The Bush Doctors

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Bush Doctors on 9 October 2014. The overall rating for the practice was requires improvement. The full comprehensive report on the 9 October 2014 inspection can be found by selecting the 'all reports' link for The Bush Doctors on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 7 December 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 9 October 2014. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now 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.
- Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able 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.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Monitor performance of the Quality and Outcome Framework (QOF) indicator relating to the cervical screening programme to ensure improved patient engagement and outcomes are in line with local and national averages.
- Continue to review patient feedback on the late running of appointments in order to ensure continuous improvement.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Learning was applied from incidents to improve safety in the practice and as well as external reporting to the National Reporting and Learning (NRLS) to enhance learning on a wider basis.
- 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 employed a clinical pharmacist working with the clinical team whose responsibilities included monitoring polypharmacy and compliance of patients taking several medications to minimise risk, support good clinical care and ensure patient safety by overseeing medicines alerts received by the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had reviewed its recruitment processes in response to findings from the previous inspection and were working to a written recruitment procedure and check list to ensure all staff had the skills and qualifications to perform their roles, and had received appropriate pre-employment checks.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were, for the most part, comparable to national average. We found outcomes for one mental health indicator was lower than the national average but the practice demonstrated measures it had put in place to address this. The practice continued to find cervical screening uptake challenging.
- Staff assessed needs and delivered care in line with current evidence-based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had initiated a process to obtain written patient consent prior to minor surgical procedures in response to a finding from the previous inspection.

Summary of findings

- 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 and clinical supervision for the clinical team which the practice had been unable to demonstrate at the previous inspection.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey was comparable with CCG and national averages for several aspects of care with doctors and nurses. For example, 89% of patients said the last GP they spoke to was good at treating them with care (CCG average 84%; national average 85%) and 87% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%; national average 91%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in the Hammersmith and Fulham out of hospital services (OOHS) initiative for the delivery of services within the practice which included anticoagulation, wound care, spirometry, phlebotomy and ambulatory blood pressure monitoring.
- Data from the national GP patient survey was comparable with CCG and national averages for access. For example, 74% of patients were satisfied with the practice's opening hours (CCG average 78%; national average 76%) and 72% of patients said they could get through easily to the practice by phone (CCG average 77%; national average 73%).

Summary of findings

- Patients said they could get an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Data from the national GP patient survey showed 84% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%; national average of 85%).
- 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 and other stakeholders.

Are services well-led?

Good

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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 9 October 2014 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits, double routine appointments and urgent appointments for those with enhanced needs.
- The practice had on-site the district nursing team and utilised referral into rapid access clinics and a community healthcare provider to prevent unnecessary admissions. The practice participated in the avoiding unplanned hospital admissions enhanced service and identified and managed the top 4% of their vulnerable patients at most risk of hospital admission.
- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and there they are treated and cared for.

People with long term conditions

Good

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 9 October 2014 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice hosted a diabetes nurse specialist clinic once a week for complex cases and for patients whose diabetes was poorly controlled and participated in a local out of hospital services (OOHS) initiative for insulin initiation for patients with type two diabetes.

Summary of findings

- Performance for diabetes related indicators was statistically comparable with the national average. For example, the percentage of patients with diabetes, on the register (549 patients), in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 78% (national average 78%).
- The practice provided simple and complex wound services which included a daily walk-in dressing clinic.
- The practice hosted on-site clinics with the health trainers and the Midaye Somali Development Network to offer advice, support and education to its patients with long-term conditions.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met in conjunction with the in-house clinical pharmacist who oversaw repeat prescribing. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 9 October 2014 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The percentage of patients with asthma, on the register (516 patients), who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 72% which was comparable to the national average of 76% (practice exception reporting 2%; national 8%).
- The practice's uptake for the cervical screening programme was 62% (3875 patients), which was similar to the CCG average of 71% but lower than the national average of 82% (practice exception reporting 4%; national 7%). The practice discussed with us the challenges of their ethnically diverse patient population and patients who were difficult to engage in the cervical screening programme. The practice were working with local groups supporting ethnic minorities to address this.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. There were baby changing and breast feeding facilities available.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice organised the six to eight week baby check and the first schedule of childhood immunisations at the same time to avoid multiple visits to the surgery. The health visitor ran a weekly clinic.
- Childhood immunisation data for the period 1 April 2015 to 31 March 2016 for the under two year olds ranged from 80% to 86% (national average 90%). Immunisation rates for five year olds ranged from 72% to 90% (CCG range 65% to 86%; national range 88% to 94%).

