

Brook Green Surgery

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?

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brook Green Surgery on 3 December 2015. Overall the practice is rated as good.

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

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. For example, all staff understood and fulfilled their responsibilities to raise concerns and report incidents.
- Risks to patients were assessed and well managed.
- 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. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

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

The areas where the provider must make improvement are:

Summary of findings

- The practice must have DBS checks for the nursing team and non-clinical staff that carried out chaperone duties.
- The practice must keep patient records in a safe and secure location away from public access.

The areas where the provider should make improvements are:

- The practice should review its provisions of services to female patients.

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. Staff understood and fulfilled their responsibilities to raise concerns and report incidences and near misses. 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, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example we found that not all clinical staff had up to date DBS checks. Patient's records were not stored in a secure place.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

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

Good



Summary of findings

example by offering Out of Hospital Community Services in partnership with local organisations. 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. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity 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 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. 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. There was a register for older people who have complex needs, required additional support or were housebound and care plans were in place to ensure these patients and their families received coordinated care and support.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies, although it was difficult to access the surgery with a pushchair due to the steps leading to the entrance. However, there is a ramp that staff put out for pushchair access when needed. We saw good examples of joint working with health visitors.

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

Good



Summary of findings

working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice offered early morning appointments with the GP every Thursday 7am to 8am.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered longer appointments for people with a learning disability. Staff knew how to recognise signs of abuse in vulnerable adults and children. The 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. However, the practice was not proactively reaching out to hard to reach patients, and the practice understood that they needed to be more proactive in signposting vulnerable patients about how to access various support groups and voluntary organisations.

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). One-hundred percent of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months (01/04/2014 to 31/03/2015). They worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. However, they had identified the need to work closer in collaboration with the mental health care worker in liaising with patients with identified risk who were not compliant with their medication. The practice had screened 50 patients on the dementia-screening programme in the last 7 months, increasing their diagnosis screening to 0.4% (compared to 0.6% national average). They had identified the need to have a trained member of staff in the practice to screen and mobilise referrals to memory clinics. Staff at the practice had signed up to become a dementia friend.

Good



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. 441 survey forms were distributed and 100 were returned.

- 87.7% found it easy to get through to this surgery by phone compared to a CCG average of 74.5% and a national average of 73.3%.
- 94.7% found the receptionists at this surgery helpful (CCG average 86%, national average 86.8%).
- 88.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.2%, national average 85.2%).
- 89.3% said the last appointment they got was convenient (CCG average 88.7%, national average 91.8%).

- 82.5% described their experience of making an appointment as good (CCG average 69.1%, national average 73.3%).
- 64.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62.1%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards and spoke with a member of the PPG and three patients during the inspection. The comment cards and the patients we spoke to were all positive about the standard of care received. All patients said that they were happy with the care they received and thought that both clinical and non-clinical staff were approachable, committed and caring.

Brook Green Surgery

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 advisor and a second CQC inspector.

Background to Brook Green Surgery

Brook Green Surgery provides GP primary care services to approximately 4400 people living in Hammersmith. The practice is staffed by two GP partners, both of whom are male working full time hours. The practice employs two nurses, three healthcare assistants, including one trainee, five administrative staff, and one practice manager. It is a teaching practice and has one 5th year medical student. GPs had an active role in the CCG, one was the Information Governance Lead and the other GP was a board member. The practice holds a General Medical Services (GMS) contract and is commissioned by the NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is open between 8am to 6.30pm Monday to Friday. They provide extended hours between 6.30pm to 8pm Monday to Friday, Thursday between 7am to 8am and Saturday between 9am to 11am. The out of hours services are provided by an alternative provider, NHS 111 service and the details of the service is communicated in a

recorded message accessed by calling the practice when closed. Patients can book appointments and order repeat prescriptions on the telephone as well as online and in person.

The practice is located in an area where the population is relatively young urban professionals. Approximately 67% of the practice population was working or in full time education.

The practice provides a wide range of services including clinics for child health and development and in house phlebotomy. The practice also provides public health services, including flu vaccinations, travel vaccinations and cervical cytology screening.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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 that we hold about the practice. We carried out an announced visit on 3 December 2015. During our visit we:

- Spoke with a range of staff (clinical and non-clinical) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and record it on a form that was available on the practice's computer system. The practice carried out a thorough analysis of the significant events. 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, we saw there had been a recent incident where a patient had been given a vaccination that they had already had. However, information of the first vaccination had not been recorded in the immunisation notes. As there were a number of patients waiting, the clinician did not have time to look at all of the patient notes. As a result the practice immediately reduced the number of vaccination appointments to 2-3 appointments only, thus allowing the clinicians to spend more time with each patient. All staff were advised of the changes and why.

