

The Westway Surgery

Quality Report

13 Westway

Shepherds Bush

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection the 03 and 04 October 2014. We rated the practice as 'Good' for the service being safe, effective, caring, responsive to people's needs and well-led. We rated the practice as 'Good' for the care provided to older people and people with long term conditions, working age people (including those recently retired and students), people living in vulnerable circumstances and people experiencing poor mental health (including people with dementia). We rated the practice as 'requires improvement' for mothers babies children and young people.

We gave the practice an overall rating of 'Good'

Our key findings were as follows:

- Patients reported that the Westway Surgery provided an accessible medical service from a staff team who were respectful and caring.

- The practice had systems in place to ensure that the service was safe. Recruitment checks were carried out on staff prior to their employment at the practice. The practice was clean and infection and prevention control procedures were carried out.
- The staff team had the opportunity to undertake training and professional development.
- Patients' complaints and concerns were investigated. Improvements were made as a result of the review of incidents and complaints.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Offer staff training on the Mental Capacity Act, on how to ensure patients under the age of sixteen are able to make an informed decision and consent to their care if they attend the surgery without a parent or carer (Fraser Guidelines and Gillick Competency).

Summary of findings

- Ensure that medical equipment (for example weighing scales and blood pressure monitors) are serviced and calibrated.
- Introduce a formal system for recording checks which have been made on cleaning at the practice.
- Develop a long term plan and team improvement objectives to monitor performance.
- Ensure all staff meetings are formally recorded.
- Ensure a business continuity plan is in place.
- Offer staff training on the Mental Capacity Act, on how to ensure patients under the age of sixteen are able to make an informed decision and consent to their care if they attend the surgery without a parent or carer (Fraser Guidelines and Gillick Competency).

- Ensure that medical equipment (for example weighing scales and blood pressure monitors) are serviced and calibrated.
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- Ensure a business continuity plan is in place.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Systems were in place for infection control and health and safety. There was a cleaning schedule for the practice but periodic monitoring checks of cleaning standards were not recorded.

Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from NICE and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. The awareness of the need to assess the capacity of some patients to make an informed choice and consent to their treatment was not evident. For example the use of the Mental Capacity Act 2005 and Gillick Competency for patients under the age of sixteen.

Staff had received training appropriate to their roles and any further training needs have been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Good



Summary of findings

The information we received from patients told us the appointments system was accessible and patients were generally able to make an appointment when they needed one. Where there was a difficulty in making an appointment, patients said that reception staff ensured a time for a consultation was eventually identified.

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. There was evidence of shared learning from complaints with staff and other stakeholders.

Are services well-led?

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. However, a formal process was not in place to set improvement goals for the practice, and to monitor the performance of the practice against these goals.

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 were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits for housebound patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice nurse supported patients with long term conditions, for example patients with diabetes and asthma. A high proportion of patients were treated for diabetes and we were informed that health education was part of this treatment. Patients who have asthma were referred to the community respiratory unit for their care and treatment.

Good



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. Childhood immunisation rates were mixed with the uptake of some childhood vaccinations being above the CCG average and the uptake of other childhood immunisations being below the CCG average.

In discussion with some clinical staff it was apparent Gillick competency and Fraser Guidelines were not always incorporated into practice, as staff told us that a request was made for patients under the age of sixteen to attend their appointment with an adult who would then give consent on behalf of the young person.

Families with babies and young children were able to make an appointment with the practice nurse for child hood immunisations. Staff were aware of child protection procedures and knew how to

Requires improvement



Summary of findings

escalate possible concerns to the designated safeguarding lead at the practice. There was guidance for all staff on how to refer concerns about children to the child protection team (Social Services).

Appointments were available outside of school hours and the premises were suitable for children and babies.

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 and those recently retired had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. There was a range of health promotion and screening that reflects 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 with a learning disability. Annual checks for people with a learning disability were carried out by the practice nurse.

