Half Penny Steps Health Centre

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 Half Penny Steps Health Centre on 29 July 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice had effective systems in place to manage risks staff recruitment, infection control, child protection and safeguarding and medical emergencies.
  - Patients' needs were assessed and care was planned and delivered following best practice guidance. We found that care for long-term conditions such as diabetes was being managed effectively in the community and care was provided in partnership with other specialist and community services.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment although it was not always possible to see the same GP regularly. The practice provided a primary care walk-in service 365 days of the year. Feedback was positive about access to the service, with scores being in line with than other practices in Westminster and the England national average for this aspect of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Staff told us they were well supported and had access to the training they needed to develop in their role.

However there were areas of practice where the provider needs to make improvements. The provider should:

Summary of findings

- Embed completed clinical audit cycles more fully into clinical governance arrangements.
- Improve the information it provides to patients on the availability of alternative primary care services when the practice is closed.
- Engage the patient participation group more regularly in planning and improvement work
- Review opportunities to increase learning (for example from significant events) across all the surgeries in the Malling provider group.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement within the practice although this learning did not seem to be routinely shared across the provider's surgeries. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Staff were aware of their responsibilities in relation to safeguarding children and vulnerable adults and how to contact relevant agencies in normal working hours and out of hours. The practice had effective arrangements in place to handle medical emergencies.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. The practice carried out clinical audit and monitored its performance through review and benchmarking. Its clinical audit programme was not fully developed to drive improvement however, for example the practice had few examples of completed clinical audit cycles.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that most patients were positive about the service. The national GP patient survey results for the practice tended to be lower than the local and national average scores although this feedback was based on a very small sample. Patients told us they were treated with kindness and respect and they were involved in decisions about their care and treatment. Information for patients about the service was easy to understand although the practice could do more to improve patient information about out of hours services.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with local commissioners to secure improved access to good quality primary care services. Patients said they found it easy to make an appointment with urgent appointments and a nurse-led walk-in service available daily. The practice was open 365 days of the year. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and the corporate team.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the senior members of the team and the company more generally. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) although this had not recently met. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Older patients with complex health needs were discussed at clinical meetings and referred to community health services if required. Administrative staff who tended to see older patients more regularly than the GPs (for example when patients attended for repeat prescriptions) were encouraged to inform the practice manager or a GP if they were concerned that a patient's health was deteriorating. The practice had relatively few patients over 75 and carers but it was responsive to the needs of older people, and offered home visits and rapid access appointments as needed.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice team included doctors and nursing staff with a range of skills and further qualifications, for example, in diabetes care. Patients were reviewed in line with published guidance or more frequently as required. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Alerts appear on the electronic records system to remind staff and patients when repeat reviews, blood tests or medicines reviews are due. The practice had focused clinical audit and records reviews on its management of long term conditions, for example recently reviewing the care of patients with long term cardiac conditions.

Families, children and young people

Good

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. All children known to be at risk or in local authority care had an alert added to their medical records and their cases were regularly reviewed by the lead GP, practice manager and lead nurse. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with health visitors. For example when new patients registered with the practice, the practice notified the health visitors of all children under five in the household.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as offering a daily walk-in service 365 days of the year. The practice offered a range of health promotion and screening services, including inviting patients aged 40-74 for a health check, reflecting the needs for this age group.

People whose circumstances may make them vulnerable

Good

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, travellers and those with a learning disability. It had carried out recent annual health checks for around half of patients with a learning disability and offered longer appointments for people with a learning disability.

The staff confirmed current contact details (including details for any support workers) with homeless patients and other patients in vulnerable circumstances at each visit to reduce the risk of losing patients when they needed follow-up or review.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It signposted patients to various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health received an annual health check covering both their mental and physical health. The practice referred patients experiencing mental health problems including dementia to local multi-disciplinary teams. The lead GP had experience and a special interest in providing primary care to patients whose health was complicated by mental health and substance misuse problems.

Summary of findings

The practice signposted patients experiencing poor mental health to support groups and voluntary organisations. The practice always followed up any patients with a mental health problem who had attended A&E.	

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice had mixed results in comparison with local and national averages. This survey had a low response rate (65 responses from 455 questionnaires sent out) so the results should be treated with some caution.

