

# Holly Road Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Holly Road Medical Centre on 7 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- 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.
- 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 areas where the provider should make improvement are:

- Monitor and record the standard of cleaning utilising the detailed checklist recently introduced.
- Ensure pre-employment reference checks are documented in staff records for all staff.
- Ensure further clinical audits are completed through the full audit cycle where the improvements made are implemented and monitored.
- Arrange update training due for GP staff in fire safety, infection control and information governance to be completed.

# Summary of findings

- Continue to identify carers to ensure they are provided with information and support.
- Consider documenting discussions and agreed decisions and actions from the weekly clinical meetings to provide an audit trail.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed in most respects. On the day of the inspection we identified some deficiencies in infection control processes; medicines management including prescription security; and premises safety but the practice addressed these immediately after the inspection and provided supporting evidence for this.
- There were recruitment policies and procedures in place including arrangements for pre-employment checks. However, we found that there were no written references on one file.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at above average compared to the national average for several indicators. Some indicators were below average but the practice had reviewed these and for the most significant, such as diabetes, had put in place specific measures which it anticipated will lead to an improvement in outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although only one of six audits was a completed audit where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, although some update training was due for GP staff.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care but below others in some areas. However the practice had taken action to address these below average ratings and was confident in achieving improved results in future surveys.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a system in place to identify and support carers. However, less than one percent of the practice list had been identified as carers and offered support.
- 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 England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, in order to secure improved QOF performance for diabetes the practice had secured access to a community diabetic specialist nurse to support an in-house diabetic education programme, and provided on-site access to a dietician and ophthalmology 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 and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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 it.
- 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The governance arrangements included weekly clinical meetings but these were not minuted to provide documentary evidence of discussion and agreed decisions and actions.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was recently formed and becoming 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



- The practice offered proactive, personalised care, including care plans with family/carer input to meet the needs of the older people in its population.
- These patients had a named GP and were offered an annual health check, including a medication review. Medicines were managed via the delivery of dosette boxes.
- Specific services were offered to reduce unnecessary referrals to hospitals and community services via on-site phlebotomy, diabetic clinics, simple and complex wound care, extended hours and weekend hub cover.
- There were arrangements in place with local pharmacists enabling home delivery of medicines and electronic prescribing as necessary.
- Patients received prioritised same day appointments, including double appointments when necessary.
- The practice liaised with the district nursing team, palliative care and the community matron to support the care and treatment of older people.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was below the CCG and national average for 2014/15 but the practice had put a number of measures in place to secure improved performance for diabetic patients. New diabetic patients could be seen by the in-house diabetic specialist nurse on Saturdays and referred to in-house expert diabetic sessions and podiatry services.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## 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. There was direct contact via personal mobile phone of the doctor for any urgent child protection issues.
- Immunisation rates were relatively high for the majority of standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Prioritised same-day appointments were available, including double appointments where necessary.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Sexual health screening and family planning services were available in-house.

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).

- 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.
- Telephone triage was available for patients who found it difficult to attend the practice, for example due to work and studying.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Care management and planning was provided for patients in this group identified at-risk of hospital admissions.
- 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).

Good



- Mental health care plans were reviewed annually, including a medicines review.
- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was slightly below the national average.
- Performance for QOF mental health related indicators was slightly below the national average.
- The practice liaised closely with the community mental health team (CMHT), including the crisis resolution team to support patients experiencing poor mental health, including those with dementia.
- There was an in house counsellor in the surgery and the practice encouraged referrals to local psychological support services through the Improving Access to Psychological Therapies (IAPT) programme.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages in most respects. The practice had reviewed results that were below average and drawn up an action plan with a view to securing improved results. Three hundred and ninety nine survey forms were distributed and 120 were returned. This represented just under 3% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive

about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the ongoing NHS GP friends and families test, 97% of 115 patients who had responded recommended this practice. The practice had recently been commended by the local Healthwatch for the very favourable feedback from a random sample of responses from the friends and families test it had reviewed. Patients had been positive and openly appreciative of the care, professionalism and treatment they received from the practice team. Against a background of generally negative feedback from patients about accessing GPs and the behaviour of reception staff, Healthwatch highlighted the praise and tributes paid to the GP as well as reception staff at the practice by the patients in their friends and families test forms.

# Holly Road Medical 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 and an expert by experience.

## Background to Holly Road Medical Centre

Holly Road Medical Centre provides primary medical services through a Personal Medical Services (PMS) contract within the London Borough of Hounslow. The practice is part of NHS Hounslow Clinical Commissioning Group. The services are provided from a single location to around 4250 patients. The practice serves a wide ethnic, cultural, demographic and socio-economic mix and has higher than average numbers of patients in the 25-39 age groups.