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

People experiencing poor mental health (including people with dementia)

Requires improvement



The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND.

Summary of findings

Staff had not received training on how to care for people with mental health who required a mental capacity assessment to ensure they were able to make an informed choice and give consent to treatment.

Summary of findings

What people who use the service say

We provided the practice with comment cards prior to our inspections so that patients could tell us about their experience. Twenty three patients responded and told us they were happy with the care provided by the practice. Patients commented that the practice was small and friendly and they felt this was positive. Patients told us they were treated with courtesy by all staff at the practice and were listened to and treated with dignity and respect during their consultation. Patients commented that they had observed the practice was clean and hygienic.

Information from the National Patients Survey 2014 informed us that approximately 69 % of patients had rated the practice as being good or very good at treating them with care and concern. The national average for patients responding that their practice was good or very good at treating them with care and respect was 81%.

We looked at five comments made on the NHS Choices website about Westway Surgery. These comments were made between October 2013 and August 2014. The comments on the website informed us that the patients were treated with dignity and respect and patients felt supported by staff. One comment left on the site was not favourable with regards to access to appointments and the attitude of staff.

Three patients commented on the appointments system. We were told that although it was sometimes difficult to get an appointment, reception staff had been helpful and tried to make an appointment for them as soon as possible.

Areas for improvement

Action the service **SHOULD** take to improve

- Offer staff training on the Mental Capacity Act, and how to ensure patients under the age of sixteen are able to make an informed decision and consent to their care if they attend the surgery without a parent or carer (Fraser Guidelines and Gillick Competency).
- Ensure that medical equipment (for example weighing scales and blood pressure monitors) are serviced and calibrated.
- Introduce a formal system for recording checks which have been made on cleaning at the practice.
- Develop a long term plan and team improvement objectives to monitor performance.
- Ensure all staff meetings are formally recorded.
- Ensure a business continuity plan was in place.

The Westway Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, and included a GP who was granted the same authority to enter registered persons' premises as CQC inspectors.

Background to The Westway Surgery

The Westway surgery provides NHS primary medical services from 14 Westway Shepherds Bush, W12 0PT. The practice provides primary medical services through a GMS contract to approximately 3,400 patients in the local community. The practice is part of NHS Hammersmith and Fulham Clinical Commissioning Group (CCG). The practice's patient age distribution was predominantly in the 25 to 34 age range with the number of people over the age of 75 lower than the England average.

The service is registered with the Care Quality Commission to provide the regulated activities of

diagnostic and screening procedures, treatment of disease, disorder and injury, family planning and maternity and midwifery services.

The practice staff team comprises of a partnership of two GPs, one of whom is male and one female, a practice nurse and a part time health care assistant. A team of four receptionists/administrators and a practice manager supported the clinical team.

Scheduled clinics are not held at the practice for specific health conditions or to cater for specific patients groups for example, families, children and young people. The practice

nurse has an open clinic for patients to book an appointment for childhood immunisations, treatment and support for long term conditions and, family planning and travel vaccines.

Appointments were available from 9.30 to 18.30pm weekdays, apart from Wednesday when the practice closed at 13.30. There were no consultation times between 13.30 and 14.30 as the practice is closed for lunch. The practice has opted out of providing out-of-hours services to its patients and refers patients to the 111 out-of-hours service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 ?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. These 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 we hold about the practice and asked Hammersmith and Fulham Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 3 and 4 October 2014. During our visit we spoke with a range of staff including two GPs, the practice nurse and a receptionist/administrator. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke to were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We saw five completed incident reports forms. Two of these included incidents relating to the new electronic patient recording system. During the inspection staff spoke with us about how patient safety had been affected by the inefficiency of this system which had not been operating correctly. The practice had moved to a new electronic patient recording system, as determined by the CCG. All of the practices in this area had been required to move to this system. Some issues had been identified. These issues had been appropriately escalated.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last two years and we were able to review six of these. Staff attended significant event team meetings where incidents and complaints were discussed. The practice had made some improvements as a result of learning from events. For example, reception staff now clarified with patients, who they were booked to see during their consultation, and ensured patients final diagnosis was updated accurately on their records. Records of patients safety alerts evidenced they were circulated to all staff and action was taken to improve safety for patients. An example of learning was that staff were asked to ensure that appointment information was given to patients in a clear manner.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in older people, vulnerable

adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP lead for both child protection and safeguarding vulnerable adults. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role.