National patient safety alerts were disseminated by the practice manager to relevant practice staff by email and were discussed in weekly governance meetings. Staff we spoke to was able to tell us about recent alerts they had discussed regarding the risk posed by cable cords on blinds. They had all been removed from the practice in response to an alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, however some areas required improvements to be made:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. All staff had received relevant role specific training on safeguarding adults and children and vulnerable adults. All clinicians were trained to Safeguarding level 3 and non-clinical staff to level 1. Staff were aware of their responsibilities and knew how

to share information, record documentation of safeguarding concerns and how to contact the relevant agencies in working and out of hours. Contact details of the agencies were displayed in all treatment rooms and reception. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

- A chaperone policy was in place and was displayed on the waiting room noticeboard and in treatment rooms. Nurses acted as chaperones. They were trained for the role but did not have a Disclosure and Barring Service check (DBS check).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning records were kept which showed that all areas in the practice were cleaned daily, and the toilets were checked regularly throughout the day and cleaned when needed. The senior practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the last one was completed in March 2015.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medicines that needed to be stored in the fridge were kept in the medicines fridge in the nurse's treatment room. There was a clear policy for ensuring medicines were kept at the required temperatures and we saw records to confirm that temperature checks of the fridges were carried out daily. There was a clear procedure to follow if temperatures were outside the recommended range and staff were able to describe what action they would take in the event of a potential failure of the fridge. All medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with the waste regulations. Prescription pads were not securely stored and there were no systems in place to monitor their use. However, since inspection we have received evidence to show the practice has now put systems into place to keep prescription pads in a locked

Are services safe?

cabinet and all prescription serial numbers are recorded onto a database. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed 12 personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were recorded for the GP partners. We found that the practice did not always have evidence of new recruit's conduct in previous employment, for examples the provider had not followed up references for one of its new employers as per their recruitment policy.
- On the day of inspection we found patient records were stored in unlocked filing cabinets in the reception and waiting room. Since inspection the practice have put in short term measures and are planning to store patient records in a locked room in the practice.

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 and a Health & Safety poster in the reception area. The practice had up to date fire risk assessments and carried out regular fire drills. For example we saw evidence of Fire Risk Assessment carried out in July 2015. There were four action plans which had been completed, however there was no recordings of the completion dates. The practice told us that all electrical equipment was checked to ensure the equipment was safe to use and we saw evidence of PAT test carried out in January 2015. Clinical equipment was checked to ensure it was working properly and we saw evidence of Calibration testing in August 2015. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff to meet patients' needs. There were two male GPs and we were told that they had two practice nurses if patients wanted to see a female clinician. However there had been no provisions made for female patients to be seen by female GPs at the practice. There was a rota system in place for all the different staffing groups to ensure that enough staff was on duty. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness.

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 of any emergency. All staff received annual basic life support training and we saw evidence of this in the training log kept by the practice manager. There were emergencies medicines available in the treatment rooms as well as oxygen with adult and paediatric marks. The practice did not have a defibrillator but had carried out a risk assessment which stated that 'in the event of an emergency requiring the need of a defibrillator it is considered that a blue light ambulance from Charing Cross hospital would reach the practice before setting up and initiating a defibrillator.' The hospital is approximately 1mile from the practice. The 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. The practice said the plan was last updated in 2014. On the day of our inspection we found the staff list had not been updated. Since the inspection we have received evidence to confirm this has now been done.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessment needs and delivered care in line 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2014/15 were 92% of the total number of points available, which was 1% above the CCG average but 1.5% below the England average. The practice had improved their QOF performance by 1.2% since 2013/14 when they achieved 90.8%. They had 14.8% exception reporting, which was 2.9% above the CCG average and 5.6% above the England average. Data from 2013-2014 showed;

- Performance for diabetes related indicators was 86%, 2.5% above the CCG average but 3% below England average.
- The percentage of patients with hypertension having regular blood pressure test was 92%, 2% below the CCG average and 5.5% below national average.
- Performance for mental health related indicators was 81%, 5% below the CCG average and 12% below the national average.
- The dementia diagnosis rate was 100%, 8% above the CCG average and 5.5% above the national average.