At the time of our inspection, there was one permanent GP, a sessional GP and two regular locum GPs (2.3 whole time equivalent - two male and two female) employed at the practice who normally provide 18 clinical sessions per week. The practice also employed a practice manager (1 WTE) and practice administrator (1 WTE), two part-time practice nurses (0.8 WTE), a phlebotomist (0.4 WTE), a practice secretary (0.7 WTE), a senior receptionist (1 WTE) and two reception staff (1.7 WTE).

The practice is open between 8.00am and 6.30pm Monday to Friday and 9.00am to 1.00pm Saturdays. Appointments are from 9.00am to 12.00pm every weekday morning and 3.00pm to 6.00pm every weekday except Thursday. Extended hours appointments are offered on alternate Monday and Tuesday evenings until 7.30pm, and alternate

Saturdays between 9.00am and 11.00am. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that needed them. Telephone triage is available for patients who find it difficult to attend the practice, for example due to work and studying.

There are also arrangements to ensure patients receive urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

The practice is registered to carry on the following regulated activities:

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 7 July 2016. During our visit we:

- Spoke with a range of staff (two GPs, a practice nurse, the practice manager, practice administrator and senior receptionist) 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. The incident recording form did not make specific reference to the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the practice was aware of incident notification and enacted the duty of candour principles. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a referral of a patient to the wrong clinic, the referral system was reviewed by the practice team to highlight how simple errors could occur and to implement double checking to avoid such errors in the future.

### Overview of safety systems and processes

The practice had 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a 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 on safeguarding children and vulnerable adults relevant to their role. One locum GP was due to update their training in vulnerable adults shortly on their return from leave. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2. The practice manager and practice administrator were trained to level 3 and other non-clinical staff to level 1.

- 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 (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. There was a cleaning schedule in place and cleaning standards were visually checked but no record was made of these checks. However, immediately after the inspection the practice arranged with the cleaning contractor to put in place a detailed cleaning checklist to record the monitoring of cleaning standards. The principal GP 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 the majority of staff had received up to date training, although this was outstanding for three of the GPs. Annual infection control audits were undertaken and we saw evidence from the latest audit in March 2016 that action in all but one area (which was ongoing) had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank

## Are services safe?

prescription forms and pads were securely stored in most respects and there were systems in place to monitor their use. Prescriptions in the printer in the nurse's room presented a potential security risk as the room was not lockable. However, immediately after our inspection the practice ordered a key pad lock for the nurse's room and this was installed within two weeks. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed nine 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 taken up for the recently recruited locum GP were not documented on file but the practice was actively pursuing copies following our inspection.

### 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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw the latest certificates for this dated March 2016 and September 2015 respectively. 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). We saw the latest report for this dated April 2016.

- 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was no emergency pull cord in the disabled toilet but immediately after our inspection the practice ordered a new cord and this was installed within two weeks.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Water for injections was missing from the emergency kit but this was subsequently found in the nurse's room and returned to the kit.
- The practice did not have a defibrillator available on the premises and had completed an appropriate, documented, risk assessment setting out the reasons and mitigating actions for this decision. The assessment was scheduled for ongoing monitoring and review. Oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Regular checks of medicines were recorded but immediately after the inspection the practice put in place a more robust and transparent recording system.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan, dated January 2016, included emergency contact numbers for staff and 'buddy' arrangements to share facilities with another practice in the event of major disruption.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' 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 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 84% of the total number of points available. More recent unpublished results showed an improvement to 91%.

Data from 2014/15 showed:

- Performance for diabetes related indicators was lower than the national average: 53% compared to 90%.
- Performance for mental health related indicators similar to the national average: 89% compared to 93%.

The following were identified by CQC prior to the inspection as a 'large variation for further enquiry':

- The percentage of patients with diabetes, on the register, in whom the last blood sugar level is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) – Practice 60%; National 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months (01/04/2014 to 31/03/2015) is 5 mmol/l or less - Practice 68%; National 81%.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) - Practice 69%; CCG 85%; National 88%.

The practice had reviewed its diabetes QOF performance in the light of the below average scores generally. As a result it had taken specific action within the last three months with a view to improving performance by the appointment of a diabetic specialist nurse and through access to a community dietician and diabetic specialist nurse. Latest unpublished QOF data showed performance for the above blood sugar level and foot examination indicators had improved to 71% and 73% respectively. The practice also anticipated an increase in diabetes performance overall now that increased resources were focused on this condition.

The following was identified by CQC prior to the inspection as a 'very large variation for further enquiry':

- The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2014 to 31/03/2015).