A child protection policy was available which covered three London Boroughs who worked together in cooperation on child protection. The policy gave staff guidance on indications of child abuse and the action they must take if a concern was raised. A flow chart was accessible to all staff for guidance on how to escalate a child protection concern within the practice and to the relevant external agency. The staff we spoke with were aware of and understood their role in protecting children. Clinical staff had received child protection training to Level 3 and non clinical staff child protection training to Level 2.

The lead for safeguarding adults explained that the same guidance and process was used for safeguarding children and vulnerable adults. More specific guidance on detecting types of adult abuse and reporting alleged abuse to the relevant local adult safeguarding agency within social services was not available.

The lead was aware of issues of domestic and cultural abuse which may affect some women in the CCG area of Hammersmith and Fulham. The lead was part of a network who received information on safeguarding women from abuse. We saw information and guidance on a domestic violence service which was available for women from a specific ethnic group in the community.

Detailed guidance was available on Female Genital Mutilation (FGM) of girls and women. The practice had guidance from the Department of Health (DOH) on collecting data about FGM. This document also gave advice on how to communicate in a culturally sensitive manner with victims of FGM. Information was also available on 'forced marriage' and how to contact the Forced Marriage Unit.

Staff were able to explain the processes they needed to follow if they had a concern about a child or vulnerable adult. There was a system to highlight vulnerable patients

Are services safe?

on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. This information was updated regularly.

The practice had a chaperone policy if a chaperone was required for a patient during their consultation. Patients were informed if they would like a chaperone they should request this when they booked their appointment. A member of the administrative team acted as chaperone. There was guidance for staff who acted as a chaperone, on their duties and good practice. All of the staff at the practice had undergone a Disclosure and Barring Check (DBS).

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

All the medicines we checked were within their expiry dates. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. The practice nurse was responsible for ordering and monitoring medicines which were kept for emergencies. Records seen indicated that medicine 'use by dates' were monitored every three months. We were informed there was also an emergency plan for the transfer of medicines for storage at a neighbouring pharmacy should there be a problem with the fridge or the practice electrical system.

Where patients received repeat prescriptions, authorisation to continue was reviewed twice a year by their GP. Some medicines were not available on automatic repeat prescription, for example anti-depressants. Patients were asked to make an appointment for a medication review prior to a repeat prescription being authorised. The clinical team reviewed their prescribing practices and this was evidenced in the records of clinical meetings. Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. The practice manager was the lead member of staff for infection control.

We looked at the most recent infection control audit which took place in November 2013. The infection control audit indicated that the required standards of infection control and cleanliness were being maintained. There were no areas identified for improvement.

A cleaning company were contracted to clean the practice on a daily basis. We looked at the service agreement held between the practice and the company and saw that all areas of the practice including consultation rooms were tasked for daily, weekly and monthly cleaning. Staff made a visual check of the areas of the practice included in the cleaning cycle but there was no record of this. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

A folder was available for the Control of Substances Hazardous to Health. This contained product safety sheets for guidance on how to use cleaning materials as recommended by the manufacturer.

Equipment

We spoke with the practice manager about the maintenance of medical equipment. We were informed there was an oxygen cylinder which had been recently purchased and was under a service warranty. When we enquired about the testing and calibration of medical equipment we were informed that no additional medical equipment was kept at the surgery. Therefore, evidence of equipment testing and calibration was not available.

