

Sunrise Medical Centre

Quality Report

11 Abbots Road, Southall, Middlesex, UB1 1HS
Tel: 0208 5719934
Website:

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Requires improvement	
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 Sunrise Medical Centre on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients when interviewed 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 patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- The practice should take action to identify patients with caring responsibilities.
- The practice should review their policies and processes to improve uptake for cervical screening.
- Ensure the practice considers how to the care of people with long-term conditions.
- Implement a programme of continuous quality improvement to improve outcomes for patients.
- Ensure the practice continues to address patient experience and access to improve poor performance identified in the GP Patient survey (January 2016), relating to appointments and access to nurses and GPs.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed some patient outcomes were average or lower for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits did not demonstrate quality improvement.
- 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 patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey (January 2016) showed patients rated the practice lower compared to others for several aspects of care. The issues identified in the survey related to the old partnership, the current partners had taken over leadership of the practice since July 2015. They introduced

Good



Summary of findings

many improvements to the practice since July 2015, for example; implementing a new telephone system and appointments system. This was confirmed by both the PPG and patients at the practice.

- Patients when interviewed 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 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 good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example; the practice had met with a physiotherapist from the community integrated musculoskeletal service to discuss patients accessing the referral pathway.
- Patients when interviewed 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. Data from the National GP Patient Survey (January 2016) showed patients rated the practice lower compared to others for several aspects of care. The issues identified in the survey related to the old partnership, the current partners had taken over leadership of the practice since July 2015. They introduced many improvements to the practice since July 2015, for example; implementing a new telephone system and appointments system. This was confirmed by both the PPG and patients at the practice.
- The practice had good clinical facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 some 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 47.15% of patients with diabetes on the register had their blood sugar recorded as well controlled, compared to the national average of 71.88%.
- 93.28% of patients with diabetes on the register had a record of a foot examination and risk classification, compared to the national average of 88.43%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- 80.63% of patients with asthma on the register had an asthma review; this was higher than the national average of 75.35%.
- 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.
- 99.01% of women aged 25-64 had it recorded on their notes that a cervical screening test has been performed in the preceding 5 years; this was higher than the national average of 81.83%. This was with an exception reporting rate of 25% (exception reporting ensures that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Good



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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 84.61% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months, compared to the national average of 84.01%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, compared to the national average of 88.47%.
- The practice regularly worked with multi-disciplinary (MDT) teams in the case management of people experiencing poor mental health, including those with dementia and held monthly MDT meetings.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing significantly lower compared to the CCG and national averages. Three hundred and ninety seven survey forms were distributed and 86 were returned. This represented 2.3% of the practice's patient list.

- 36% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 92%).
- 58% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.

- 52% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Patients stated that staffs at the practice were kind and helpful and it was very easy to book an appointment to see the doctor.

We spoke with 6 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Sunrise Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Sunrise Medical Centre

- The practice is in the London Borough of Ealing. It is located on the ground and first floor of a two storey building with limited parking facilities. There are three consulting rooms and a room for baby consultations. There are two toilets, one for patients with disabled access and another for staff. Access to the surgery is via the front entrance of the building with automatic doors and level flooring for wheelchair access.
- The practice provides the following services to the whole population:
 - Diagnostics and screening services
 - Treatment of disease, disorder or injury
 - Family Planning Services
 - Maternity and midwifery services
- The practice is run by two GP partners, male and female. The practice is also supported by two locum GP's (male and female) one female nurse, a healthcare assistant (HCA), four members of reception staff, one secretary and one practice manager.
- The practice is open between 8:00am and 6:30pm Monday to Friday. They also offer extended opening hours on Monday from 6:30pm to 8:00pm and Tuesday

from 6:30pm – 7:30pm. Appointments were from 08:30am – 1:00pm every morning and 2:00pm – 6:00pm daily. Extended surgery hours were offered at the following times; 6:30pm-7:30pm on Monday and 6:30pm – 7:00pm on Tuesdays.

- When the practice is closed patients can call 111 in an emergency or out-of-hours provider, a local deputising service.
- The practice has a patient list of approximately 3,690 patients. The practice is situated in an area which is classified within the fourth most deprived decile. The majority of patients within the practice are either young or of working age with a small percentage of patients aged between 65 and 85.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Spoke with a range of staff (GP's, practice nurse, HCA, Reception staff and practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, discussions of significant events were a standing agenda item at practice meetings. On one occasion where the practice called for an ambulance they were asked whether or not they had a defibrillator. At the next team meeting they reviewed and discussed the need for a defibrillator and subsequently purchased one. This was documented in accordance with the practice's significant event reporting policy.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training relevant to their role. GPs, the practice nurse and HCA were trained to Safeguarding level 3. Other non-clinical staff were all trained to Safeguarding level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the practice installed a dispenser for antibacterial hand gel at the entrance of the practice.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice did carry out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (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). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises (PSDs are written instructions from a qualified and registered prescriber

Are services safe?