The principal GP explained that as there were only four patients on the palliative care register they were currently managed individually rather than through multidisciplinary meetings. In supporting these patients the practice had ready access to district nurses who were based opposite the practice and the palliative care nurse who was easily accessible by telephone. However, multidisciplinary meetings were due to recommence a week or so after the inspection.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, and one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following an audit of patients taking specific medicines for hypertension and angina which



# Are services effective?

## (for example, treatment is effective)

interact with a high dosage of a specific cholesterol reducing medicine (statin), all these patients were switched to alternative lower risk statin or had their statin dosage reduced.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Three GP staff were due update training in fire safety and infection control and information governance.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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 recorded in patient records.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- A health trainer was available on the premises to help patients lead a healthier life style, including help to stop smoking, eat more healthily, become more active, drink less and reduce stress levels. The practice nurse provided smoking cessation advice during

# Are services effective?

(for example, treatment is effective)

appointments and patients could be referred to a community smoking cessation adviser. A total of 538 smokers had been identified and 79% had been offered cessation advice.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone 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. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 10% to 91% and five year olds from 65% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 60% of eligible patients) and NHS health checks for people aged 40–74 (completed for 28% of eligible patients). 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 32 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 and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 broadly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice had reviewed below national average scores, discussed them with staff concerned and produced an action plan to monitor the results further with a commitment to improvement in the next survey.

### 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice had reviewed below national average scores, discussed them with staff concerned and produced an action plan to monitor the results further with a commitment to improvement in the next survey.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Staff also spoke several languages relevant to the patient population.
- Some information leaflets were available in other languages.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available via a television screen in reception and on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers (less than one percent of the practice list). In response to this finding the practice undertook to proactively ask patients with carers and carers themselves to identify this status to the practice. They would also endeavour to identify carers via audits of the practice's mental health and disability registers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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 England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in order to secure improved QOF performance for diabetes the practice had secured access to a community diabetic specialist nurse to support an in-house diabetic education programme, and provided on-site access to a dietician and ophthalmology services.

- The practice offered an extended surgery by appointment on alternate Monday and Tuesday evenings until 7.30pm, and alternate Saturdays between 9.00am and 11.00am, for working patients who could not attend during normal opening hours.
- There were longer, 30 minute appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- New diabetic patients could be seen by the in-house diabetic specialist nurse on Saturdays and referred to in-house expert diabetic sessions and podiatry services.
- The practice made use of technology such as text messaging and its website to communicate with younger patients.
- There was an in house counsellor in the surgery and the practice encouraged referrals to local psychological support services through the Improving Access to Psychological Therapies (IAPT) programme.
- The practice liaised closely with the community mental health team (CMHT), including the crisis resolution team to support patients experiencing poor mental health.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and 9.00am to 1.00pm Saturdays. Appointments were from 9.00am to 12.00pm every weekday morning and 3.00pm to 6.00pm every weekday except Thursday. Extended hours appointments were offered on alternate Monday and Tuesday evenings until 7.30pm, and alternate Saturdays between 9.00am and 11.00am. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. Telephone triage was available for patients who found it difficult to attend the practice, for example due to work and studying.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

If patients needed a home visit they were asked to contact the surgery to request this. A doctor would then call them back to discuss their request to help to judge whether a home visit was appropriate and the urgency of the patient's needs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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.

## Are services responsive to people's needs? (for example, to feedback?)

- 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 including a leaflet available from the reception team and details in the patient information leaflet and on the website.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a

timely way, and showed openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a misunderstanding about pathology tests, the practice reviewed its test procedures. Whilst not found to be a fault, staff were instructed to ensure they gave clear instructions to patients about the tests to avoid such future incidents.

# 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 did not have a mission statement at the time of our inspection. However, immediately after the inspection it produced a statement which it undertook to put on display in the practice waiting areas. Staff knew and understood the values embodied within the statement.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The governance arrangements included weekly clinical meetings but these were not minuted to provide documentary evidence of discussion and agreed decisions and actions. However, the principal GP undertook to arrange for future meetings to be minuted.

### Leadership and culture

On the day of inspection the principal GP demonstrated he had the experience, capacity and capability to run the practice and ensure high quality care. He told us they prioritised safe, high quality and compassionate care. Staff told us the managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal GP and practice managers in the practice. All staff were involved in discussions about how to run and develop the practice, and they were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys and complaints received. A patient participation group (PPG) had only recently been formed and held its first meeting. The PPG planned to meet regularly, carry out patient surveys and submit proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.



# Are services well-led?

Good 

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had participated in the CCG pilot for weekend opening and now provided alternate Saturday clinics which took 111 emergencies, urgent care centre redirections and

out-of-hours provider redirections. These all served to avoid unnecessary A&E attendance. The practice sent its staff to the Hounslow Education and Training (HEAT) sessions for local GPs, practice nurses and practice managers for continuous learning and personal development. To enable local practices to also attend HEAT sessions, the practice provided emergency hub cover for Hounslow practices.