Staffing and recruitment

Are services safe?

Records showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients needs. Patients had a choice of consulting with a male or female GP, or they could request an

appointment with the practice nurse. Staff at the practice informed us that locum GPs were not used, and patients would be seen by one of the GP partners for their consultation.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners. The GPs we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. One GP kept a record of the NICE guidelines they had studied for their continued professional development. A protocol had been produced by the principal GP as a guideline for treating and supporting patients with diabetes.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

The GPs attended monthly network meetings. These meetings were held with other practices in the Hammersmith and Fulham CCG area. The purpose of the meetings was to discuss current best practice in patient care. We saw minutes of the Small Practice Collaborative meetings which took place between April and August 2014. Attendees were presented with an overview of local community services such as MIND, services for children in Hammersmith and Fulham and information on the learning disability network.

The changing landscape of primary care was discussed at one meeting with a discussion on how practices could respond and continue to provide a service to patients.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race

was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The practice had a system in place for clinical audits, including those linked to the Quality and Outcomes Framework (QOF). QOF is a national performance measurement tool. The QOF audit indicated that the practice had achieved the target set by the National Health Service England for administering patients over the age of 65 with the influenza vaccine. The practice had met its targets in managing patients with chronic disease, providing extra services and managing the practice well.

The practice also conducted its own audits. For example, to determine if accident and emergency (A&E) visits increased when the practice was closed on a Wednesday afternoon, it had looked at the number of patients from the practice who had presented at the A&E department daily, over a period of nine months. The audit indicated that there was not an increase in A&E attendance on Wednesday afternoon when appointments were not available for patients.

The practice had completed an INR (anticoagulation therapy) audit cycle, including a re-audit. This audit looked at patients who were on blood thinning medicine and how their blood was monitored during this treatment. The audit showed that patients were being correctly monitored and this information was used prior to the reissue of their prescription.

The practice had also completed an audit cycle on the use of medicines such as protein inhibitors (PPI). This audit had been carried out over a period of three months. The outcome of the audit was that PPIs had been prescribed appropriately. Referral audits had been carried out for health conditions such as cardiology, rheumatology and endocrinology and referrals to the Ear Nose and Throat Department. On completion of the audit cycle it was verified that referrals had been made appropriately.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. All staff had received training in child protection, health and safety, infection control, manual handling and fire safety.

Are services effective?

(for example, treatment is effective)

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council). GPs kept information on their continual professional learning (CPD) as evidence of continual learning in their profession, for their revalidation.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Staff were offered mentoring and supervision. The supervision structure meant that clinical staff supervised and mentored each other, an example being a GP supervised and appraised the practice nurse. This was evidenced in supervision records. The practice manager was responsible for the supervision and appraisal of reception staff and administrative staff.

Clinical and non clinical staff informed us that they met daily to discuss the care of patients. This was an informal meeting and was not recorded. We saw clinical meetings for July and September 2013 and September 2014. Some of the areas which the staff team had discussed were patient access to district nursing services, referral rates to other health services, prescribing practices and monitoring blood results.

We noted that a concern had been raised regarding patient access to the district nursing service and this had been escalated for discussion at the CCG network meeting, where a representative from the practice had attended.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings to discuss the needs of complex patients. Palliative care multi-disciplinary team meetings were held at the surgery every three months. We were informed that decisions regarding the care and treatment of patients were recorded on the patient notes on the electronic patient recording system. Patient care was coordinated with other health care services. The practice worked primarily with an out of hours primary care provider, GP colleagues within their local network and the palliative care team.

We were informed that the practice nurse had attended the learning disability forum but we were not given information on how this would benefit outcomes for patients with a learning disability or when and how often she attended.

The GPs informed us that all patient referrals made to health and social care services were peer reviewed by their GP colleague. This meant that a second opinion on patient medical history and diagnosis was reviewed to ensure the correct referral was made.

