

Lynwood 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Lynwood Surgery on 4 August 2016. At that time the practice was registered under a different provider. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The practice was taken over by a new provider. Due to the practice being rated inadequate the special measures was automatically transferred to the new provider. The full comprehensive report can be found by selecting the Dr Haider Al-Hasani 'all reports' link for on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 10 October 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- Improvements had been made since our last inspection. There was an open and transparent

approach to safety and a system was in place for reporting and recording significant events. However we have concerns about the lack of consistent clinical leadership at the practice.

- The practice had clearly defined and embedded systems to minimise risks to patient safety, this was an area of improvement since our previous inspection.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Data showed patient outcomes were low compared to the national average in areas such as diabetes care, mental health and cervical smears.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However there were areas where the practice did not perform well.
- Information about services and how to complain was available.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.

Summary of findings

- A number of patients commented on how late consultations at the practice often ran. Some patients reported waiting for more than an hour for their appointments.
- The practice had not developed a business plan or strategy.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Sustain the improvements that have been achieved from the GP national patient survey results survey and also make further improvements in areas that are still low.
- Review and improve the process of identifying carers.
- Continue efforts to recruit a fully established patient participation group (PPG) at the practice.
- Improve the waiting times for patients waiting for GP consultations.

I am taking this service out of special measures. This recognizes the significant improvements made to the quality of care provided by this service.

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



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data showed patient outcomes were low compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- 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 requires improvement caring services.

Requires improvement



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Although the practice had reviewed the needs of its local population, it did not offer extended hours to working patients.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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. Information reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- Since our last inspection the practice had made some improvements. However we are still concerned about the lack of consistent clinical leadership at the practice.
- The practice had not developed a business plan or strategy.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In one example we reviewed we saw evidence the practice complied with these requirements.
- The principal GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Requires improvement



Summary of findings

- The practice proactively sought feedback from staff. The practice had established a PPG with one member. However the practice were still to have a fully established patient participation group.

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 provider was rated as requires improvement for effective, caring, responsive and well led.

The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

Requires improvement



People with long term conditions

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

- Data showed patient outcomes were low compared to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 54% which was lower than the CCG average of 76% and the national average of 78%. Exception reporting for diabetes was 5% which was below the CCG average of 11% and the national average of 9%.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Requires improvement



Summary of findings

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 provider was rated as requires improvement for effective, caring, responsive and well led.

The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Working age people (including those recently retired and students)

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

- The age profile of patients at the practice was mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice did not offer extended opening hours.

There were, however, examples of good practice

Requires improvement



Summary of findings

- The practice was proactive in offering online services as well as a range of health promotion and screening. The practice had online appointment booking and prescription requests.
- Telephone consultations with clinicians were available to meet the needs of this population group.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective, caring, responsive and well led.

The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was lower compared to other practices. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was

Requires improvement



Summary of findings

75% compared to the CCG average of 92% and the national average of 89%. Exception reporting for mental health was 20% which was higher than the CCG average of 11% and national average of 13%.

- Data 2016/17 showed that 80% of patients' diagnosed with dementia on the practice list, had their care reviewed in a face to face meeting in the last 12 months. The practice had seven patients who were eligible for the screening.
- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 were published 7 July 2017. The results showed the practice was performing similar to or above local and national averages. Three hundred and sixty-nine survey forms were distributed and 106 were returned. This represented a completion rate of 29% and 4% of the practice's patient list. The results showed the practice was performing similar to local and national averages but there were areas that required improvement. For example,

- 76% of patients described the overall experience of this GP practice as good compared with the CCG average of 78% and the national average of 85%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 69% and the national average of 77%.

All of the 25 patient Care Quality Commission comment cards we received were largely 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. Some patients commented on how they thought the practice had made improvements following the last CQC inspection. However a small number of patients commented on the late running of clinics of the practice.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were caring and understanding.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Sustain the improvements that have been achieved from the GP national patient survey results survey and also make further improvements in areas that are still low.