- 80% of respondents said the GP was good at listening to them compared to the West London average of 89% and national average of 89%.
- 77% of respondents said the GP gave them enough time compared to the West London average of 85% and national average of 87%.
- 88% of respondents said they had confidence and trust in the last GP they saw compared to the West London average of 95% and national average of 95%
- 87% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the West London average of 87% and national average of 90%.
- 83% of respondents said they found the receptionists at the practice helpful compared to the West London average of 86% and national average of 87%.
- 83% of respondents were satisfied with the practice's opening hours compared to the West London average of 79% and national average of 76%.
- 90% of respondents said they could get through easily to the surgery by phone compared to the West London average of 75% and national average of 74%.
- 71% would recommend the practice to someone new to the area compared to the West London average of 81% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards and spoke with eight patients on the day of the inspection. Patients were positive about the standard of care received. Patients were positive about the quality of the clinical care they had received and told us they were listened to and treated promptly. Most patients said it was easy to get an appointment although several said they had experienced difficulty seeing the same doctor which they would have preferred.

Areas for improvement

Action the service SHOULD take to improve

The provider should:

- Embed completed clinical audit cycles more fully into clinical governance arrangements.
- Improve the information it provides to patients on the availability of alternative primary care services when the practice is closed.
- Engage the patient participation group more regularly in planning and improvement work
- Review opportunities to increase learning (for example from significant events) across all the surgeries in the Malling provider group.

Half Penny Steps Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Half Penny Steps Health Centre

Half Penny Steps Health Centre provides primary care services to around 4,940 patients living in West London. The practice holds an Alternative Personal Medical Services (APMS) contract with the local Clinical Commissioning Group to deliver accessible primary care services to the local community, including people who are not formally registered with the practice.

The practice is part of a group of surgeries operated by the provider, Malling Health. The practice is managed day to day by a practice-based manager and a lead GP and employs another three permanent GPs including male and female doctors. The practice also employs advanced nurse practitioners (who lead on the walk-in primary care service), a practice nurse and a health care assistant as well as a team of receptionists and administrators.

The practice is open between 8.00am to 8.00pm seven days a week, 365 days of the year including Christmas day and other bank holidays. The practice offers both the nurse-led walk-in primary care service and, for registered patients, a bookable appointment system with GPs, the nurses and the health care assistant. The practice has introduced an electronic appointment booking system and an electronic prescription service.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information about how to access urgent care when the practice is closed on its website, answerphone and on the practice door, primarily informing patients to telephone the 111 service.

The local population is very diverse in terms of levels of deprivation and household income with average life expectancy being a little better than the national average. The practice population is relatively young. Just under half of patients have a longstanding health condition and around 10% have caring responsibilities; both of these figures are lower than the national average.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 July 2015. During our visit we spoke with a range of staff including a salaried GP, the practice manager, the advanced nurse practitioner, the health care assistant and reception staff. We observed how people were greeted at reception and talked with eight patients. We reviewed a number of care plans and patient records and other documentary evidence, for example staff training records and practice monitoring checks and records. We also reviewed five comment cards where patients and members of the public shared their views and experiences of the service in the days leading up to the inspection.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager and lead GP of any incidents and would complete a reporting form which was accessible, together with guidance on how to complete it, on the practice computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of significant events which were discussed and any actions were recorded and shared. Lessons were learned and communicated widely within the practice to support improvement although this learning did not seem to be routinely shared across the provider's surgeries.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had held a review meeting and had discussed nine significant events in July 2015 and reviewed actions and learning arising from these.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and safety alerts from NHS England and the MHRA. The practice had a system to cascade alerts and updates to the relevant clinical staff. For example, the staff had systematically reviewed their prescribing of certain antiepileptic medicines following a safety alert about this.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were accessible to all staff and included key local contacts if staff had concerns about a patient's welfare. This information was also available in the clinical rooms for ready reference. The lead GP in the practice also was the designated lead for safeguarding and attended case conference meetings when possible and always provided reports. All children known to be at risk or in local authority care had an alert added to their medical records and their cases were regularly reviewed by the lead GP, practice manager and lead nurse. The practice had a protocol to follow if children did not attend for key appointments or immunisations and shared information appropriately with the local health visitors. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had health and safety policies which were reviewed periodically and updated and displayed a health and safety poster in the reception office. The practice had an up to date fire risk assessments and carried out occasional fire drills. Staff were able to describe the evacuation procedure and meeting point. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and a legionella risk assessment.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Staff received training in infection control and the practice carried out monthly infection control audits. The practice had also had an external audit carried out and had implemented all recommended actions arising from this.
- The practice had arrangements for safely managing medicines, including emergency drugs and vaccinations (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with

best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The doctors' bags used by locums were in good order. There were no controlled drugs on the premises.