for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91.2% of the total number of points available, with 7.0% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was comparable or lower than the national average:
 - 47.15% of patients with diabetes on the register had their blood sugar recorded as well controlled, compared to the national average of 71.88%.
 - 93.28% of patients with diabetes on the register had a recorded foot examination and risk classification, compared to the national average of 88.43%.
 - 79.19% of patients with diabetes on the register had a recorded blood pressure reading, compared to the national average of 74.19%.
- Performance for mental health related indicators was comparable or higher than the national average:

- 84.61% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months, compared to the national average of 84.01%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, compared to the national average of 88.47%.
- 96.3% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months, compared to the national average of 88.47%.
- Performance of prescribing antibiotics was lower than the national average:
- 9.78% of antibiotic items prescribed by the practice were Cephalosporins or Quinolones was higher than the national average of 5.13%.
- Clinical audits did not demonstrate quality improvement. There had been three audits undertaken in the last two years, two of these were completed audits. These were cost saving audits, not clinical audits; improvements were not made, implemented or monitored. For example, a recent review of the prescribing of anti-microbial dressings resulted in the practice prescribing cost-effective dressings based on the wound type.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were not used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. For example, new non-clinical staff, as part of their induction, would shadow a more experienced member of staff for a minimum period of two weeks.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had

Are services effective?

(for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, 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.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 99.01%, which was above the national average of 81.83%. This was with an exception reporting rate of 25% (exception reporting ensures that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 47 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. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. For example the practice promptly responded to the PPG's request for an electronic entrance door to improve access for disabled patients.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice generally was low for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 81% said the last nurse they spoke to was good at treating them with care (national average 91%).
- 63% said they found the receptionists at the practice helpful (CCG average 82%, national average 87%).

Data from the National GP Patient Survey (January 2016) showed patients rated the practice lower compared to others for several aspects of care. The issues identified in

the survey relates to the old partnership. This survey covers the period of January – March 2015 and September 2015. The current partners took over leadership of the practice around July 2015. They introduced many improvements to the practice since July 2015, for example; implementing a new telephone system and appointments system. This was confirmed by both the PPG and patients at the practice.

Care planning and involvement in decisions about care and treatment

Whilst the patients told us they felt involved in decision making about the care and treatment they received, the patient survey results were lower than average. Patient feedback on the comment cards we received was positive and aligned with the views of what patients told us during the inspection.

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 below the CCG and national averages. For example:

- 77.8% said the last GP they saw was good at explaining tests and treatments (CCG average 80.6% and national average 86%).
- 70.52% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81.61%.
- 85.1% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83.1% and national average 89.6%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified, thirty one patients, 1% of the practice list as carers. Written information was available to direct carers to the Ealing Carers Centre and various other local avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; the practice had met with a physiotherapist from the community integrated musculoskeletal service to discuss patients accessing the referral pathway.

- The practice offered a 'Commuter's Clinic' on a Monday evenings until from 6:30pm -8.00pm and Tuesday evenings until from 6:30pm - 7:30pm for working patients who could not attend during normal opening hours. Appointments were from 08:30am – 1:00pm every morning and 2:00pm – 6:00pm daily. Extended surgery hours were offered at the following times; 6:30pm-7:30pm on Monday and 6:30pm – 7:00pm on Tuesdays.
- There were longer appointments available for patients with a learning disability and complex medical conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice recently, upon the request of the PPG, installed automatic doors to improve disabled access to the practice.

Access to the service

The practice was open between 8:00am – 6:30pm Monday to Friday. Appointments were from 08:30am – 1:00pm every morning and 2:00pm – 6:00pm daily. Extended hours appointments were offered at the following times; 6:30pm-7:30pm on Monday and 6:30pm – 7:00pm on

Tuesdays. In addition to pre-bookable appointments could be booked up to four weeks in advance, urgent appointments were also available on the same day for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally comparable to local and national averages. The practice stated that the issues identified in the survey relate to the old partnership. The current partners took over leadership of the practice around July 2015. The data represented in the GP patient survey was collected between January – March 2015 and July –September 2015. The practice was mindful of the issues and had implemented many immediate changes. For example the practice had implemented a new telephone triage system for emergency appointments.

- 72.11% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 36.17% patients said they could get through easily to the surgery by phone compared to the national average of 73.26%.
- 37.14% patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36.17%.

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

Data from the National GP Patient Survey (January 2016) showed patients rated the practice lower compared to others for several aspects of care. The issues identified in the survey related to the old partnership, the current partners took over leadership of the practice around July 2015. They introduced many improvements to the practice since July 2015, for example; implementing a new telephone system and appointments system. This was confirmed by both the PPG and patients at the practice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system there were relevant posters in the waiting area. There was also information within the practice leaflet advising patients about the process.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled,

dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained with regards to confusion as to their appointment time. The practice acknowledged and investigated the complaint in line with the practice's policies and procedures. The GP partner at the practice also spoke to the patient offering an apology and confirming the outcome of the investigation, following this with a formal written response.

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 clear mission statement. Staff when interviewed showed awareness and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- However, a comprehensive understanding of the performance of the practice was not maintained. A programme of continuous clinical and internal audit was not used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.