

Ealing Park Health Centre

Quality Report

195a South Ealing Road

London

W5 4RH

Tel: 0208 758 0570

Website: www.ealingparkhealthcentre.nhs.uk

Date of inspection visit: 22 December 2015

Date of publication: 24/03/2016

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?

Requires improvement



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	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Ealing Park Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ealing Park Health Centre on 22 December 2015. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well-managed, including infection control, health and safety and fire safety.
- 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 staff were staff polite, helpful, caring, professional and friendly and they felt involved in decisions about their care and treatment.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider must make improvement is:

- Review the vaccine cold chain arrangements in place to ensure that identified risks are effectively managed.

The areas where the provider should make improvement are:

Summary of findings

- Review the stock management system of clinical consumables to ensure that expired items are timely disposed of.
- Ensure systems are in place to check receipt of all two week faxed referrals.
- Ensure that patients are made aware that translation services are available if required.

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 requires improvement for providing safe services.

- 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, a verbal and written apology.
- The practice had a policy for safe guarding vulnerable children and adults with a named clinical lead for safe guarding. Staff were aware of their responsibilities to report concerns and received appropriate training.
- Risks to patients were assessed and well-managed, including infection control, health and safety and fire safety.
- The practice was equipped to manage medical emergencies and staff had received training in basic life support.

However,

- Management systems to assess and manage vaccine storage cold chain risk was not implemented well enough. For example, there was no evidence that investigation had been undertaken to assure that the vaccine cold chain storage had been maintained where risks had been identified.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the CCG and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had conducted a program of clinical audits including completed audits that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of annual appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

- The practice offered services to promote good health and uptake rates for cervical screening, flu vaccinations and childhood immunisations were comparable to local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2015 showed the practice was at or above average for its satisfaction scores on consultations with GPs and nurses
- Patients said staff were staff polite, helpful, caring, professional and friendly and they felt involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS London Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, peer review of referral rates and unplanned admissions with local practices to identify areas for change and improvement of current services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- 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.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- There was a named GP lead for safe guarding vulnerable adults, staff had received role appropriate training in safeguarding and were aware of their responsibilities to raise concerns.
- All patients over the age of 75 years had a named GP. The practice maintained a register of vulnerable older patients and patients who were housebound and offered six monthly review appointments or home visits from an allocated named GP or Nurse Practitioner. These included medication reviews, health promotion and updating care plans.
- Longer appointments were available for older people with complex medical needs if required. Home visits were also available for older patients unable to attend the practice due to illness or immobility.
- The practice offered a range of services for older patients including screening for atrial fibrillation with in-house ECGs, anticoagulation initiation and monitoring, complex and simple wound management and steroid joint infections.
- The practice engaged in local enhanced services to identify older patients at risk of hospital admission and create comprehensive care plans aimed at reducing this risk. There were regular multi-disciplinary team meetings to discuss meeting the needs of older patients with complex medical issues.
- The practice offered annual flu vaccinations for patients over the age of 65 years and uptake rates were comparable to the national average.

People with long term conditions

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

Good



- The practice provided six monthly medication reviews supported by the in-house pharmacy team for patients with long term conditions.
- There was an in-house phlebotomy service for patients requiring routine blood tests for monitoring of long term conditions.
- The practice engaged in local enhanced services to identify patients with long-term conditions at risk of hospital admission

Summary of findings

and create comprehensive care plans aimed at reducing this risk. There were regular multi-disciplinary team meetings to discuss meeting the needs of patients with complex medical issues.

- Longer appointments were available for patients with long term conditions if required.
- The practice offered a full spirometry service for diagnosis and review of patients with Chronic Obstructive Pulmonary Disease (COPD) led by one of the nurse practitioners with a specialist interest in respiratory disease. Patients were referred to the community pulmonary rehabilitation services if required.
- The practice offered a GP led diabetic service that included screening patients at high risk of diabetes and insulin initiation.
- Uptake rates for annual flu vaccinations in high risk groups were in keeping with national averages.

Families, children and young people

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

- One of the GPs was the named lead for safeguarding children and they arranged regular in-house training for all staff including recent updates in identifying and reporting cases of Female Genital Mutilation (FGM).
- Child health surveillance was offered by the practice, including six week post-natal checks and full childhood vaccination programme with uptake rates in keeping with local and national averages.
- Same day appointments were available for un-well children and the practice offered a weekly paediatric phlebotomy service.
- The practice offered extended hours well-women services once a month on a Monday evening. Cervical screening early morning appointments were also available twice a week.
- Uptake rates of the cervical screening programme was comparable to the local and national averages.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The practice offered GP and nurse led comprehensive family planning services including contraceptive implant devices and intra-uterine contraceptive device fitting.

