

Dr Ajay Birly

Quality Report

Acorn Medical Centre
149 Long Lane
Hillingdon
Uxbridge UB10 9JN
Tel: 01895 237474
Website: www.acornmedicalcentre.nhs.uk

Date of inspection visit: 24 April 2015
Date of publication: 08/10/2015

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Ajay Birly	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ajay Birly on 24 April 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

- Take action to improve eligible patient uptake of the flu vaccination
- Review the palliative care list to ensure records are accurately coded

Summary of findings

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. Risks to patients were assessed and well managed.

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 the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. The clinical team engaged with and worked with other health and social services professionals, agencies and 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 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.

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 England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

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 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. 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 proactively 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 proactive, personalised 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 and rapid access appointments for those with enhanced needs.

The practice had assigned a GP to take the lead for patients on the palliative care list. The practice tended to have few patients requiring palliative care at any one time and the GP liaised with the local palliative and district nurses as required. However we noted that the palliative register on the electronic patient system included patients who did not need palliative care and this needed updating.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. Appointments for sick children were prioritised and parents we spoke with told us their experience of getting a same-day appointment for their children had been good. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had good links with local community services and engaged with other agencies and professionals, for example health visitors when appropriate.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was offering extended hours appointments in the evening and over the weekend and online services. The practice offered health promotion and screening services that reflected the needs of working age people, students and those recently retired.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. All patients with a learning disability had a physical health check and review in the previous year.

The practice ran a scheme to provide primary care services to patients in Hillingdon with a history of violent behaviour. The practice was able to demonstrate a multi-disciplinary approach with these patients, recognising that they frequently presented with multiple needs and in vulnerable circumstances. Patients on this programme were prioritised for same day appointments, scheduled at quieter times of the day and with longer appointments. Staff were trained on managing challenging behaviour and the practice had adapted the premises, for example installing a strengthened partition in the reception area. There had been no violent incidents in the practice involving these patients in recent years. In addition to its contractual requirements under the scheme, the practice had actively worked with patients to enable over 80 to return to mainstream primary care services closer to their home since 2005.

The practice provided shared care for patients with substance misuse problems in partnership with local substance misuse specialist services. The principal GP provided this service and was appropriately qualified. The practice worked with patients to reduce long term dependence on drugs, for example, by routinely raising and discussing abstinence with appropriate patients. The practice encouraged patients, when they were ready, to undergo detoxification and reduction of longer term methadone prescribing. The shared care service included checks to ensure prescribing was carried out safely and medicines were taken as intended. Recovery

Summary of findings

and relapse rates were monitored. The practice had audited and re-audited opiate prescribing for 12 eligible patients between 2013 and 2015. By 2015, three of the 12 were fully abstinent and a further four had reduced their opiate use.

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). All patients on the practice's mental health register had received an annual physical health check. 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 advance care planning for patients with dementia.

The practice provided an on-site counsellor for patients experiencing mental distress and signposted patients to various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was generally performing in line with local averages for most aspects of care. The survey was completed by 120 respondents, with a response rate of 27%. The results showed that:

- 64% found it easy to get through to this surgery by phone compared with a Hillingdon average of 71% and a national average of 74%.
- 92% said the last appointment they got was convenient compared with a Hillingdon average of 88% and a national average of 92%.
- 74% found the receptionists at this surgery helpful compared with a Hillingdon average of 83% and a national average of 87%.
- 91% had confidence and trust in the last GP they saw or spoke to compared with a Hillingdon average of 92% and a national average of 95%.
- 75% said the last GP they saw or spoke to was good at treating them with care and concern compared with a Hillingdon average of 79% and a national average of 85%.

- 85% said the last nurse they saw or spoke to was good at treating them with care and concern compared with a Hillingdon average of 85% and a national average of 90%.

As part of our inspection we asked patients to complete comment cards prior to the inspection. Forty comment cards were completed. We also interviewed seven patients on the day of the inspection. The most common criticism made by patients was about difficulty ringing to make a same-day appointment, and this reflected the findings of the national survey. Two patients noted that the practice had introduced online appointments recently and thought this was an improvement.

Patients described the staff as helpful and gave examples for example when problems were distressing, involved a child or were urgent. Patients were positive about the quality of clinical care they had received and told us they were listened to. For example one patient described the support the practice had provided to help them manage a longer term condition and several patients described examples of a prompt referral and diagnosis.

Areas for improvement

Action the service **SHOULD** take to improve

The practice should:

- Take action to improve eligible patient uptake of the flu vaccination

- Review the palliative care list to ensure records are accurately coded

Dr Ajay Birly

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser.