- Recruitment checks were carried out and the four files we reviewed included evidence to show that all required checks had been carried out before new staff members started work. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had developed packs for locum GPs which included useful information including practical information about where to find further information, the practice electronic records system, making referrals and useful local contacts including safeguarding contacts and procedures.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure that the right mix of staff were on duty. The practice used locum doctors and nurses to cover planned leave.

Arrangements to deal with emergencies and major incidents

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

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use. During our inspection, an emergency medical problem did occur at the practice and this was handled quickly, calmly and in line with practice procedure.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that guidelines were followed through audits and running reports including sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice scored 95% of the total number of points available in 2013/14 which was comparable with the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed that:

- Practice performance for diabetes-related indicators was mixed. Ninety-six percent of diabetic practice patients had a recorded foot examination and risk assessment in their records compared to a national average of 88%. Seventy-four percent of the practice's diabetic patients had well-controlled blood glucose levels (ie their last IFCC-HbA1c test was 64 mmol/mol or less). The national average for this measure was 78%.
- The percentage of patients with hypertension having a normal blood pressure reading within the last nine months was in line with expectations. The practice achieved 86% compared to the national average of 83%.
- The practice had more mixed results in relation to mental health related indicators. For example 75% of practice patients diagnosed with a psychosis had an agreed care plan and 83% had a record of their alcohol consumption in their notes. The comparative national averages were 86% and 87% respectively.
- The practice had completed a face-to-face review with all patients diagnosed with dementia in the preceding 12 months.

The practice was carrying out regular clinical surveys and audits. We saw examples of audits into two-week wait referrals; an audit of hospital admissions; an audit of the management of patients with hepatitis C, and an audit of Vitamin D prescribing in pregnancy. Only one of these audits had included a second cycle to demonstrate that improvements had been sustained however. All relevant staff were aware of recent audit results and any recommended changes in policy and practice. The practice participated in local area audit, benchmarking and staff were aware of the practice's relative performance and areas for improvement and focus. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. The practice aimed to use regular locums who were familiar with the service to cover predicted or longer periods of staff leave.
- The learning needs of staff were identified through a system of appraisals and staff meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire procedures, basic life support and infection control. Staff had access to and made use of e-learning training modules, in-house training and attended monthly local practice network meetings which included a regular learning session.
- The lead GP had a special interest and additional training in alcohol and substance misuse. The practice population was diverse and included a relatively high number of patients with dual mental health and substance misuse problems and complicating social factors such as homelessness.

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice patient records system. This included care planning templates, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice monitored the outcome of referrals including any two-week wait referrals and followed up patients who did not attend their referral appointments. We saw evidence that multi-disciplinary team meetings took place to review patients on the integrated care list on a monthly basis and that these patients' care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The clinical staff were aware of the need to carry out assessments when providing care and treatment for children and young people in line with relevant guidance. The GP we spoke gave us examples of how they had followed this guidance when seeing a young person without their parents. Patients' verbal consent, for example to immunisation, was appropriately recorded in their medical records.

Health promotion and prevention

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme in 2013/14 was 83%, which was similar to the national average of 82%.

The practice's child immunisation rates tended to be higher or in line with the West London average. In 2014/15, 90% of children on the practice list had received the combined Dtab/IPV/Hib ('5-in-1') vaccination and 87% the MMR vaccination. In contrast, the average figures for the West London area were 81% and 76% respectively. The advanced nurse practitioner provided travel immunisation service and the practice also offered flu, pneumococcal and shingles vaccinations to eligible patients.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Patients we spoke with who had recently registered at the practice confirmed they had been offered a check. The Health Care Assistant provided tailored health checks and lifestyle advice and an external agency provided smoking cessation support.

The practice displayed a range of health promotion material in the waiting area including information about contraception and sexual health services and an information board about health eating, smoking cessation and heart health.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were friendly and welcoming and this was also confirmed by most of the patients we spoke with. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk was located some distance away from the main waiting area which enabled patients to talk to the receptionists without being overheard.

The five patient CQC comment cards we received were wholly positive about the service. Patients we spoke with said the doctors and nurses were helpful and caring and treated them with dignity and respect. Some patients told us that they did not always get to see the same doctor and their experience varied as a result.