Working age people (including those recently retired and students)

Good

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 9 October 2014 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services which included booking and cancelling appointments and requesting repeat prescriptions. Telephone consultations were also available.
- The practice offered a 'Commuter's Clinic' for working patients who could not attend during normal hours from 7am Monday to Friday, until 8.30pm on Monday to Thursday and on Saturday from 9am to 12 noon.

People whose circumstances may make them vulnerable

Good

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 9 October 2014 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed them how to access various support groups and voluntary organisations.
- The practice offered longer appointments for patients with a learning disability. The practice held joint clinics with the community learning disability nurse to undertake annual health checks. The practice made adjustments to enable patients who lived alone or had limited or no support to have their health check at home and offered telephone consultations when face-to-face contact was too stressful. The community team shared anonymous feedback of positive patient outcomes as a result of the practice's approach to the support of its patients with learning disabilities.
- The practice ran joint weekly substance misuse clinics with a lead GP and substance misuse key worker who was available in the practice three days per week. Clinics addressed physical, social and psychological wellbeing.
- 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.

People experiencing poor mental health (including people with dementia)

Good

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 9 October 2014 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice had a higher prevalence of mental health than the national average (practice 1.84%; national 0.9%). Data from the CCG showed the practice had the fifth highest prevalence in Hammersmith and Fulham out of 31 practices. The practice had nominated a lead GP for mental health who undertook weekly designated mental health clinics. In addition to annual reviews, patients were reviewed regularly depending on need in

conjunction with a primary care mental health worker who ran an on-site clinic twice a week. The practice had also signed up to a local out of hospital service (OOHS) for severe mental illness and complex common mental health.

- Data from the Quality and Outcomes Framework (QOF) for 2015/16 showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 37% (111 patients) which was significantly lower than the national average of 89%. However, we looked at the practice's clinical system to see how they were achieving for mental health indicators for the 2016/17 QOF period (non-validated data) and found that 75 patient had completed care plans to date compared to 37 for the entire 2015/16 QOF period. The practice demonstrated a recall system for the remainder of the patients.
- Other mental health indicators were comparable to national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 86% (national average 89%) and the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 95% (national average 95%).
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 82% (31 patients) compared to the national average of 84% (practice exception reporting 10%; national 7%).
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and we saw that clinical and non-clinical staff had undertaken dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and showed the practice was performing in line with local and national averages. Three hundred and seventy-two survey forms were distributed and 96 were returned. This represented a response rate of 26% and 1% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 61% of patients said they usually got to see or speak to their preferred GP compared to the CCG average of 58% and the national average of 58%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the 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. We received 41comment cards which were all positive about the standard of care received and said that staff were helpful, dedicated and professional and the practice offered a welcoming and excellent service.

We spoke with six patients during the inspection, all of whom were satisfied with the care they received and felt the staff treated them with dignity and respect. However, two patients told us it wasn't always easy to get a routine appointment and three patients told us that appointments did not run to time and often ran more than 15 minutes late.

Results of the Friends and Family Test (FFT) for October 2016 showed that 88% of patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Monitor performance of the Quality and Outcome Framework (QOF) indicators relating to the cervical screening programme to ensure improved patient engagement and outcomes are in line with local and national averages.
- Continue to review patient feedback on the late running of appointments in order to ensure continuous improvement.

