

Dr E Kosciesza's Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr E Kosciesza's Practice, also known as Cedars Medical Centre, on 8 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed, although at the time of inspection the practice had not reviewed actions from a fire risk assessment and a legionella risk assessment had not been undertaken.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services was available and easy to understand.
- Patients said they found it easy to access the service to make an appointment, although some patients said they found it difficult to make an appointment with their preferred GP. Urgent appointments were available the same day.
- In the absence of a male GP registrar, there was no provision for patients to see a male GP.
- 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Review the actions from the recent fire risk assessments.
- Carry out a legionella risk assessment to identify and monitor the risks associated with legionella bacteria.

Summary of findings

- Ensure the automatic external defibrillator has pads suitable for children.
- Advertise that translation services are available to patients on request.
- Consider GP provision for gender specific GP requests.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. Although the practice had not reviewed actions from a fire risk assessment, a legionella risk assessment had not been undertaken, and the automatic external defibrillator did not have pads suitable for children.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs, and records of these meetings were kept.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice similar to or 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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group and locality group to secure improvements to services where these were identified.
- Patients said they found it easy to access the service to make an appointment, although some patients said they found it difficult to make an appointment with their preferred GP. Patients confirmed they could usually see a doctor on the same day for urgent medical issues. In the absence of a male GP registrar, there was no provision for patients to see a male GP.
- 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 patient participation group.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this..
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Practice meetings were held and minutes to these were recorded.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. There was a proactive patient participation group who worked in collaboration with the practice to make improvements to the service.

Summary of findings

- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The percentage of older patients registered at the practice was similar to national averages. Patients over the age of 75 represented 6.2% (national average 7.6%), and patients over the age of 85 represented 1.6% (national average 2.2%). The income deprivation level affecting older people was 12 compared to the national average of 22.5.
- All patients over the age of 75 had a named GP who was responsible for their care and patients were informed of this.
- The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles and flu vaccinations, and avoiding unplanned admissions to hospital.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination (74.23%) was similar to the national average (73.24%).
- The practice were responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- The practice were involved in a local initiative designed to improve the coordination of care for patients over 75 years. This involved patient risk stratification, proactive care planning, case management in multidisciplinary groups, and improved sharing of medical information between service providers. Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs. A primary care navigator also attended these meetings and supported patients over the age of 65 to prevent unplanned admissions.
- The practice was part of a local integrated care programme to improve services for vulnerable adults over the age of 65, who required GP care over the weekend.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.

People with long term conditions

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

Good



Summary of findings

- The percentage of patients at the practice with a long standing health condition (50.1%) and those with health related problems in daily life (39.3%) was lower national averages (54% and 48.8% respectively).
- Nationally reported data showed that outcomes for patients with long term conditions was good.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of hospital admission were identified as a priority and discussed at clinical meetings and multidisciplinary team meetings.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.
- Personalised folders including the patient's care plan, information on their condition, self-monitoring forms, and leaflets for support services had been created for patients with chronic conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice had designed a comprehensive diabetes information booklet for patients newly diagnosed with diabetes.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- Children aged zero to four represented 7.5% of the practice population (national average 6.0%); children aged five to 14 represented 13.3% (national average 11.4%); and those aged under 18 years represented 16.5% (national average 14.8%). The income deprivation level affecting children was 12 compared to the national average of 22.5.
- 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.
- Urgent access appointments were available for children who were unwell.
- Immunisation rates for standard childhood immunisations were comparable to the CCG averages.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered shared antenatal and postnatal services.
- Family planning services including intrauterine contraceptive device (IUCD) fittings were offered.

Working age people (including those recently retired and students)

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

- The number of patients in paid work or full-time education was similar to the national average, 60.4% compared to 60.2%.
- 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 had a website which offered facilities to book appointments and order repeat prescriptions online. Text messaging was used for confirming appointments and health promotion.
- Telephone consultations were offered for patients who could not attend the practice. Late appointments were available from 18:30 to 19:30 on Thursday evening. These appointments were prioritised for working patients.
- There was a range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 81.8%, which was above the CCG average (77.6%) and in line with the national average (81.8%).

