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be generally clean and tidy but in some areas in need of repair and re-decoration. Following repair of a water leak in 2015 which affected the public toilets and an administration office, we were told that these areas had not been re-decorated since. The landlord had responsibility for the maintenance of the health centre and for external contractors who cleaned the premises. We saw evidence that the practice had communicated with the landlord where there was dissatisfaction with maintenance and cleaning standards. One of the practice nurses 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but

## Are services safe?

there were no comprehensive systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The Health Care Assistant was trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. (PSD are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed six personnel files of permanent employees and found 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. We also reviewed personnel files of six locum clinical staff but found some inconsistencies with recruitment check documents retained. We were told that this was being addressed as part of the implementation of a new personnel record management system which at the time of inspection was in progress.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a poster was displayed which identified local health and safety representatives. There was evidence of up to date fire risk assessments carried out by the landlord and the practice had a fire evacuation policy with named fire marshal staff. All electrical equipment was checked to

ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There was evidence of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had some 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.
- All clinical staff received annual face to face basic life support training and non-clinical staff completed this training on line.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a disaster prevention and recovery policy for the computer system but did not have a comprehensive business continuity plan that detailed arrangements for major incidents and emergencies that may impact on the daily operation of the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. We were told new guidance was discussed in minuted weekly clinical meetings and also in three monthly education meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. Clinical exception reporting was 9.5% compared to a CCG rate of 8% and national rate of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators was comparable to the national average. For example,

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 77% (CCG average 74% and national average 78%).
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 83% (CCG average 78% and national average 78%).

- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 98% (CCG average 92% and national average 94%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less 84% (CCG average 77% and national average 81%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% (CCG average 86% and national average 88%).
- Performance for mental health related indicators was comparable to national averages. For example;
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (CCG average 92% and national average 88%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 96% (CCG average 93% and national average 90%).

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, an audit had been completed to review thyroid function monitoring in patients taking the medicine amiodarone. Initial results showed not all patients were having blood tests every six months as recommended and subsequently alerts were placed on patient electronic records to remind clinicians when blood tests were due. The second cycle audit showed improvements had been made as a result of the intervention with 85% of patients receiving six monthly blood tests in comparison to 75% at initial audit.
- The practice participated in local audits, national benchmarking and peer review. Findings were used by



# Are services effective?

## (for example, treatment is effective)

the practice to improve services. For example, the practice took part in CCG led regular review of referral rates to compare data with local practices and identify areas for improvement.

Information about patients' outcomes was used to make improvements. For example, the practice engaged in local admission avoidance and integrated care plan process with the local GP network. Patients at high risk of admission were identified using risk stratification tools and through discussion at admission avoidance network meetings and integrated care plans were created aimed at reducing this risk. The practice then undertook in house three monthly discussions of cases identified to ensure care plans were up to date and all clinical staff were aware of any issues.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nursing team had regular training and update sessions specifically related to those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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, recorded the outcome of the assessment.
- Verbal consent was documented in electronic records for patients receiving joint injections.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.



# Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available from the GPs and practice nurse with referral to a local support group if required.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.
- Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 92% to 97% (CCG range 90% to 95%) and five year olds from 92% to 99% (CCG range 88% to 94%).
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described staff as kind, caring, attentive and professional and felt they were treated 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.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

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

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

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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 80% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 151 patients as carers (1.6% of the practice list). Patients identified as carers were offered additional support if required, for

example annual health checks, screening for depression and anxiety and referral to the local carers support group. Written information was available to direct carers to the various avenues of support available to them and there was a carer's noticeboard in the waiting room.

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

# 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. For example, the practice was part of a CCG led network of local GP practices and attended regular meetings to compare performance data, discuss local schemes and issues and identify areas for improvement.

- The practice offered extended hour early morning weekday appointments and Saturday appointments for patients unable to attend the practice during normal working hours.
- Telephone consultations were available daily in the morning and afternoon.
- The practice monitored waiting times for routine appointments and employed a locum GP if there was a wait of more than two weeks.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 8.30am to 12.30pm and 1.30pm to 6.30pm Monday, Tuesday, Wednesday, 8.30am to 5.00pm Thursday and 8.30am to 6.00pm Friday. Appointments in the morning were from 8.30am to 12.10pm Monday and Tuesday and from 8.30am to 12.15pm Wednesday, Thursday and Friday. Appointments in the afternoon were from 1.30pm to 5.50pm Monday, 1.30pm to 6.00pm Tuesday, 1.30pm to 5.30pm Wednesday and 1.30pm to 5.00pm Thursday and Friday. Extended hours pre-bookable appointments are offered from 7.00am to 8.00am on Tuesday morning and on two Saturday mornings each month. In addition to pre-bookable appointments that could be booked up to one week in

advance, urgent appointments for acute illness were also available for people that needed them. Telephone consultations for routine or urgent issues/concerns were available daily in the morning and afternoon with a daily average of between 40 and 50.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

The practice was in the process of upgrading their telephone system for more incoming lines as a result of feedback from patients. People told us on the day of the inspection that they were able to get appointments when they needed them.

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

We looked at 16 complaints received in the last 12 months and found they were satisfactorily handled, with openness and transparency and apologies were offered when appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint about a delayed routine referral due to paperwork being lost at reception, the practice reviewed the issue at the weekly meeting and updated the procedure for handling paperwork at reception to ensure there is a clear process to follow.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a vision and values policy informed with input from the whole practice team.
- The practice had robust short and long term strategies and supporting business plans which reflected the vision and values.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment;

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the 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.

### 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Following recurring negative patient feedback the PPG had been recently involved in the compilation and distribution of a questionnaire survey to gather information from patients about their experiences of the repeat prescribing process. At the time of inspection 46 responses had been received which highlighted the need for additional communication about the repeat prescribing process. For example, 57% of respondents were not aware that repeat prescription requests would only be issued within one week of the current prescription end date. In response the practice had displayed information about

# Are services well-led?

Good 

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

the prescribing process next to the repeat prescription box and also published this on their website. The PPG were also engaged in deciding the items for inclusion in the next practice newsletter which was produced twice yearly and they supported the practice at an annual Saturday flu clinic.

- The practice had 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 and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They were

part of a pilot 'Huddle' in North Hillingdon which met weekly with a guided care nurse, community matron and care coordinator to establish timely intervention and setting up of care plans for patients identified at high risk of hospital admission. The practice had participated in The Kings Fund pilot study of the Practice Leadership Assessment Tool (PLAT) and used the findings to explore where areas rated 'above average' rather than 'high' could be improved. The practice had recently commenced three monthly education evenings with the GPs and practice nurses to encourage learning and team working. The first of these meetings was attended by a consultant diabetologist from a local hospital who provided specialist educational teaching in the management of type two diabetes. The practice had also held a group quiz at a recent administration team meeting to test safeguarding knowledge, which prompted discussion and additional learning in areas of weakness.