Good



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).

Good



Summary of findings

- Extended hour appointments were available once weekly on a Monday evening for patients unable to attend the practice during normal working hours. Telephone consultations were also available daily.
- There were facilities to book appointments and request repeat prescriptions online.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- Patients had access to appropriate health assessments, including health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

People whose circumstances may make them vulnerable

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

- There were disabled facilities and translation services available.
- All vulnerable patients had alerts placed on their electronic records to allow for individual arrangements to be made for specific patient needs as required, for example longer appointments or review appointments with the same doctor for continuity.
- The practice maintained a register of patients with learning disabilities and these patients were offered annual health checks and review of care plans.
- The practice managed patients with substance misuse problems through methadone prescriptions supported by the community pharmacist and the local drug and alcohol service.

Good



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).

- Patients suffering with issues with anxiety and depression were referred to local Improving Access to Psychological Therapies (IAPT) services as required.
- The practice engaged in the local shifting settings of care scheme supporting patients experiencing poor mental health transitioning from secondary care to community services. They held regular clinical mental health meetings with the community psychiatric nurse to discuss management of cases, share learning and provide in-house mental health training.

Good



Summary of findings

- The practice nurse was trained to administer injectable anti-psychotic medications.
- The practice offered dementia screening to high risk patients with proactive referral to local memory services as required.
- 94.9% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was above the local and national averages.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was performing in line with local and national averages. 414 survey forms were distributed and 110 were returned. This represented 1.2% of the practice's patient list.

- 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%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).
- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 69%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Comments received described the staff as polite, helpful, caring, professional and friendly. Patients told us the environment was safe, clean and hygienic.

We spoke with 15 patients during the inspection. The majority of the patients said they were happy with the care they received and thought staff were helpful, professional and caring. The results for the most recent practice Friends and Family Test (November and December 2015) showed 81% of respondents would recommend the practice to a member of their family or friends.

Ealing Park Health Centre

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, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Ealing Park Health Centre

Ealing Park Health Centre is a well-established GP practice situated within the London Borough of Ealing and is part of the NHS Ealing Clinical Commissioning Group (CCG) which is made up of 79 GP practices. The practice provides primary medical services to approximately 9,800 patients. The practice holds a core General Medical Services contract and is a training practice for GP trainees and doctors in training. The practice is located on the corner of South Ealing Road and South Road with good transport links by bus and rail services. The practice premises are arranged over two floors with lift access, wheelchair entrance and disabled toilets. There is a small car park at the practice and residential parking nearby.

The practice team comprises of one female senior GP partner working three sessions per week, three female GP partners working a total of 19 sessions per week, one female salaried GP working five sessions per week, an F2 trainee, two female full time nurse practitioners, a female part time practice nurse, two health care assistants, a phlebotomist, acting practice business manager and a team of eight administration staff.

The opening hours are 8.00am – 7.30pm Monday, 8.00am – 6.00pm Tuesday Wednesday & Friday and 8.00am – 1.00pm

Thursday. The practice remains open during the lunch time period 1.00pm – 2.00pm. Appointments are available from 8.30am – 11.00am each week day morning and from 3.00pm – 7.30pm Monday and 3.00pm – 6.00pm Tuesday, Wednesday and Friday. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, maternity services, child health surveillance and minor surgery. The practice also provides health promotion services including childhood immunisations, cervical screening, contraception and family planning.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 December 2015. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Any immediate actions were completed at the time of the event and all incidents were discussed at the weekly management meeting.
- The practice carried out a thorough analysis of all significant events at quarterly review meetings.

We reviewed safety records, incident reports, national patient safety alerts 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, following an event when an urgent electrocardiogram (ECG) was not reviewed in a timely manner, the practice reviewed and updated their ECG protocol to ensure they were reviewed on the same day by the duty GP.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always 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 three.
- A notice in the waiting room 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. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, alcohol gel dispensers had been placed on walls in the reception area following this being highlighted as a required action from a recent infection control audit.
- Most of the arrangements for managing medicines in the practice kept patients safe (including obtaining, prescribing 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises. The practice did not have a practice specific written cold chain policy for the storage of vaccines but had access to national guidance. However, it was observed that fridge temperature monitoring was not performed twice daily. There was also no documentation of actions taken when on three occasions in the last month the fridge temperature had exceeded the recommended maximum level. We were told that a new fridge had been purchased as a result of this, but there was no evidence to demonstrate that advice had been sought to assure that the cold chain had been maintained during this period.

Are services safe?