Background to Dr Ajay Birly

Dr Ajay Birly provides services to approximately 5900 patients in the surrounding areas of Hillingdon and Uxbridge from a single site through a General Medical Services contract. The practice is also known as Acorn Medical Centre. The practice is accessible to people with disabilities.

The practice is led by an individual GP principal. The GP principal specialises in providing care for patients recovering from substance misuse and patients with a history of violence referred from other practices in the borough. The practice employs five part-time salaried GPs (2.5 wte), three of whom are female, and a part-time practice nurse (0.5 wte). The practice also employs a manager and a small team of receptionists.

The practice is open between 8.30am and 6.30pm during the week with appointments available morning and afternoon daily. Individual doctors offer variable surgery times. Appointments are also available on Thursday evenings between 6.00pm-7.30pm and Saturday morning. The practice has introduced an electronic appointment booking system and an electronic prescription service.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with

information about how to access urgent care when the practice is closed on its website, answerphone and on the practice door. Out of hours care is also directly accessible at the Urgent Care Centre at Hillingdon Hospital.

The local area is characterised by relatively low levels of socio-economic deprivation with higher than average rates of employment and educational achievement. The practice population is younger than average and culturally and ethnically diverse. The practice has relatively few patients aged over 75.

Why we carried out this inspection

The practice was inspected as part of our comprehensive inspection programme and to follow up our previous inspection findings.

The practice was previously inspected during the pilot phase of our inspection programme on 28 August 2014. At that time we found the practice was not meeting regulations relating to

- infection control,
- recruitment procedures,
- equipment, and
- assessment and monitoring of the service.

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?

Detailed findings

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 April 2015. During our visit we spoke with a range of staff including the principal GP, a salaried GP, the manager and reception staff. We also spoke with seven patients who used the service and reviewed 40 comment cards where patients and members of the public shared their views and experiences of the service in the days running up to the inspection. We observed how people were greeted at reception and reviewed individual treatment records and care plans.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the principal GP of any incidents and there was also a recording form available on the practice's computer system. Any complaints received by the practice were treated as a significant event. The practice carried out an 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, the practice had received a complaint about a breach of confidentiality via the NHS Choices website. This was treated as a significant incident. The practice carried out a risk assessment and put in place measures to prevent reoccurrence. The practice had a communication protocol and learning from incidents was shared across the team by email and discussion. Staff we spoke with confirmed information was shared promptly within the team and we saw that any changes to policy or procedure were implemented and documented.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice had written information for staff which clearly outlined who to contact for further guidance if there were any concerns about a patient's welfare. The principal GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood

their responsibilities and all had received training relevant to their role. The practice had recently reviewed its safeguarding procedures following a significant event involving potential risk to a child.

- A notice was displayed in the waiting room, advising patients that patients could request a chaperones, if they wished. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The principal GP was the infection control clinical lead and the practice liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had recently requested an external audit of its infection control procedures. This had confirmed that the practice's was generally acting in line with national guidance. The practice had implemented the recommendations made in this audit and was planning to undertake its own periodic audits to ensure it maintained high standards of infection control.
- The practice had effective arrangements for managing medicines, including emergency drugs and vaccinations (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local NHS pharmacy

Are services safe?

teams to ensure the practice was prescribing in line with guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the files we reviewed 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 the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The principal GP and practice manager reviewed the practice staffing needs and drew up a rota system to ensure that enough staff were on duty.

We had previously inspected the practice in August 2014 and made several requirements and recommendations at that time. During this inspection visit we saw that the practice had responded by taking action to address all of the safety issues raised. For example:

- The practice had improved infection control procedures by engaging a cleaning contractor and agreeing a cleaning schedule. The practice was monitoring the contractor's performance and had ensured that any issues were acted on immediately. The practice had also obtained advice from the local infection control nurse on good practice in infection control and had acted on their recommendations.

- The practice had improved the way that significant event reviews were collated for ease of reference
- Staff had been reminded about whistleblowing and what to do if they had concerns about the service.
- The practice had carried out and documented a fire evacuation simulation as part of the fire safety procedures.
- The practice had improved prescription security procedure and now ensured that the fridge was kept locked.
- The practice had removed out-of-date equipment.

Arrangements to deal with emergencies and major incidents

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

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2013/14 the practice had achieved 92% of the total number of points available. Data from 2013/14 showed:

- Practice performance for diabetes-related indicators was generally similar to national norms. For example 80% of the practice's diabetic patients had well controlled blood glucose levels (ie their last IFCC-HbA1c test was 64 mmol/mol or less). The national average was 78%. Eighty-one percent of diabetic practice patients had a recorded foot examination and risk assessment in their records.
- The percentage of patients with hypertension having a normal blood pressure reading within the last nine months was in line with expectations. The practice achieved 84% compared to the national average of 83%.
- The practice was performing better than average for mental health related indicators. For example 95% of practice patients diagnosed with a psychosis had an agreed care plan. The comparative national average was 86%.
- The practice had completed a face-to-face review with all patients diagnosed with dementia in the preceding 12 months.