The Bush Doctors

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Bush Doctors

The Bush Doctors operates from a single location at 16-17 West 12 Shopping Centre, Shepherd's Bush, London W12 8PP with access to 10 consulting rooms. The practice provides NHS primary care services to approximately 11,600 patients living in the Shepherd's Bush area through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS Hammersmith and Fulham Clinical Commissioning Group (CCG).

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; surgical procedures and family planning.

The practice staff comprises of one male and four female GP partners (totalling 36 sessions per week), two male salaried GPs and one female regular locum GP (17 sessions per week), a practice clinical pharmacist, two practice nurses and two healthcare assistants. The clinical team is supported by a practice and deputy practice manager and a team of administration and reception staff.

The practice population is in the third most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The practice has a much larger than average proportion of young adults on its patient list, particularly in the age ranges 25-29 and 30-34, and is ethnically diverse.

The practice is a teaching practice for medical students and undergraduate and postgraduate nurse placement training.

The practice premises are open from 7am to 8.30pm Monday to Thursday and on Friday from 7am to 6pm, closing for one hour between 12.30pm and 1.30pm through the week. The practice is also open from 9am to 12 noon on Saturday.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Patients could also access appointments on Saturday and Sunday from two practices offering the 'Weekend Plus' service in the area.

Why we carried out this inspection

We undertook a comprehensive inspection of The Bush Doctors on 9 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 9 October 2014 can be found by selecting the 'all reports' link for The Bush Doctors on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow-up announced comprehensive inspection of The Bush Doctors on 7 December 2016. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 7 December 2016. During our visit we:

- Spoke with a range of staff (partners, salaried GP, practice nurse, practice pharmacist, healthcare assistant, reception manager and receptionists) 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
- 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.

Good

Are services safe?

Our findings

At our previous inspection on 9 October 2014, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment and processes regarding sharing patient safety alerts required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 7 December 2016. The practice is now rated as good for providing safe services.

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 policy and recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was a nominated lead and staff overseeing the process had received risk management and incident reporting training.
- 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. We also saw evidence that an incident had been reported to the National Reporting and Learning System (NRLS), which is a central database of patient safety incident reporting across England and Wales, to enhance learning on a wider basis.
- The practice carried out a thorough analysis of the significant events and had recorded 13 incidents in the past 12 months. For example, the practice reviewed its scanning processes and protocol when it was identified that correspondence containing medical information had been scanned and uploaded to the wrong patient medical record. The process reinforced the need to check at least three identification parameters, for example, name, date of birth, NHS number.

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, the practice had introduced a checking and logging system for cervical smear samples prior to collection by the pathology courier after a sample had been sent to the laboratory unlabelled. We saw evidence that the patient involved was identified and recalled for repeat cervical smear testing.

At our previous inspection the practice could not demonstrate a system to ensure that the clinical team were aware of safety alerts and were acting on them as required. The practice had initiated a protocol and process to review all safety alerts received including those from the Medicines Health and Regulatory Authority (MHRA). All alerts were received by the practice manager, and nominated individual in the case of absence, and logged. The practice had nominated a lead GP and the practice clinical pharmacist to review all alerts and depending on the urgency these were discussed with all staff at the next clinical meeting. We saw evidence that when alerts were deemed relevant to the practice, patient searches were undertaken to identify which patients may be affected and action taken. The practice maintained a comprehensive computerised log of all the alerts received which included the alert, date received action taken and by whom and the outcome.

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. We observed guidance was available in each consulting room which included the pathway for the mandatory reporting of female genital mutilation (FGM). There was a lead member of staff for safeguarding children and adults and staff we spoke with knew who they were. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the clinical system identify these

patients. All staff we spoke with were aware of the system. The practice also had a process in place to identify and monitor children and vulnerable families who did not attend child health appointments. Non-clinical staff demonstrated they understood their responsibilities to report concerns and all had received safeguarding children level one training relevant to their role. GPs and the senior practice nurse were trained to child safeguarding level three and the remaining practice nurse team and healthcare assistant was trained to level two. All staff were trained on vulnerable adults relevant to their role which included PREVENT (radicalisation) and the GPs had undertaken domestic violence and Deprivation of Liberty Safeguards (DoLS) training.

- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Both male and female chaperones were available. All staff who acted as chaperones were trained for the role and had received a standard Disclosure and Barring Service (DBS) check. (A standard DBS check identifies whether a person has a criminal record. An enhanced DBS check identifies whether a person has a criminal record and whether the person is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice told us that a chaperone would not be left in a room with a patient without a clinician present. Staff we spoke with on the day confirmed this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk. An internal infection control audit had been undertaken in June 2016 and we saw evidence that action was taken to address any improvements identified as a result, for example, replacing fabric chairs in clinical rooms with wipeable chairs.
- 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). The practice employed a clinical pharmacist working with the clinical team, whose role included monitoring polypharmacy and compliance of patients taking several medications to minimise risk and support good clinical care. 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. The practice utilised prescribing optimisation software which interfaced with the practice's clinical system to ensure safe and appropriate prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- At our previous inspection we found that not all recruitment checks had been undertaken. The practice had revised its recruitment procedure and introduced a recruitment check list to ensure all staff received appropriate pre-employment checks in line with guidance. We reviewed five personnel files, which included a locum doctor file, 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.

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 with a poster in reception office which identified the local health and safety representative.
- We saw evidence that staff, including the clinical team, had undertaken training in health and safety training, manual handling, and Control of Substances Hazardous to Health (COSHH).

Good

Are services safe?

- There was a fire procedure in place and we saw evidence that the fire alarm system and fire extinguishers were regularly maintained. Regular fire evacuation drills were undertaken and we saw a log of these. The practice had nominated and trained two fire marshals. All staff we spoke with knew who the fire marshals were and the location of the fire evacuation assembly point. A fire risk assessment had been undertaken in March 2015 by an external company and we saw evidence that actions identified had been completed. For example, to test the emergency call points weekly. All staff had received fire awareness training.
- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken annually and was tested in November 2016. We saw that portable electrical appliances had been checked in March 2016. The practice had systems in place for the cleaning of specific equipment used in the management of patients, for example, an ear irrigator and spirometer (an instrument for measuring the air capacity of the lungs).
- The practice had undertaken risk assessments for health and safety, COSHH 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. The doctors operated a 'buddy' system to ensure continuity of care when they were absent.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- All staff received annual basic life support training which included the use of a defibrillator and anaphylaxis (an acute allergic reaction) training.
- A first aid kit and accident book were available and staff we spoke with knew where they were located.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had a 'buddy' arrangement with a nearby practice.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 9 October 2014, we rated the practice as requires improvement for providing effective services as the practice as not all staff had undertaken an appraisal, there was no record to show that staff had completed an induction and the practice could not demonstrate that consent was documented for some procedures undertaken.

These arrangements had significantly improved when we undertook a follow up inspection on 7 December 2016. The practice is now rated as good for providing effective services.

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 89.5% of the total number of points available with 3.4% overall exception reporting (CCG 6.9%; national 5.7%). (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 apart from one mental health indictor. Data from 2015/16 showed:

- Performance for diabetes related indicators was statistically comparable with the national average. For example, the percentage of patients with diabetes, on the register (549 patients), in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 78% (national average 78%) with a practice exception reporting of 3% (national 12%), the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 69% (national average 78%) with a practice exception reporting of 4% (national 9%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 73% (national average 80%) with a practice exception reporting of 7% (national 13%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 77% which was statistically comparable with the national average of 83% (practice exception reporting 3%; national 4%).
- The percentage of patients with asthma, on the register (516 patients), who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 72% which was comparable to the national average of 76% (practice exception reporting 2%; national 8%).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 83% which was comparable to the national average of 90% (practice exception reporting 3%; national 12%).

The practice had a significant negative variation compared to the national average for one mental health indicator. We found

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 37% (111 patients) compared to the national average of 89% (practice exception reporting 4%; national 13%).