- The practice maintained a stock management system of clinical consumables however we observed some items outside of their expiry date that had not been disposed of.
- We reviewed five 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. References for two recently employed administration staff remained pending.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- 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. For example, administration staff were flexible to cross cover in times of need and clinical staff rotas were reviewed monthly to ensure adequate cover was in place.

Arrangements to deal with emergencies and major incidents

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments, carried out regular fire drills and had named trained fire marshals. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 with pads that could be used for adults and children and oxygen with adult and children's masks. A first aid kit and accident book was available along with a named first aider.
- 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 and copies of the plan were held off site.

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 that included discussing new guidance and sharing learning from training courses at regular clinical meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 98.6% of the total number of points available, with 9.7% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better compared to the CCG and national average, with the practice achieving 91.9% of points available compared to the CCG rate of 85.6% and national rate of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 82.4% which was similar to the CCG of 82.2% and national average of 83.6%.
- Performance for mental health related indicators was better compared to the CCG and national average, with the practice achieving 100% of the total points available compared to CCG rate of 94.1% and national rate of 92.8%.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice held referral meetings to review their referral rates compared to the local area and identify areas for improvement. Referral to gynaecology services were noted to be above the local average and as a result the practice updated their referral protocol so that all referrals were first discussed with one of the GPs with a specialist interest in this area to identify patients that could be managed by community services.

Information about patients' outcomes was used to make improvements. The practice were engaged in enhanced services to reduce unplanned hospital admissions by identifying patients at risk of hospital admission and involving them in creating care plans to reduce this risk. The practice held twice weekly meetings to discuss patients recently discharged from hospital and identify areas where these patients could be supported in the community to prevent further hospital admissions. The practice engaged in local multi-disciplinary group meetings with local practices, community services and representatives from secondary care to discuss the management of complex cases and make recommendations to improve care and outcomes. The GP who attended these meetings would feedback via email the outcomes of the cases discussed and share learning with clinical staff.

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, health and safety and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had

Are services effective?

(for example, treatment is effective)

received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by discussion at practice meetings.

- The learning needs of staff were identified through a system of 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 on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and support for revalidating GPs and Nurses. All staff had had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, infection control 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Suspected cancer cases were referred as two week wait referrals in line with national guidance. However, there was no system in place to follow up on two week wait referrals that had been faxed, by a phone call to ensure they have been received.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. This included palliative care

multi-disciplinary team meetings attended by the community palliative care team to discuss management of patients receiving end of life care and provide training on topics such as advanced directives.

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 process for seeking consent was monitored through record checks, however there were no formal audits of consent procedures conducted by the practice.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were then signposted to the relevant service.
- The practice held a stop smoking clinic run by the practice nurse and health care assistant to offer support for patients requiring assistance with smoking cessation.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78.3% and the national average of 81.8%. There was a policy to offer letter reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

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 47.5% to 98.6% and five year olds from 81.5% to 98.5%.

Flu vaccination rates for the over 65s were 72.4%, and at risk groups 58.2%. These were also comparable to national average.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring, professional and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said they would recommend the service to others. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above at or average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 45%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90%).
- 75% said they found the receptionists at the practice helpful (CCG average 81%, national average 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:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%)
- 73% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There was limited information in the waiting area that informed patients how to access support groups and organisations. However we were told that a range of information was available within the practice.

The practice identified patients who were also carers opportunistically and signposted those to support if required. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone to offer support and offer advice on how to access a support service if required.

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 NHS London Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the practice partners was a member of the local CCG and would feedback relevant information and developments to the practice. The practice engaged in local CCG led peer review of unplanned admissions and referral rates and used this data to identify areas for improvement of services. One of the GPs attended local multi-disciplinary group meetings with community and secondary care specialists to discuss complex knowledge and share expertise improve management of these cases.

- The practice maintained a register of patients who were housebound and vulnerable older patients. These patients were allocated a named GP or nurse practitioner who arranged six monthly review appointments or home visits and more frequent assessment if required.
- The practice offered a range of services for older patients including screening for atrial fibrillation with in-house electrocardiograms (ECG's), anticoagulation initiation and monitoring, complex and simple wound management and steroid joint infections.
- The practice provided six monthly medication reviews supported by the in-house pharmacy team for patients with long term conditions. Longer appointments were available for patients with complex medical needs.
- The practice offered a full spirometry service for diagnosis and review of patients with Chronic Obstructive Pulmonary Disease (COPD) led by one of the nurse practitioners with a specialist interest in respiratory disease.
- The practice offered a diabetic service led by appropriately trained GPs that included screening patients at high risk of diabetes and insulin initiation.
- Same day appointments were available for children and those with serious medical conditions. The practice offered a weekly paediatric phlebotomy service.
- Extended hours well-women services were available once a month and early morning appointments for cervical screening were available twice a week.