Clinical audits had been conducted at the practice. The GPs showed us details of four clinical audits carried out in the last two years, one of which was a completed audit on the Quality of Prescribing. The audit showed the practice had improved its antibiotic prescribing in line with the CCG guidelines.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, information governance and infection control.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months.
- Staff also had to complete regular mandatory courses such as annual basic life support, health and safety training and safeguarding. The practice manager kept a training matrix and was therefore aware of when staff needed to complete refresher training in these topics.
- Staff had access to and made use of e-learning training modules and in-house training. For example, receptionist told us that they had received in house chaperone training by one of the GPs.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice told us that multi-disciplinary team meetings took place as and when needed based on patient needs and that care plans were routinely reviewed and updated monthly. We saw evidence of this in minutes from MDT meetings and clinical practice meetings.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One of the GPs was the Information Governance lead for Hammersmith & Fulham CCG and CWHHE (the working partnership between Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Clinical Commissioning Groups), where they was instrumental in developing a consent model. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent, in line with relevant guidance and this was documented onto patient's record. 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A smoking cessation service was available on the premises.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme in 2014/15 was 83.8%, which was 10.7% above CCG average and 2% above national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% and five year olds from 77.5% to 97.5%. Flu vaccination rates for the over 65s were 68%, and at risk groups 34%. The practice was aware that they were performing below CCG and national averages and were putting in processes to try to improve these outcomes.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice was able to show evidence of 15% of eligible patients having a health check completed. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and treated people with dignity and respect. Medical screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. However, conversations at the reception counter with patients could be heard by others in the reception area. When we asked staff about this they said that if patients indicated they wanted to talk in private they would take them to a spare room.

The three patient CQC 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 also spoke with one member of the patient participation group, who 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 from July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with doctors and nurses were similar to the CCG averages. For example

- 77% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 83%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90%).
- 95% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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. The care plans we reviewed demonstrated that patients were involved in the discussions and agreeing them. There was evidence of end of life planning with patients.

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:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. Within the team the staff spoke a range of languages, including French, Italian, Russian, Arabic and Polish. We saw notices in the reception areas and on their website informing patients about the translation service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, for example carers support groups, cancer prevention and child meningitis.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18% of the practice list as carers. Written information was available to direct carers to the various avenues of support.

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

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. 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. GPs had an active role in the CCG, one was the Information Governance Lead and the other GP was a board member. The practice attended a monthly locality meeting with the CCG and other practices to discuss local needs and plan service improvements that needed to be prioritised.

The needs of the practice population were understood and the practice had identified areas in which they could improve the way they provided services for specific populations groups. For example:

- The practice opened on Thursday mornings from 7am to 8am, Monday to Friday evening until 8pm and Saturdays 9am to 11am, for working patients who could not attend during normal opening hours. They also offered on-line appointments, online ordering of repeat prescriptions, and telephone consultations to speak with the GP or nurse. They also provided travel clinics and immunised students under the new Meningitis ACWY program (young teenagers and students going to university for the first time are advised to have a vaccination to prevent meningitis W disease).
- Patients over 75 years had a named GP to co-ordinate their care and are offered an annual health check and vaccinations such as Influenza and Pneumococcal. There was a register for older people who have complex needs, required additional support or were housebound and care plans were in place to ensure these patients and their families receive coordinated care and support. Home visits were available for older patients. The practice provided an in house phlebotomy clinic at the surgery every Thursday with the healthcare assistant.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. GPs attended regular internal as well as multidisciplinary meetings with district nurses, social workers and palliative care nurses to discuss patients and their family's care and support needs. Patients in

these groups had a care plan, which were reviewed every six to twelve months and would be allocated longer appointment times when needed. We saw evidence of this in minutes of clinical meetings.

- The practice ran a baby clinic fortnightly, which provided an opportunity for mothers to express any concerns that they may have with the health visitor. GPs told us they liaised regularly with the health visitor who also attended some of the multi-disciplinary team meetings. On the day appointments were given to children when parents requested the child to be seen urgently. The GPs demonstrated an understanding of the Gillick competency.
- The practice had a register of patients experiencing poor mental health. One-hundred percent of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months (01/04/2014 to 31/03/2015). Seventy-six percent of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the last 12 months (01/04/2014 to 31/03/2015). However, the practice had identified that the clinicians needed to actively engage with this patient group and had plans in place to work more closely with the Community Mental Health worker.
- There were longer appointments available for people with learning disabilities, long term conditions and in other situations where patients needed additional time due to their individual needs or circumstances. Patients could request for 5, 10, 15 minutes or double appointment bookings as they felt necessary. The practice also had "walk-in clinic" every Tuesday and Thursday between 8.45am to 11.45am.