However, other mental health indicators were comparable to national averages. For example, we found:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 86% compared to the national average of 89% (practice exception reporting 4%; national 10%).

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 95% compared to the national average of 95% (practice exception reporting 1%; national 1%).
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 82% (31 patients) compared to the national average of 84% (practice exception reporting 10%; national 7%).

The practice had recognised the negative variation from the national average and its higher prevalence of patients with mental health problems compared to the national average (practice 1.84%; national 0.9%) and had focussed on this area as a priority. We saw that the practice had nominated a lead GP for mental health who undertook weekly designated mental health clinics to improve access and engagement of its patients with mental health problems. We looked at the practice's clinical system to see how they were achieving for mental health indicators for the 2016/17 QOF period (non-validated data) and found that 75 patient had completed care plans to date compared to 37 for the entire 2015/16 QOF period. The practice demonstrated a recall system for the remainder of the patients. In addition to the annual reviews, patients were seen at regular intervals depending on need and a primary care mental health worker ran on-site clinic sessions twice a week. This offered support for patients discharged from secondary care mental health services and signposted those patients with more complex common mental health conditions to relevant services. The practice had also signed up to a local out of hospital service (OOHS) for severe mental illness and complex common mental health.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review and we saw evidence of prescribing and referral audits undertaken at a locality level.
- To address the finding of our previous inspection regarding the recording of consent, the practice had undertaken an audit of patients who had had a minor surgical procedure to identify whether written consent had been obtained. For the period July to October 2014, 27 procedures had been undertaken of which 25 did not have written consent recorded. A repeat audit between July and October 2015 showed that out of 21 procedures, only 2 had not had written consent recorded. The practice repeated the audit for a third cycle between February and October 2016 and found that out of 21 procedures, only one had not had written consent recorded. The practice told us they planned to undertake the audit on an annual basis.

Findings from a completed audit on the requirements to ensure safe prescribing of novel oral anticoagulants (NOACs), a new class of anticoagulant drug used for stroke prevention, were used by the practice to improve services. The practice carried out a search of patients prescribed NOACs to identify if the required blood test had been undertaken and that there was a recording of treatment in the clinical notes as an active problem. The first audit showed that out of the 16 patients on NOACs, 75% had had a blood test and 25% had a record of treatment as an active problem. As a result of the findings the practice wrote a protocol for the management of patients on NOACs and repeated the audit after 12 months. The findings of the repeat audit showed 90% had had a blood test and 96% had a record of treatment as an active problem. The practice told us it planned to repeat the audit again after one year.

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 infection prevention and control, fire safety, health and safety and confidentiality. We saw a record of a completed induction in a newly recruited member of staff which the practice were unable to demonstrate at our last inspection.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had completed training which included diabetes and spirometry. We saw evidence that staff

Good

Are services effective?

(for example, treatment is effective)

delivering services as part of the local out of hospital services (OOHS) initiative had received external training. For example ring pessary, anticoagulation, simple wound care.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals 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, clinical supervision and facilitation and support for revalidating GPs and practice nurses undertaking the Nurse and Midwifery Council (NMC) revalidation process.
- We saw that all staff had received an appraisal within the last 12 months which the practice had been unable to demonstrate at our previous inspection. The practice had put in place a system of clinical supervision for the healthcare assistant, practice nurses and salaried GPs. Clinical staff we spoke with told us they have a named clinical supervisor. Staff told us they attended locality group meetings for peer support and to share good practice.
- All staff, including the clinical team, had received training that included safeguarding, fire safety awareness, basic life support, information governance, equality and diversity and infection control. Staff had access to and made use of e-learning training modules, in-house training and external organised training courses.

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.
- The practice used an IT interface system which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs would have full and detailed medical records available to them for a new patient's first consultation.
- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and there they are treated and cared for.
- The practice maintained a register of its two-week wait referrals and contacted patients to ensure they had received an appointment. Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 54% (CCG average 49%; national average 49%). This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which can positively impact survival rates.