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, and patients receiving end of life care.
- It offered longer appointments for vulnerable patients who may need it. Housebound patients and those who could not access the practice were supported via home visits.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about 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)

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

- In 2014/15 performance for mental health related indicators was above the CCG and national averages (practice 100%; CCG 93.6%; national 92.8%).
- Performance for dementia related indicators was above the CCG and national averages (practice 96.2%; CCG 95.2%; national 94.5%). The practice carried out advance care planning for patients with dementia, although the patients whose care had been reviewed in a face-to-face review in the last 12 months was below average (practice 75%, CCG 84.8%, national 84%). The practice were working to improve dementia related outcomes and had organised educational meetings for staff and the locality group.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. Patients could be referred to an onsite counselling service. Support was also available for patients to access emergency care and treatment when experiencing a mental health crisis.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in 2015 showed the practice was performing above local and national averages. 308 survey forms were distributed and 112 were returned, representing 2.3% of the practice population.

- 82% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 87% found the receptionists at this surgery helpful (CCG average 82%, national average 87%).
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 95% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 83% described their experience of making an appointment as good (CCG average 67%, national average 73%).

- 64% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment.

We spoke with five patients and three members of the patient participation group during the inspection. These patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the actions from the recent fire risk assessments.
- Carry out a legionella risk assessment to identify and monitor the risks associated with legionella bacteria.
- Ensure the automatic external defibrillator has pads suitable for children.
- Advertise that translation services are available to patients on request.
- Consider GP provision for gender specific GP requests.

Dr E Kosciesza's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr E Kosciesza's Practice

Dr E Kosciesza's Practice, also known as Cedars Medical Centre, provides GP led primary care services through a General Medical Services (GMS) contract to around 4,800 patients living in the surrounding areas of Eastcote and Ruislip. GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of two GP partners (female); two practice nurses; a health care assistant (HCA); a practice manager; and a team of reception/administrative staff. The practice is a training practice and currently has a male GP registrar working there. There was also a locum GP working at the time of our visit. The GPs collectively provide 20 sessions per week. The nurses work 50 hours between them, and the HCA eight hours.

The practice is located on the ground floor of a purpose built property with eight consulting/treatment rooms and a large seminar room used for practice and locality meetings. The ground floor of the premises is accessible by wheelchair.

The doors to the practice are open from 08:30 to 18:30 Monday to Friday, with the exception of Wednesday when

they closed at 13:30. The telephone lines are open from 08:30 to 13:00, and 16:00 to 18:30. If patients telephone the practice from 08:00 to 08:30 and 13:00 to 16:00 they are directed to an out-of-hours provider, who would contact the GPs in emergency cases. Appointments are available from 09:00 to 13:00 and 16:00 to 18:00. Extended evening hours are available on Thursday from 18:30 to 19:30.

Appointments can be booked in advance over the telephone, online or in person. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to an out-of-hours GP, or the NHS 111 service.

The number of patients aged zero to four (7.5%), aged five to 14 (13.3%) and under 18 (16.5%) is similar to the national averages (6.0%, 11.4% and 14.8% respectively). Patients aged 65+ represent 13.1% of the practice population, patients aged 75+ represent 6.2%, and patients aged 85+ represent 1.6% (national averages are 16.7%, 7.6% and 2.2% respectively).

The percentage of people with a long standing health condition (50.1%), and people with health related problems in daily life (39.9%) are below the national averages (54% and 48.8% respectively). The average life expectancy for the CCG area is 80 years for males and 84 for females (national averages 79 and 83 respectively).

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 services; maternity and midwifery services; and surgical procedures.

Detailed findings

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 this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The provider had not been inspected before.

How we carried out this inspection

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 8 January 2016. During our visit we:

- Spoke with a range of staff including: the two GP partners; a GP registrar; a practice nurse; practice manager; and three receptionists / administrators.
- Received feedback from a primary care navigator who worked with the practice.
- Spoke with five patients who used the service.
- Received feedback from three members of the patient participation group.

- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed 12 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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, an incident involving a missed breast cancer diagnosis had been shared with all clinicians. As a result of the incident a practice protocol was created for all clinicians to follow for future cases and to prevent reoccurrence, and non-clinical staff were advised to allocate a longer appointment time for patients presenting with breast problems.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Safety alerts were received by the GP partners and practice manager, and disseminated to relevant staff. Nursing staff confirmed they received safety alerts relevant to their role, and we were shown an example relating to childhood vaccinations.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for child protection and safeguarding vulnerable adults. The GPs attended safeguarding meetings when possible and provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, nurses to level 2, and non-clinical staff to level 1.

- There was a chaperone policy in place and notices on consultation room doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example since the last audit in December 2015 the practice had fixed wall mounted soap dispensers, and there were signs to highlight a clear flow from 'dirty' to 'clean' in the minor surgery room.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant did not currently administer vaccinations.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display in the administration area. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- We saw that the fire alarms had been serviced by an external company in October 2015 and a risk identified included one consulting room not having a fire detection device. The practice had not taken action to resolve this risk and were unable to locate the full report for us to view. The fire alarms were tested weekly and a log of these was kept, however the practice had not carried out any fire evacuation drills. All staff had received fire safety training. Following our inspection the practice received another fire risk assessment from an external company and sent us evidence of this.
- The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However, the practice had not undertaken a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice were looking to recruit a part-time receptionist/administrator, in the meantime current part-time staff were working additional hours.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency equipment was available including access to medical oxygen, which had adult and children's masks, and an automated external defibrillator (AED) which is used in cardiac emergencies. However, we found the AED did not have pads suitable for children. Equipment was checked on a monthly basis and there were records to confirm this. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice also kept an anaphylaxis kit, although we noted that the quantities of some items on the checklist were different to those contained within the kit.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, fire or building damage. The plan included emergency contact numbers for staff and details of a local GP practice who could help the practice with business continuity in the event of major incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Clinical staff told us they attended clinical commissioning group and locality meetings where national and local guidelines were monitored and discussed. Learning was then shared with colleagues during practice meetings.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.3% of the total number of points available, with 8.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice's performance was above the clinical commissioning group (CCG) and national averages of 94.6% and 93.5% respectively. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average (practice 98.8%; CCG 86.2%; national 89.2%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 95.5%, CCG 90%, national 91.4%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 91.8%, CCG 85.6%, national 88.3%).

- Performance for hypertension related indicators was above the CCG and national average (practice 100%; CCG 97.4%; national 97.8%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 88.5%, CCG 82.4%, national 83.6%).
- Performance for mental health related indicators was above the CCG and national average (practice 100%; CCG 93.6%; national 92.8%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 100%, CCG 90.5%, national 88.3%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 100%, CCG 92.2%, national 89.5%).
- Performance for dementia related indicators was above the CCG and national average (practice 100%; CCG 95.2%; national 94.5%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 75%, CCG 84.8%, national 84%); and patients who received the recommended blood tests after entering on to the dementia register (practice 80%, CCG 86.1%, national 81.5%). The practice were aware that improvements could be made to dementia related outcomes. They had organised an educational meeting on dementia for their own staff and the locality group. Staff also planned to educate and review patients when they attended for their flu vaccine.

Clinical audits demonstrated quality improvement.

- We were shown five audits carried out in the last two years, four of these were completed audits where the improvements made were implemented and monitored. Following a significant event relating to a clinician, the practice carried out an audit which looked at delayed or missed referrals. The audit was carried out on a monthly basis and actions taken by the practice to improve performance included supporting the clinician, reviewing their consultations, ensuring referrals were coded appropriately and sent within the practices agreed timeframes according to the urgency of the referral, and regular practice meetings to discuss the

Are services effective?

(for example, treatment is effective)

results and actions. The practice planned to continue with monthly audits for a year, and if improvements were consistent to then perform random audits every six months.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw evidence that the practice were reviewing local benchmarking data for prescribing and referrals.