Clinical audits were carried out to demonstrate quality improvement and relevant staff were involved to improve

care and treatment and people's outcomes. We were shown a range of audits which included two completed audit cycles where improvements had been achieved and sustained. For example, the practice had audited and reaudited its management of patient lipid levels against current NICE guidelines. The reaudit had been completed in March 2015 and showed an increase in patients taking statins for the primary prevention of coronary heart disease.

The practice participated in applicable local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example, the practice was able to demonstrate more cost-effective prescribing practice as a result of engaging with the local pharmacy advisor and reviewing its prescribing activity.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning and continuing professional development needs and to cover the scope of their work. This included one-to-one meetings, appraisals and mentoring, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, infection control, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training and relevant external learning sessions, for example run by the local Clinical Commissioning Group.

Coordinating patient care and information sharing

The information needed to plan and deliver treatment was accessible through the practice's patient record system and the shared computer drive. This included risk assessments, care plan templates and, patient records and test results.

Are services effective?

(for example, treatment is effective)

Information such as NHS patient information leaflets could also be downloaded and printed. Information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that practice staff attended multi-disciplinary team meetings and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Clinical staff were familiar with the principles of mental capacity assessment and could describe various circumstances when they would carry out such an assessment. The practice carried out records audits and these included a check that patient consent was obtained in line with legislation and national guidance.

Health promotion and prevention

Patients likely to need extra support were identified by the practice. 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 signposted to the relevant service. The doctors had good links with a range of community health services and regularly engaged with the community matron, palliative care nurse and pharmacist.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, in line with the national average. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice's child immunisation rates tended to be slightly better than the Hillingdon average. In 2013/14, 99% of the two-year old children on the practice list had received the combined Dtab/IPV/Hib ('5-in-1') vaccination and 96% the MMR vaccination. Ninety-two percent of five-year olds on the practice list had received the '4-in-1' booster vaccination and 89% had received the MMR booster vaccination.

The practice offered flu vaccinations to the over 65s and at risk patients. This was an area where the practice had performed less well than the average in Hillingdon with only around half of eligible patients over 65 receiving the vaccination in 2013/14. However, the practice had actively encouraged patients in at-risk groups to have the flu vaccination, for example discussing it when patients attended for annual reviews.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The doctors followed up any abnormalities or risk factors identified through the checks.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were welcoming and helpful to patients arriving at the practice and on the telephone.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that the consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us they were careful not to reveal confidential details when talking to patients on the telephone and always ensured that their computer screens could not be observed by patients, were locked when they left their desk and confidential papers were also kept out of sight. The reception area and waiting room were small in area and the practice had placed a radio in the waiting room to reduce the likelihood of conversations being overheard.

All but two of 40 patients completing comment cards were positive and many commented on the kindness and attentiveness of staff. All seven of the patients we spoke with on the day were happy with the service and said they and their family members were treated well.

Results from the national GP patient survey showed that most patients were happy with how they were treated. The practice tended to score close to the Hillingdon average but below the national average patient survey scores.

- 76% said the GP was good at giving them enough time compared to the Hillingdon average of 81% and national average of 87%.
- 91% had confidence and trust in the last GP they saw or spoke to compared with a Hillingdon average of 92% and a national average of 95%
- 75% said the last GP they saw or spoke to was good at treating them with care and concern compared with a Hillingdon average of 79% and a national average of 85%
- 85% said the last nurse they saw or spoke to was good at treating them with care and concern compared with a Hillingdon average of 85% and a national average of 90%.

- 74% found the receptionists at this surgery helpful compared with a Hillingdon average of 83% and a national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey we reviewed showed that most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment although for this aspect of care, the results were consistently below the Hillingdon and national averages. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the Hillingdon average of 80% and national average of 86%.
- 66% said the last GP they saw was good at involving them in decisions about their care compared to the Hillingdon average of 74% and national average of 82%.

The seven patients we spoke with were wholly positive about their involvement in decisions. Patients told us that health issues were discussed with them and they felt involved in decision making about the treatment they received. They also told us they felt listened to and had enough time during consultations to make informed decisions about their care. Patient feedback on the comment cards we received was also positive and reflected these views consistently.