- Review and improve the process of identifying carers.
- Continue efforts to recruit a fully established patient participation group (PPG) at the practice.
- Improve the waiting times for patients waiting for GP consultations.

Lynwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Lynwood Surgery

Lynwood Surgery is located in Hanger Lane in the London Borough of Ealing. The practice provides care to approximately 2300 patients. According to the practice the majority of their patients are from mixed population of Asian/Middle eastern and European background. The practice also has a high number of asylum seekers.

The practice area is rated in the fifth less deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have a greater need for health services.

The practice is registered as a sole provider with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures; family planning services and maternity and midwifery services.

The practice has a General Medical Services (GMS) contract (this is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) and provides a range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning and sexual health services.

The practice has one male principal GP working a total of three sessions and employs two female long term locum

GPs working two and four sessions respectively, giving a total of nine sessions. The rest of the practice team consists of one part time practice nurse, a part time health care assistant and three administrative staff, a medical secretary and reception staff and a part time practice manager who works across two other sites that are owned by the principal GP.

The practice was currently open five days a week from 8am-6pm on Mondays, Tuesday, Thursday and Fridays. On Wednesdays the practice closed at 1pm. Consultation times were 9pm until 1pm and 3pm until 6pm. When the practice is closed, the telephone answering service directs patients to contact the out of hour's provider. The details of the out-of-hours service were communicated in a recorded message accessed by calling the practice when it is closed.

Why we carried out this inspection

We undertook a comprehensive inspection of Lynwood Surgery formerly known as Dr Al Hasani on 4 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective, and responsive and well led services and was placed into special measures for a period of six months.

The full comprehensive report inspection can be found by selecting the 'all reports' link for Dr Al Hasani on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Lynwood Surgery on 10 October 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 October 2017. During our visit we:

- Spoke with a range of staff including the principal GP, practice manager and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and 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.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 4 August 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of significant events reporting, monitoring high risk medicines, medicines management, cleanliness & infection control and dealing with emergencies were not adequate.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system 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 supported 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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We found that safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed and shared with staff. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had revised their security lock up process following an incident where windows at the practice were left unlocked overnight.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

- We found that arrangements for safeguarding 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 who was the principal GP. They also told us they were the CCG safeguarding lead.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Staff told us they telephoned the practice manager or principal GP if concerns arose during their absence from the practice.
- GPs were trained to child protection or child safeguarding level three, nurse and health care assistant level 2 and level 1 for all other non-clinical staff.
- 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 were cleaning schedules and monitoring systems in place.
- The principal GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. The practice had recently had an external IPC audit undertaken by the CCG. We saw evidence that action was being taken to address improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

- There were processes 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and they were up to date (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 August 2016, we rated the practice as inadequate for providing effective services as there were gaps arrangements to ensure clinical staff received clinical updates, lack of clinical audit completion, there was no evidence of MDT meetings taking place and staff had not received appraisals.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 from 2016/17 was 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. This was an improvement from our last inspection where the practice had achieved only 89%. The overall exception rate was 7%, which was lower than the clinical commissioning group (CCG) average of 9% and the national average of 10%. (Exception reporting is the

removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed that the practice was an outlier for QOF data related to diabetes.

- Performance for diabetes related indicators was lower to other practices. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 54% which was lower than the CCG average of 76% and the national average of 78%. Exception reporting for diabetes was 5% which was below the CCG average of 11% and the national average of 9%.
- Performance for mental health related indicators was lower compared to other practices. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 75% compared to the CCG average of 92% and the national average of 89%. Exception reporting for mental health was 20% which was higher than the CCG average of 11% and national average of 13%.

The practice told us they were aware of the areas they needed to improve upon and were planning to develop an action plan to improve QOF poor performance in 2017/18.