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 (MCA) 2005. We saw evidence that clinical staff had undertaken MCA training and Deprivation of Liberty Safeguards (DoLS) training. We saw that non-clinical staff had undertaken consent training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- 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.
- At our previous inspection the practice could not demonstrate that written consent had been obtained for patients who had had a minor surgical procedure. The practice revised its consent procedure and put in place a consent form which included discussion on the nature of the procedure, allergies and potential risks, for example, scarring, and information on post-operative would care and stitch removal. The practice shared evidence of audits undertaken to monitor compliance.

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 were signposted to the relevant service, which included in-house services.
- The practice ran joint weekly substance misuse clinics with a lead GP and substance misuse key worker who was available in the practice three days per week. Clinics addressed physical, social and psychological wellbeing.
- The practice hosted an on-site clinic with the health trainers (to help patients assess their lifestyles and wellbeing, set goals and agree action plans for improving their health, and provide practical support and information that will help change their behaviour).
- The practice hosted the Midaye Somali Development Network, a charitable organisation based in West London established to address the needs of the Somali community and ethnic minorities, to promote health for educate its patients with long-term conditions.
- The practice held joint clinics with the community learning disability nurse to undertake annual health checks. The practice made adjustments to enable patients who lived alone or had limited or no support to have their health check at home and offered telephone consultations when face-to-face contact was too stressful. The community team shared anonymous feedback from patients on the lasting and positive changes towards healthy lifestyle as a result of the practice's approach to the support of its patients with learning disabilities, for example, losing weight, changing their diet, increasing physical exercise.
- The practice offered simple and complex wound care management which included a walk-in clinic for immediate access.

The practice's uptake for the cervical screening programme was 62% (3875 patients), which was below the CCG average of 71% and the national average of 82% (practice exception reporting 4%; national 7%). There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice discussed its ethnically diverse patient population and the challenges of engaging some patients in the cervical screening programme. The practice worked with local groups supporting ethnic minorities, for example, the Midaye Somali Development Network, to address this. The practice offered cervical screening appointments at its Saturday morning clinics to facilitate those patients who could not attend during the week. There was a policy to offer letter 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.

Childhood immunisation data for the period 1 April 2015 to 31 March 2016 for the under two year olds ranged from 80% to 86% (national average 90%). Immunisation rates for five year olds ranged from 72% to 90% (CCG range 65% to 86%; national 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.

Good

Are services caring?

Our findings

At our previous inspection on 9 October 2014, we rated the practice as good for providing caring services. At our follow up inspection on 7 December 2016 we also found the practice was good for providing caring services.

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 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a welcoming and excellent service and staff were helpful, dedicated and professional.

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 comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 90% of patients said the nurse was good at listening to them compared to the CCG average of 86% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 87% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

Good

Are services caring?

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available. In addition, guidance was available in the practice leaflet, written in languages relevant to the practice demographic, advising patients that interpreter services were available.
- The practice website had the functionality to translate to other languages.
- Information leaflets were available in easy read format and self-management advice was available on the practice website.

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 119 patients as carers (1% of the practice list). Written information was available to direct carers and young carers to the various avenues of support available to them. Information was available in the waiting room, in the practice leaflet and on the practice website.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 9 October 2014, we rated the practice as good for providing responsive services. At our follow up inspection on 7 December 2016 we also found the practice was good for providing responsive services.

Responding to and meeting people's needs

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

- The practice participated in the local out of hospital services (OOHS) initiative for the delivery of services within the practice. For example, ring pessary, wound care, spirometry, phlebotomy and ambulatory blood pressure monitoring.
- The practice offered a 'Commuter's Clinic' from 7am Monday to Friday, until 8.30pm on Monday to Thursday and on Saturday from 9am to 12 noon for working patients who could not attend during normal hours.
- There were longer appointments available for patients with a learning disability, requiring an interpreter and those with hearing and sight impairment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice, for example those with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered online services which included booking and cancelling appointments and requesting repeat prescriptions. A text reminder service was also in operation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and interpreter services available.