Information about patients' outcomes was used to make improvements. For example, A&E admissions for patients with care plans had been reduced by 54% from March 2015 to October 2015.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate they ensured role-specific training and updating for relevant staff. For example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of annual appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety, basic life support, infection control, chaperoning, equality and diversity, and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice 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 electronically, by post or by fax. The GP who requested the tests would receive the results and was responsible for the action required. The GP partners would review results for GPs that were on leave.
- The practice identified that some referrals had not been shared with other services in a timely way, and had since investigated this through significant event analysis and audit.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, the health care assistant telephoned all patients identified as vulnerable or who had a care plan in place following discharge from hospital, and they were then followed up by their named GP if required. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. A primary care navigator also attended these meetings and supported patients over the age of 65 to prevent unplanned admissions.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The practice had consent forms, detailing the procedure, benefits and risks, for coil fittings, joint injections, and minor surgery.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients who smoked could be referred to a local pharmacy who offered a smoking cessation service. Practice data showed there had been 20 patients who had quit smoking in the last 12 months.
- The practice reviewed guidance from the local Public Health department to support patients with an elevated body mass index (BMI). Patients were given dietary advice, leaflets, and could be referred to a dietician or the exercise on referral programme.

The practice's uptake for the cervical screening programme was 81.8%, which was above the CCG average (77.6%) and in line with the national average (81.8%). The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.5% to 94.4% (CCG 89.5% to 94.2%), and five year olds from 92.4% to 97% (CCG 87.5% to

94.2%). The nurses monitored children who had not attended for their vaccinations and administrative staff would follow this up by contacting the patient. Flu vaccination rates for the over 65s was 74.23%, which was in line with the national average of 73.2%. Flu vaccination rates for at risk groups was 65.19%, which was above the national average of 55.54%.

Patients had access to appropriate health assessments and checks. These included new patient health checks, and NHS health checks for people aged 40–74. Practice data showed that 18% of eligible patients had received an NHS health check in the last 12 months. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified, and patients were directed to a GP depending on the issues identified.

The practice placed priority on empowering and educating patients to self-manage their long term conditions at home. Personalised folders including the patient's care plan, information booklets on their condition, self-monitoring forms, and leaflets for support services had been created for patients with diabetes, asthma and chronic obstructive pulmonary disease (COPD).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

The five patients we spoke with provided positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, caring and treated them with dignity and respect. The 12 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was performing either above average or in line with local averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.

- 87% said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.6% of the practice list as carers. Carers were offered a health check, flu vaccination and referral to support services. Data showed that 65% of carers had received the flu vaccine this year. A member of staff had been identified as a 'carer's champion' and was able to provide written information and signpost patients to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, an alert was put on their records and they would be booked for a longer appointment on their next visit. The GPs occasionally contacted patients to offer support, and they could be referred to the in-house counsellor if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) and locality group to secure improvements to services where these were identified. For example, the practice were part of a local integrated care programme to improve services for vulnerable adults over the age of 65. The network provided GP cover at the weekend. On Friday the practice could refer patients who they assessed as requiring assistance and monitoring over the weekend. A summary of the patient's health needs were sent and a GP from the network would then visit the patient over the weekend and provide an update to the practice on the outcome.

The practice, along with 18 practices in Hillingdon, were involved in the transition from the Integrated Care Pilot (ICP) to Whole Systems Integrated Care (WSIC). This local initiative was designed to improve the coordination of care for patients over 75 years. This involved patient risk stratification, proactive care planning, case management in multidisciplinary groups, and improved sharing of medical information between service providers. Patients were offered longer appointments, monitored on a monthly basis, and given personalised folders which contained details of their care plan.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered a commuter clinic on Thursday evening from 18:30 to 19:30 for working patients who could not attend during normal opening hours.
- Longer appointments were available for those who were vulnerable, elderly, had complex conditions, learning difficulties, a new cancer diagnosis, chronic conditions, and families experiencing bereavement.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Urgent appointments were available the same day for those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- The GP partners were female, however at the time of our visit there was a male GP registrar. Patients we spoke to did not have any concerns that there was no permanent male GP, and staff told us that they had not received comments from patients about this.
- Translation services were available.
- Accessible toilets with baby changing facilities were available.