- The practice offered GP and nurse led comprehensive family planning services including contraceptive implant devices and intra-uterine contraceptive device fitting.
- Extended hour appointments were available once weekly for patients unable to attend the practice during normal working hours. Telephone consultations were also available daily.

There were facilities to book appointments and request repeat prescriptions online.

- All vulnerable patients had alerts placed on their electronic records to allow for individual arrangements made for specific patient needs, for example longer appointments or review appointments with the same doctor for continuity.
- The practice maintained a register of patients with learning disabilities and these patients were offered annual health checks and review of care plans.
- The practice managed patients with substance misuse problems through methadone prescriptions supported by the community pharmacist and the local drug and alcohol service.
- One of the GP partners was the clinical lead for mental health. Patients suffering with issues of anxiety or depression were referred to local Improving Access to Psychological Therapies (IAPT) services as required. The practice held regular clinical mental health meetings with the community psychiatric nurse to discuss management of cases.
- The practice offered dementia screening to high risk patients with proactive referral to local memory services as required.

Access to the service

The practice was open between 8.00am – 7.30pm Monday, 8.00am – 6.00pm Tuesday Wednesday & Friday and 8.00am – 1.00pm Thursday. Appointments were from 8.30am – 11.00am each week day morning and from 3.00pm – 7.30pm Monday and 3.00pm – 6.00pm Tuesday, Wednesday and Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. All urgent appointment requests were assessed by a dedicated triage nurse on a daily basis.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mostly comparable to local and national averages.

- 82% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 51% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 60%).
- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 71%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example through the complaints leaflet, in the practice leaflet and on the practice website.

We looked at 23 complaints received in the last 12 months and found they were adequately handled with openness and transparency and letters of apology were sent where relevant. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint about unintentional removal of a patient from the practice list, the practice discussed the case at the practice meeting and resolved an issue identified with the electronic records software to ensure this error did not occur again.

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.

- The practice had a mission statement, 'your health always our concern' and displayed this on their website.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff demonstrated their understanding and commitment to the practice values to provide high quality patient centred care.

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 staff were aware of their own roles and responsibilities with clearly defined leads for the management team.
- Practice specific policies were implemented and available to all staff. The policies were reviewed by named staff across all disciplines, with draft changes submitted for management review and approval. The practice had recently installed new software and was in the process of refining and circulating relevant policies across all practice areas.
- A comprehensive understanding of the performance of the practice was maintained and was regularly reviewed and discussed at weekly practice meetings.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvement.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They had a shared purpose to prioritise 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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular 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 and felt confident in doing so and felt supported if they did.
- We noted GP partners away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- 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. We saw for example, that as part of the reception team meetings, staff were encouraged to present case studies of difficult situations that had occurred, for shared discussion, learning and service improvement.

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), the NHS Friends and Family Test (FFT) and complaints received.

Are services well-led?

Good 

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

There was an active PPG which met every three months and submitted proposals for improvements to the practice management team. For example, the practice set a goal to improve customer service as a result of patient feedback. They achieved this through continual reception manager led training for receptionists and creation of a new reception supervisor position to act as a role model and offer guidance for other staff. Recent feedback showed patients felt customer service had improved as a result of these measures.

- The practice collated monthly FFT data and analysed individual comments made by respondents to identify areas where improvements could be made.
- The practice had gathered feedback from staff, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice was open to ideas from its staff and welcomed their opinion on the way the practice was running and changes that could be made. For example, reception staff had raised concerns in one of their practice meetings about inconsistent information given to patients by clinicians about the time period for specimen sample results return. This was brought to the attention of the relevant clinical staff to ensure a consistent approach was followed. Staff told us they felt involved and engaged to improve how the practice was run and felt supported to do so.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had been involved in a number of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in an in-house pharmacy service three month pilot in 2014 which was since extended and funded by the practice. This service provided an in-house independent prescriber and prescribing technician who were involved with repeat prescribing and medication reviews with clinical input as required.

The practice was also in the process of implementing a diabetes protocol for the management of patients with diabetes. This protocol included GP led structured first appointments for all newly diagnosed patients and annual reviews with support from the health care assistant and in-house pharmacist for medication review. The aim of the scheme was to provide evidenced based multi-disciplinary led personalised care planning for patients with diabetes.

The practice engaged in local CCG led peer review of unplanned admissions and referral rates to ensure they were following best practice guidelines and to identify areas for improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not have suitable arrangements in place to manage vaccine cold chain storage risks where they had been identified.</p> <p>This was in breach of Regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>