Access to the service

The practice was open between 7am and 12.30pm and 1.30pm and 8.30pm Monday to Thursday and on Friday between 7am and 12.30pm and 1.30pm and 6pm. The practice was also open from 9am to 12pm on Saturday for pre-bookable appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, on the day routine appointments, urgent appointments and telephone consultations were also available for people that needed them.

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.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- 95% of patients said the last appointment they got was convenient compared to the CCG average of 88% and the national average of 92%.
- 72% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 61% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 58% and the national average of 59%.

We spoke with six patients during the inspection, two of whom told us it wasn't always easy to get a routine appointment and three patients told us that appointments did not run to time and often ran more than 15 minutes late. Late running of appointments had been an observation at the previous inspection. The practice shared with us the measures they had put in place to address this feedback since the previous inspection, which included the proactive identification and coding of patients who may need longer appointments, inserting 'catch-up' slots and, in collaboration with the patient participation group (PPG), revising the policy to see patients who attend the clinic late for their appointment from 20 minutes to 10 minutes. The practice now advertise in the waiting room when doctors are running late which had been an observation of the previous inspection. The practice and the (PPG) reported some improvement in waiting times from audits undertaken.

The practice had a system in place to assess:

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice and non-clinical staff had undertaken complaint training.
- We saw that information was available to help patients understand the complaints system. For example, poster in the waiting room and a complaint leaflet.

We looked at 10 complaints received in the last 12 months. All the complaints we reviewed had been handled satisfactorily and in a timely manner. 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. We saw evidence of apology letters to patients which included further guidance on how to escalate their concern if they were not happy with the response.

Are services well-led?

Good

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

Our findings

At our previous inspection on 9 October 2014, we rated the practice as requires improvement for providing well-led services secondary to the findings of requires improvement in safe and effective.

These arrangements had significantly improved when we undertook a follow up inspection on 7 December 2016. The practice is now rated as good for providing well-led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting area and on the practice website and staff knew and understood the values.
- 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 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. The practice had reinstated the managing partner role on a rotational basis to ensure all the partners took a lead in the overall strategic management of the practice. The current managing partner and lead nurse had taken an active role in leading the improvement undertaken following the previous inspection.
- Practice policies were implemented and were available to all staff. We saw that policies were practice-specific, version controlled and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained which included Quality and Outcome Framework (QOF) and prescribing. The practice were aware of negative variation in some of the QOF indicators and had put measures in place to address these.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership 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 leadership was fully engaged with the local Clinical Commissioning Group (CCG). The senior practice nurse was the vice CCG chair and the managing partner was on the board of the Hammersmith and Fulham Federation.

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).This included support training for all staff on communicating with patients about notifiable safety incidents. 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.

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

- Staff told us the practice held regular team meetings which included clinical meetings and whole team meetings. These were held on alternate days to enable staff who worked part-time to attend. We saw evidence that meetings were structured and well attended and we saw evidence of good quality minutes.
- 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. We saw evidence that staff had undertaken whistleblowing and 'Being Open' (acknowledging, apologising and explaining when things go wrong) training. Staff we spoke with on the day understood their responsibilities to raise concerns.

Are services well-led?

Good

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

- Staff said they felt respected, valued and supported, particularly by the partners in 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), surveys, the Friends and Family Test (FFT), NHS Choices and complaints received. The PPG met regularly with attendance from practice staff. The PPG told us the practice were open to suggestions and said they had recently seen an improvement with late running appointments.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

- The practice participated in a local out of hospital services (OOHS) initiative for the delivery of services within the practice. For example, ring pessary, wound care, spirometry, phlebotomy and ambulatory blood pressure monitoring.
- The senior practice nurse, who was the vice CCG chair, had led on a wound care clinical reference group, which had led to the development of the wound care out of hospital care service.
- The practice employed a clinical pharmacist working with the clinical team, who monitored polypharmacy and compliance of patients taking several medications to minimise risk and support good clinical care.