The premises however were not easily accessible to patients with disabilities. There were a number of steps up to the reception and waiting area. The practice had a portable ramp which they used for disabled patients. They also said that GPs would see these patients on the ground floor or carry out home visits to patients who used wheel chairs. Toilet facilities were available for all patients attending the practice and there were baby changing facilities. However there were no disabled access toilet facilities but the practice had carried out a Disability Disclosure Assessment.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had identified a lack of space at the practice and was looking at options for improving their services by moving to a purpose built practice, which would allow them to provide modern facilities, including wheelchair access.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Appointments were from 8.45am daily to 8pm. The practice was open on Saturday between 9am to 11am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Patients could also access appointments at the local 'hub' practice seven days a week by calling the normal surgery number and then being referred.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was relatively positive and in some questions patients felt the practice did better than the local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 82.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.9% and national average of 74.9%.
- 87.7% patients said they could get through easily to the surgery by phone (CCG average 74.5%, national average 73.3%).
- 82.5% patients described their experience of making an appointment as good (CCG average 69.1%, national average 73.3%).

- 64.9% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62.1%, national average 64.8%).

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. The practice manager was the 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 there were poster in the reception/waiting areas, the patient information leaflet had a summary of the complaints procedures which was given to all patients at the point of registration, and there was information on the practice website also. Patients we spoke to on the day were aware of the process to follow should they wish to make a complaint, however none of the patients we spoke to had ever needed to make a complaint about the practice.

We looked at three complaints received in the last 12 months and found they were dealt in a timely way, in line with the practice complaints policy. The majority of the complaints related to access to services. Lessons were learnt from the concerns and complaints and action was taken to improve the quality of care as a result. For example, we saw a patient had complained about the delay in processing a medical exemptions certificate. This was discussed in the staff meeting and a new process was put into place to ensure all administrative tasks were completed in a timely way. However, the practice was not recording all complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and the staff we spoke to knew and understood the values. The practice discussed its mission and values in staff meetings and we saw this recorded in the meeting minutes.

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. We spoke to seven members of the staff and they were aware of their own roles and responsibilities. They told us that they felt valued, well supported and knew who to go to in the practice with any concerns. We saw:

- The practice had a number of policies and procedures to govern their activities and these were available to all staff to access via the shared drive on any computer within the practice. We looked at eighteen policies and procedures and found that they were up to date and being implemented. However we found the recruitment policy wasn't always followed. For example the policy stated candidates would have to provide two references from previous/ recent employment however; we found a new member of staff had only provided one reference.
- The practice had weekly management meetings which were attended by the GP partners, senior practice nurse, the practice manager and the IT administrator. They discussed finance, premises, equipment and staffing issues. We saw evidence of this in meeting minutes.
- On the day of inspection the practice had not completed any audits in the last 12 months. However, they were able to present one completed audit post inspection which showed a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. For example, the practice carried out a medicines audit between 2013 to 2015 to ensure prescribing was in line with best practice

guidelines for safe prescribing. The Prescribing Quality audit showed that the practice improved their prescribing of first line antibiotics and reduced their NSAIDs prescribing to CCG targets.

- The practice had an understanding of their performance. They attended a monthly peer review meeting with other practices and used the Quality and Outcomes Framework (QOF) to measure their performance, which showed it was performing in line with national standards. The practice's emergency admissions rate was lower than CCG and national averages.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions. The practice had a risk register for vulnerable adults and children and the staff we spoke to knew how to access this. The staff were also able to describe examples of abuse and were to report safeguarding concerns to. There was a list of contacts for safeguarding concerns in the reception desk and the consultation rooms.
- The practice had completed an environmental risk assessment in March 2015 and as an outcome made the Business Continuity Plan accessible and available to all staff through the shared drive.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. 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 was unexpected or unintended safety incidents the practice gives affected people reasonable support, truthful information and a verbal and written apology. For example when a prescribing error was made, the practice took responsibility for the mistake and acted on this promptly. The GP contacted the affected person both verbally and in writing apologising for the error. The practice also learnt from this mistake and put in a new protocol to prevent incidences in the future. They kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Good 

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

The partners were visible in the practice and staffs told us that they were approachable and always take the time to listen to all members of staff. The staff told us that regular team meetings were held and that there was an open culture within the practice. They said they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff was involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG

which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the PPG expressed concerns about the difficulty in accessing appointments on short notice and therefore the practice introduced walk in clinics twice a week, which were not pre-booked in advance.

- The practice had also gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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. One of the GPs had worked closely with the CCG in developing a consent model. This work allowed 5 CCGs to access 1.5million patients and shares their notes across West London to improve patient care.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not fully assess, monitor and mitigate risks. They had failed to follow their own recruitment policy and did not obtain DBS checks for the nursing team and non-clinical staff who carried out chaperone duties. The provider did not keep patient records in a safe and secure location away from public access.</p> <p>This was in breach of regulation 17-(1) (2)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>