There had been two clinical audits commenced in the last two years where the improvements made were implemented and monitored. For example, we reviewed an audit which the practice had carried which reviewed patients attending urgent and emergency care centre. The practice carried out this audit to investigate the frequency of patients visiting local emergency settings and to ascertain the reasons for accessing these services. The practice wanted to gain a better understanding of their patient needs. The first cycle of the audit found that ;

- 12.5% of patients attended the urgent care centre or accident and emergency the day the practice closed half day.
- 15% of most frequent attenders were children and the elderly aged 60 and above.
- 80% of attendees did so appropriately.

Are services effective?

(for example, treatment is effective)

- 28% of patients attended the urgent care centres at a time they could have been seen at the practice as patient appointment slots available.

Following this the practice found that it was necessary to ensure patients had adequate information regarding services available at the practice including telephone consultations, emergency appointments and the use of other services such as the local pharmacy. The second cycle of the audit found that patients attendances from the children and elderly population groups had decreased, with no patients over 60 attending accident and emergency. The practice told us as a result of the audit. They are engaging with the CCG to review their opening hours.

Effective staffing

- 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. For example all clinical staff were being supervised by the principal GP.
- 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.
- 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 and nurses. All staff had received an appraisal within the last six months. The principal GP was due to be revalidated in December 2017 and had received his local appraisal in March 2017.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the one documented example we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. There was evidence of meetings with other health care professionals.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted those to relevant services. 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 and smoking cessation.
- The health care assistant provided in-house healthy eating and weight management advice and sign posted patients for smoking cessation advice to local support groups if required.

At the August 2016 inspection the practice's uptake for the cervical screening programme was 68%, which was lower than the CCG average of 78% and the national average of 82%. Data recently published for 2016/17 showed that the practice had made improvements and attained 73%; however this was still lower than the national average of 81%.

The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below CCG/national averages

for children up to age two (average of 82% compared to the national standard of 90%). Rates for the vaccines given to five year olds ranged from 70% to 98% which was comparable to CCG/national averages.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. However, bowel and breast cancer screening rates were below local and national averages. For example:

- Females, 50-70, screened for breast cancer in last 36 months was 53% compared to the CCG average of 67%, and the national average of 73%.
- Females, 50-70, screened for breast cancer within 6 months of invitation was 33% compared to the CCG average of 67%, and the national average of 74%.
- Persons, 60-69, screened for bowel cancer in last 30 months was 34% compared to the CCG average of 47%, and the national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 33% compared to the CCG average of 44% and the national average of 56%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing caring services. At our follow up inspection on 10 October 2017 we found the practice is still requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 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. Some patients commented on how they thought the practice had made improvements following the last CQC inspection. We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were caring and understanding.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were mixed with some scores comparable to or below average for satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%. This showed a decrease from 78% for this indicator.

- 76% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%. This showed a decrease from 77% for this indicator.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%. This showed an increase from 87% for this indicator. This showed a decrease from 85% for this indicator.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 86%. This showed an increase from 66% for this indicator.
- 82% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared with the CCG average of 85% and the national average of 92%.
- 90% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. Results from the national GP patient survey showed patients

Are services caring?

responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than national averages. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 78% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 91%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 85%.

The practice told us they were aware of the areas that required improvements and were planning to develop an action plan.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

- A local patient referral system was used with patients as appropriate.

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 on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers (0.8% of the practice list). There had been no improvement on the number of carers registered at the practice since our last inspection. The practice were aware of the need to ensure that they made improvements to system they had of identifying carers but were still to address this. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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

At our previous inspection on 4 August 2016, we rated the practice as inadequate for providing responsive services. The practice had not reviewed the needs of its local population. Patients also reported limited access to the nursing service and there was no evidence that learning from complaints had been shared with staff.

At our follow up inspection on 10 October 2017 we found the practice had made improvements although there were areas they still needed to improve on. The practice is therefore rated requires improvement for providing responsive services.

Responding to and meeting people's needs

At our last inspection we found no evidence that 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. During this inspection we saw evidence that the practice were aware of their patients' health needs and were working to deliver CCG initiatives.