The Westway Surgery was part of the Small Practice Collaborative managed by Hammersmith and Fulham Clinical Commissioning Group. One GP attended monthly meetings with other collaborative members. Minutes evidenced that improvements in patient care and general practice developments were discussed. As a result of this, specific key objectives were set for the group, for example offering people with a learning disability an annual health check. The GPs informed us that learning from the network meetings was discussed at practice meetings weekly. An administrative staff member confirmed that the team met to discuss the agenda and minutes of the network meeting, however records of the learning from network meetings were not available.

Information sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Are services effective?

(for example, treatment is effective)

We looked at how the practice managed medical information on patients with complex and long term conditions. We were informed and saw that patient information was recorded on Coordinate My Care (CMC) forms. These forms were used to record all the relevant information to treat patients safely. These patients records were accessed by the Out of Hours service as required. The practice kept a record of patient "Do not attempt cardiopulmonary resuscitation" forms (DNACPR) where patients or their families, in discussion with their GP had made a decision on end of life care.

Consent to care and treatment

Clinical staff informed us consent was given by the patient during the consultation. Patient decisions on

their care and treatment was recorded on their electronic patient record. When we spoke with clinical staff we were not given any examples on the use of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

or the Mental Capacity Act 2005. We were informed that a request was made for patients under the age of sixteen to attend with an adult if consent for treatment was needed. When we spoke with clinical staff it was a lack of awareness of the Mental Capacity Act 2005 and Gillick competencies and how these should be applied.

Health promotion and prevention

All new patients were offered a consultation with the practice nurse who completed a patient health check with them to identify any areas of possible concern. The practice nurse gave us an example of this by explaining how a family history of diabetes would trigger the need for a blood test to be arranged.

The practice was not offering patients aged 40-74 received an invitation to attend the practice for an NHS Health Check.

The female GP and practice nurse were responsible for women's health and the practice nurse carried out cervical smears for eligible female patients. We were informed that the statistics for smear testing for the practice stood at 75%

of female patients. The reason given why the uptake of smear testing was below the expected target set by Hammersmith and Fulham of 81 % was due to cultural reasons as some women opted out of the test.

The health care assistant supported patients with smoking cessation and we saw evidence of the eight patients who had given up smoking in the year 2012 to 2013. Reception staff informed us that the 'Tar Jar' in reception was effective in prompting people to think about their smoking habits. The jar contained an amount of tar which represented the lungs of a person who smoked twenty cigarettes a day.

Health promotion and prevention information was available in the patient waiting area. Information on the use of antibiotics and why they were not recommended for common ailments was available. We saw promotional information on breast screening for women over 50, and information on a local clinic which provided wound care and minor procedures such as the removal of ear wax and emergency contraception.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Childhood immunisations for the practice were variable with some immunisation uptake above the average for the CCG area, and the uptake of other immunisations below the CCG average. For example, 35 infants (up to 12 months) were eligible for the Men C vaccination. 45.7% of infants at the practice had received the vaccine. The CCG uptake for Men C was 72.4%. Conversely, 93.5% of infants at the practice up to the age of 24 months had received the Infant Men C Booster. The CCG uptake for Men C Booster was 85.0%.

Patients over the age of seventy five had a named GP. The practice was in line with the national average for patients aged 65 and older who had received a seasonal flu vaccine, (76% of practice patients in this category had received the flu vaccination) and patients diagnosed with dementia whose care had been reviewed within the previous 15 months.

The practice had identified patients who needed additional support, For example, the percentage of patients with a physical and/or mental health condition who had been offered support within the last 15 months, was in line with the national average.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

There was a divide between the reception area and the waiting room which offered patients increased privacy when then talked with reception staff. A chaperone policy was available for patients for intimate examinations. Patients were able to choose between a male and female GP.