Results from the national GP patient survey showed that most registered patients were happy with the service and the way they were treated. The practice tended to score below average for satisfaction scores on consultations with doctors and nurses. However, only 65 questionnaires of 455 were returned (a response rate of 14%) and the results should be interpreted with some caution:

- 80% of respondents said the GP was good at listening to them compared to the West London average of 89% and national average of 89%.
- 77% of respondents said the GP gave them enough time compared to the West London average of 85% and national average of 87%.
- 88% of respondents said they had confidence and trust in the last GP they saw compared to the West London average of 95% and national average of 95%
- 87% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the West London average of 87% and national average of 90%.
- 83% of respondents said they found the receptionists at the practice helpful compared to the West London average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. One person had recently attended a medicines review and had found that useful. Most patients told us they been 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. However, patients who had seen a number of different doctors said this made it more difficult to build trust and confidence.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 81% of respondents said the last GP they saw was good at explaining tests and treatments compared to the West London average of 86% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the West London average of 81% and national average of 82%

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

Patient and carer support to cope emotionally with care and treatment

There was some information about services for carers, patients concerned about dementia and other mental health problems and how to access support. The health care assistant and advanced nurse practitioners also held leaflets and literature which they could discuss with and give to patients to take away.

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

Good

Are services caring?

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local commissioners and practices to plan services and to improve outcomes for patients in the area. The practice had opened in 2009 specifically to improve access to primary care and had successfully grown its patient list size since then. The practice gave us examples of encouraging patients in vulnerable circumstances, such as homeless patients to register with a doctor for the first time in several years .

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 8.00am until 8.00pm every weekday and the service was accessible to both registered and non-registered patients.
- There were longer appointments available for people with more complex needs or who had greater difficulty communicating
- Home visits were available for older patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. The practice entrance displayed a large welcome sign in four languages.

Access to the service

The practice was open between 8.00am and 8.00pm on weekdays. The nurse-led walk-in service ran from 12noon daily and also operated between 10am-4pm at weekends. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments 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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 83% of respondents were satisfied with the practice's opening hours compared to the West London average of 79% and national average of 76%.
- 90% of respondents said they could get through easily to the surgery by phone compared to the West London average of 75% and national average of 74%.
- 69% patients said they usually waited less than 15 minutes after their appointment time compared to the West London average of 65% and national average of 65%.

Patients we spoke with told us the walk-in service was sometimes busy but they did not usually have to wait too long. One person who had used the service several times said they usually waited for less than half an hour to be seen.

Patients we spoke with were unaware of local out of hours arrangements and some said they would go directly to A&E if they needed any form of health care when the practice was closed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice with the support of a regional manager and corporate team.

We saw that information was available to help patients understand the complaints system, for example the practice had information about how to make a complaint at reception and on their website. Patients we spoke with were not aware of the process to follow if they wished to make a complaint although they said they had not needed to complain.

The practice had received six complaints over the last 12 months, and included all complaints received verbally, by email and by letter. Complaints were handled in line with the provider's policy and in a timely way. The practice was open about errors and discussed how it might have handled matters better with patients and offered patients a written apology. The practice also responded to complaints made on open internet feedback forums by inviting patients to contact the practice so these could be fully investigated.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the receptionists had attended training on customer service skills in response to patient feedback.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for all of its patients. The provider had a mission statement to "…secure a fair, equitable, inclusive and user friendly primary care system…" which was displayed on the practice homepage and staff knew and understood the company ethos. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. The practice was one of a number of surgeries owned by the provider which had overarching governance arrangements in place. For example, the practice manager routinely reported complaints and significant events to their regional manager and corporate team for review and received human resources support and advice as required from the corporate team. We found in relation to this practice:

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

Leadership, openness and transparency

The local and corporate practice team had the experience, capacity and capability to run the practice and ensure high quality care. The practice manager was relatively new to the role and had good support from their managers. The practice prioritised, high quality and compassionate care. Staff told us that the practice manager, advanced nurse practitioner and lead GP were visible leaders in the practice and staff told us that they were approachable and listened to all members of staff. The practice encouraged a culture of openness.

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

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

The practice encouraged and valued feedback from patients and had a patient participation group although this had not met in recent months. The practice was in the process of encouraging more patients to join the group.

The practice had gathered feedback from patients through running its own survey, the national GP patient survey, internet feedback, complaints and comments and the friends and family test. The practice had an open action plan in response to its most recent patient survey and had recognised continuity of GP care as an issue for patients. In response, the practice was planning to improve information for patients about when specific GPs were available and the availability of telephone consultations with their GP when appropriate.

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

Innovation

The practice offered an accessible service designed to meet a wide range of needs in the local community. The practice had been opened in 2009 and its nurse-led walk-in service had proven to be successful with patients who were not formally registered and those who faced barriers accessing more traditional models of primary care.