- There were longer 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities and interpretation services available.

Access to the service

The practice was currently open five days a week from 8am-6pm on Mondays, Tuesday, Thursday and Fridays. On Wednesdays the practice closed at 1pm. Consultation times were 9pm until 1pm and 3pm until 6pm. When the practice is closed, the telephone answering service directs patients to contact the out of hours provider. The details of the out-of-hours service were communicated in a recorded message accessed by calling the practice when it is closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in some areas but there were areas that were also very low.

- 58% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 85%. This showed a decrease from 67% for this indicator.
- 73% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 68% and the national average of 71%. This showed an increase from 70% for this indicator.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 84%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 21% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However some patients reported that appointments often ran late at the practice with some having to wait for up to an hour. We spoke to the principal GP and they advised us that they were aware of this. They explained that they were working with the locum GPs to ensure that clinics did not over run. Reception staff were also aware to advise patients on any late running sessions.

Are services responsive to people's needs?

(for example, to feedback?)

At our previous inspection patient feedback we received indicated that the number of nursing hours did not meet the needs of the patients. During this inspection we found that the practice had a regular practice nurse attending the practice once a week. The health care assistant was working three days per week. Patients we spoke with told us that the nursing service had improved. The practice still had plans to recruit a nurse to offer more hours.

The practice had a system to assess:

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

Since our last inspection there had been no complaints received into the practice. However we saw that the practice had developed a system to ensure that complaints were discussed and shared with all staff.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 4 August 2016, we rated the practice as inadequate for providing well-led services as there was poor governance arrangements and lack of leadership.

These arrangements had been improved when we undertook a follow up inspection on 10 October 2017. The practice is rated as requires improvement for well-led services.

Vision and strategy

During this inspection we found that the practice had still not developed a business plan or strategy. Staff we spoke with all seemed to share a common vision; which was to deliver high quality care and promote good outcomes for patients. The principal GP explained their future plans but these were not documented. However the practice sent us a copy of their business plan/strategy after the inspection.

Governance arrangements

We found that the practice now had some governance systems that were being followed.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. There was a policy to ensure these were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

During this inspection the principal GP who had taken over the practice but was also part of the previous GP team told us they were responsible for two other practices located in the Ealing CCG. The principal GP advised us that they shared their time between two of their other locations where they were the lead GP and also spent some time undertaking safeguarding work for the CCG.

There was some evidence to demonstrate that improvements were being made. However we are concerned about the lack of consistent clinical leadership at the practice. The principal GP told us that they did three sessions at the practice. The rest of the time the practice was run by the locum GPs.

We found that the practice manager employed at the practice had made some improvements. However they also worked across the two sites operated by the principal GP and their time at the practice was limited. The practice manager told us that they felt improvements had been made at the practice since they took over. They had also received support from the CCG and local network.

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents.

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.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff said they felt respected, valued and supported, particularly by the principal GP provider in the practice.

Are services well-led?

Requires improvement 

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

All staff were involved in discussions about how to run and develop the practice 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and complaints received. The PPG met twice per year. The practice explained the difficulties they had encountered in having an active PPG. They had recruited one PPG member and were looking to create a

virtual group to try and increase numbers. The practice advised us they were also carrying out internal surveys though they were still to address or have an action plan for improvements suggested by patients.

- 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.

Continuous improvement

The practice were aware of the need for continuous improvement and they told us that their focus had been to make improvements at the practice to provide better care to patients.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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 registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <p>The registered person had failed to ensure the care and treatment of service users met their needs. Outcomes for patients with diabetes, people experiencing poor mental health and cervical smears were all below local and national averages.</p> <p>The registered person failed to act on patient feedback.</p> <p>The registered person did not ensure that they provided sufficient clinical and managerial leadership and oversight.</p> <p>The registered person had failed to develop a business plan and strategy.</p> <p>Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>