We looked at information regarding patients experience of care and treatment from a number of survey sources. We received 23 comment cards completed by patients for the Care Quality Commission (CQC) in preparation for this inspection. We viewed the results of the last National Patient Survey and the views of patients who had reported their experience on the NHS Choices website.

The comment cards which were available to patients for this inspection asked patients if they were listened to, treated with dignity and respect and if their care needs were responded to. Patients were also asked for their views on the practice environment. All of the patients who left their comments for CQC indicated they were pleased with the care they received.

The comment cards informed us that The Westway Surgery had a friendly staff team who treated them with courtesy. Patients responded that their GP was respectful, understanding and supportive. Positive feedback was given about the staff team. Three patients responded positively on the cleanliness of the practice, and observed their environment to be well maintained.

Information from the National Patients Survey 2014 informed us that approximately 69 % of patients had rated the practice as being good or very good at treating them with care and concern. The national average for patients responding that their practice was good or very good at treating them with care and respect was 81%.

We looked at five comments made on the NHS Choices website about Westway Surgery. These comments were made between October 2013 and August 2014. The comments on the website informed us that the patients were treated with dignity and respect and patients felt supported by staff. One comment left on the site was not favourable with regards to access to appointments and the attitude of staff.

Care planning and involvement in decisions about care and treatment

Information from the National Patient Survey 2014 informed us that approximately 70 % of patients said staff at the practice were either good or very good at involving patients in decisions about their care and treatment. Two of the responses from NHS Choices website related to care and treatment. Patients responded that they had diagnostic tests as appropriate, and one patient mentioned that their referral was made promptly.

The information we received from patients told us that patients were involved in their care and treatment.

We received 23 completed CQC comment cards which informed us patients were listened to and they felt they had been given professional advice which they were comfortable with. Patients commented they were confident in their GPs professionalism and experience.

Information on health conditions and prompting patients to make informed decisions about their health was available in the waiting area. The NHS Choose and Book system was used when patients required a specialist referral or treatment. This system allowed patients to choose a hospital or clinic which would be able to offer them the specialist appointment they needed at a time and place convenient for them.

Services were available for patients who required language interpreters who could be booked on behalf of the patient when they made their appointment.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The feedback we received from patients about their experience was that staff listened to them and they felt supported. There were no additional counselling services

Are services caring?

at the practice. When patients required additional psychological support they were referred to Improving Access to Psychological therapy (IAPT). The practice informed us patients were also given details on a walk in centre run by MIND mental health charity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice did not provide scheduled clinics for conditions such as asthma, diabetes, childhood immunisations or travel vaccines. We were informed by staff that they had listened to and responded to patients, and a decision had been reached to offer daily appointments with the practice nurse rather than offering specific time slots for various health conditions. This offered patients the flexibility to make an appointment to see the nurse at a time of their choice,

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). At the time of our inspection the Patient Participation Group (PPG) had met twice in March 2014 and August 2014. The record of this meeting indicated that the changes implemented as a result of the 2012 patient survey were discussed. As a result of a request from patients for a female GP, a female GP had joined the practice and was now one of the partners. Prior to this there had been two male GPs at the practice.

During August 2014 the PPG looked at further areas for improvement at the practice although an action plan had not been produced by the time of the inspection. The practice had tried to recruit patients to the PPG and a poster giving information on the PPG was clearly displayed in the waiting area.

Home visits could be arranged for older patients or patients with long term conditions. We were informed by the practice that home visits rates were low. Appointments available outside of school hours for children and young people.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice had taken into account some of the specific cultural needs of patients at

the clinic. Guidance was available on how to support women in vulnerable circumstances. For example women who may be at risk of domestic violence or females who may be the victim of FGM.

The practice was situated on the ground of the building with all of the services for patients on that floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for patients attending the practice.

An interpretation service was available for patients. Reception staff booked an interpreter if this was requested when the patient booked their consultation. Patients were given the option of a relative interpreting for them if this was their choice.