Access to the service

The practice was located on the ground floor of a purpose built property with eight consulting/treatment rooms and a large seminar room used for practice and locality meetings. The ground floor of the premises was accessible by wheelchair. There was onsite parking facilities for patients and staff, and designated parking bays for disabled badge holders.

The doors to the practice were open from 08:30 to 18:30 Monday to Friday, with the exception of Wednesday when they closed at 13:30. The telephone lines were open from 08:30 to 13:00, and 16:00 to 18:30. If patients telephoned the practice from 08:00 to 08:30 and 13:00 to 16:00 they were directed to an out-of-hours provider, who would contact the GPs in emergency cases. Appointments were available from 09:00 to 13:00 and 16:00 to 18:00. Extended evening hours were available on Thursday from 18:30 to 19:30.

In addition to pre-bookable appointments that could be booked over the telephone, online or in person, urgent appointments were also available for people that needed them. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients were directed to an out-of-hours GP, or the NHS 111 service.

Results from the national GP patient survey 2015 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 82% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 83% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Most of the patients we spoke with were satisfied with the appointments system and said it was easy to use and they could get an appointment when they needed one. Patients confirmed that they could usually see a doctor on the same day and were aware that there was usually a wait to be seen. Comment cards we reviewed aligned with these views.

Results from the national GP patient survey 2015 showed that 46% of respondents usually got to see or speak to their preferred GP, this was lower than the CCG and national averages of 55% and 59% respectively. We received similar feedback from a small proportion of patients we spoke with. The practice were aware of this and told us that it may not be possible for patients to see their preferred GP as they were a training practice. However they had tried to make patients aware of this by displaying notices in the waiting room to inform patients they should be able to see their preferred GP within two weeks, but this may not be possible for urgent appointments and appointments made within 48 hours.

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.
- There were designated staff who handled clinical and non-clinical complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a poster was displayed in the waiting room and information was available in the practice leaflet and website.

We looked at three complaints received in the last 12 months and found these had been responded to in a timely way. Action was taken as a result to improve the quality of care, although we found the action log had not been updated for one of the complaints. One complaint had been investigated as a significant event and the complainant notified of what action the practice had taken. Lessons were learnt from concerns and complaints, and we saw minutes to confirm these were shared with staff at practice meetings. The practice also reviewed negative comments from the friends and family test, and NHS Choices to identify where further improvements to practice could be made. These were discussed with staff and the patient participation group.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- This involved participating in local initiatives to educate and empower patients in self-managing chronic conditions, and producing personalised care plans which incorporated anticipatory care in order to minimise hospital admissions.
- There was a business plan and mission statement which supported the practice's vision and values. Staff knew and understood these values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice. Data from the Quality and Outcomes Framework (QOF) was used to measure the practice's performance. Data from the QOF showed the practice had achieved 99.7% of the total number of points available in 2013/14, and 99.3% in 2014/15. This was above the clinical commissioning group and national averages.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. Although the practice had not reviewed a recent fire risk assessment and a legionella risk assessment had not been carried out.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held monthly meetings which alternated between whole practice meetings and reception team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), NHS choices, the friends and family test (FFT), and complaints received. There was an active PPG which met four times a year, assisted the practice with improving the uptake of FFT comments, and submitted proposals for improvements to the practice management team. Action taken by the practice and PPG included: changing the telephone systems; creating a staff and PPG photo board in the waiting area; changing the day of the commuter clinic; displaying information on the types of appointment available (e.g. same day, in advance); and notices regarding the internal audit on referrals with information advising patients on how long they should wait to receive their referral.

Are services well-led?

Good 

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

- Results from the friends and family test December 2014 to December 2015 showed that 90% of patients would recommend the practice. The practice reviewed comments received and displayed the action they had taken based on the FFT results in the waiting room.
- The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the Integrated Care Pilot (ICP) and Whole Systems Integrated Care (WSIC). One of the GP partners was involved in designing the ICP template which was used by health professionals in the locality, and the practice chaired and hosted meetings and educational events for their subgroup.