The practice had experience of patients making written advance decisions about their care and understood their legal obligations to ensure these were carried out when appropriate. Advance decisions were flagged on the patient electronic records system so they would not be overlooked if the patient no longer had mental capacity in this respect.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a range of support groups. The practice's computer system alerted staff if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services assessment and support. Written information was available for carers to ensure they

Are services caring?

understood the various avenues of support available to them. The practice included carers' responsibilities as a risk factor when assessing patients for community health service referral.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was forming a network with three other practices in Hillingdon to extend access to primary care and develop service provision.

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

- The practice offered extended hours opening until 7.30pm on Thursday evening and Saturday morning. We saw that these appointments were popular with patients. Individual doctors also varied their surgery times enabling greater flexibility of appointment times.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice was accessible to people with disabilities.
- Translation services were available.
- Patients were able to book consultations with a male or female GP.

Access to the service

The practice was open between 8.30am and 6.30pm during the week with appointments available morning and afternoon daily. Individual doctors' surgery hours at the practice varied. Appointments were also available on Thursday evenings between 6.00pm-8.00pm and on Saturday morning. The practice had introduced an electronic appointment booking system and an electronic prescription service.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was generally comparable to local and national averages although patients were more likely to report difficulty getting through to this practice by telephone.

- 92% of patients said the last appointment they got was convenient compared to the Hillingdon average of 88% and national average of 92%.
- 83% of patients said they were able to get an appointment the last time they tried compared to the Hillingdon average of 80% and national average of 85%.
- 64% patients said they could get through easily to the surgery by phone compared to the Hillingdon average of 71% and national average of 74%.
- 58% patients said they usually waited 15 minutes or less after their appointment time compared to the Hillingdon average of 64% and national average of 65%.

These findings were also reflected in feedback we received on comment cards and in interviews. Seven of 40 patients who returned comment cards said that they had some difficulty getting an appointment and several specifically mentioned difficulty getting through on the telephone. The practice was aware of the concern and was exploring ways of improving information and access, for example through networking arrangements with other practices. The practice had introduced online appointments which were proving increasingly popular.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The principal GP handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, for example, there was a poster displayed in the waiting room, information on the practice website and in the practice leaflet. Patients we spoke with said they were not aware of the process to follow but would find out if they wished to make a complaint.

We looked at one complaint received in the last 12 months and found this was dealt with in a timely way, and the practice had responded to the complainant openly and with an apology. The practice held an annual meeting to review all complaints and identify any trends and learning. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had refurbished the waiting room following patient complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision as set out in its statement of purpose to deliver high quality care to its patients. The practice did not display its vision and values in the practice but staff told us the practice had an ethos which was strongly patient-centred. The practice had a number of longer-term objectives including the recruitment of a full-time practice manager and expanding its practice nursing provision. It was also aiming to develop additional access and services through networking with other practices, including an integrated care project. The practice had business plans which reflected its goals and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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
- The principal GP and practice manager had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. The practice was able to demonstrate evidence of completed audit cycles and how audit had been used to improve care.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These arrangements had improved since our previous inspection in August 2014.

Leadership, openness and transparency

The principal GP was a visible leader in the practice. Staff told us that the principal GP was approachable and took the time to listen to staff ideas and suggestions. The practice held regular meetings for example to review infection control, significant events or complaints. Staff told

us that there was an open culture within the practice and they had the opportunity to raise any issues with the principal GP and felt supported if they did. Staff said they felt respected and valued.

The principal GP had also taken on responsibilities as the clinical lead for their local network of four practices. In this capacity the principal GP had recently submitted a project proposal for funding for the network to provide an integrated care project for vulnerable patients across the four practices.

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

We found that the practice had improved its engagement with patients since our previous inspection in August 2014. The practice had improved information about the service available to patients through a new website.

The practice had a mixed track record in relation to the national patient survey results with some areas consistently performing below local and national averages. Since our previous inspection, the practice had advertised for patients to join a patient participation group which it anticipated would help the practice improve patient experience.

The practice had recently purchased a digital screen for the waiting room and had found that patients were more likely to read this than notices in the waiting room. They had used this to advertise the suggestion box and also the Friends and Family Test. The practice had also installed a computer tablet in the waiting area and new software ('RATE') which helped patients give feedback easily. Patients we spoke with were positive about these changes.

Innovation

There was a focus on learning and improvement at all levels within the practice. Staff gave us examples of how they had been able to develop in their roles and the support they had been given to do so.

The practice team was forward thinking and the practice participated in local pilot schemes where it considered these would improve outcomes for patients in the area. The principal GP had developed contacts and links with local community and social services and actively engaged with other agencies when they had concerns or ideas for improvement or for advice.