Access to the service

Appointments were available from 9.30 to 18.30pm weekdays, apart from Wednesday when the practice closed at 13.30. There were no consultation times between 13.30 and 14.30 as the practice was closed for lunch. Patients were advised to contact the out of hours service on Wednesday afternoons if they required the services of a GP. Information on the out of hours service and a local walk in clinic for minor ailments was available in the waiting area. Information from the national patient survey 2014 informed us that approximately 61% of patients felt it was easy to get through to the practice by phone and 65% of patients were satisfied with the surgery opening hours.

Appointments with a GP could be booked two weeks in advance and there were unlimited daily telephone appointments. Requests for emergency appointments would be telephone triaged on the day by the reception staff and the GPs.

Information was available to patients about appointments on the practice website. There were no online facilities for booking an appointment or requesting repeat prescriptions. We were informed by staff that the CCG had asked for this service to be made available to patients. The practice planned to implement the online booking system for appointments when their practice IT system was working effectively.

Are services responsive to people's needs?

(for example, to feedback?)

Home visits were available for older patients and patients with long term conditions who were not able to visit the practice.

Appointments were available outside of school hours for children and young people. The waiting room was large enough to accommodate patients with prams.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice.

A complaints procedure for patients was on display in the waiting area. We saw from records that complaints had been investigated, risks to patients had been assessed and learning from the complaints had been identified. Three complaints had been recorded and investigated within the last twelve months. Written guidelines had been developed as a result of complaints on how to improve the service. An example of this was to ensure that the staff understood the information given to them by patients and patient requests were confirmed to prevent a misunderstanding occurring.

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 ethos of the practice was to provide an excellent standard of care in a small and friendly environment.

We spoke with staff about patient care and strategies for improvement at the practice. All of the staff said that communication was good and they talked daily as a team about patient needs and practice matters. Staff were aware of the vision and ethos of the practice, however there was no formal strategy for the development of the practice.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and we saw that these were available to staff on the desktop on any computer within the practice.

Staff had clear roles with designated responsibilities. The GP principal partner was responsible for the overall management of the practice. The second GP partner took the lead in safeguarding children and adults, women's health and gynaecology. The role of the practice nurse was to offer health checks, vaccines, and to offer continued support to patients with long term health conditions. The health care assistant worked with patients on health promotion, for example smoking cessation. Reception and administrative staff were responsible for the appointments system and the management of patient information and records.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. The practice had undertaken a number of clinical audits to ensure GPs were making the correct referrals to secondary health services. GPs at the practice peer reviewed referrals made on behalf of patients to ensure an appropriate referral. Clinical audits had been carried out on prescribing and patient attendance at A & E.

Leadership, openness and transparency

Staff we spoke with said that team meetings were held monthly. Staff said that patient care and the management

of the practice was discussed at all levels. We saw practice meeting minutes for July September and December 2013, and a clinical team meeting for October 2013. The practice manager informed us that not all meetings had been formally recorded. A further example of this was that informal weekly meetings took place to discuss matters arising at the CCG network meeting attended by GPs. Although staff confirmed information from the network meetings was given to them, there was no formal record of this.

The practice manager was responsible for human resource policies and procedures. Staff we spoke with knew where to find these policies if required.

The practice was led by the principal partner and had a well-established staff team. Staff we spoke with were happy working at the practice and the views we received from patients were positive.

Seeking and acting on feedback from patients, public and staff

The last patient survey to be conducted by the practice was in 2012. We were informed by the practice manager that a survey was currently being carried out. The survey questionnaire template was available and covered a range of questions on patient experience. We saw the minutes of the PPG meeting held in March 2014 where a decision was made to prepare a patient experience survey to be carried out in October/November 2014.

The practice had a Patient Participation Group (PPG) which had met once prior to this inspection. We saw that the practice was promoting the PPG and had made a request for additional members. This request was displayed in the waiting area.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at two staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.