The Corfton Road Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Corfton Road Surgery on 20 December 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. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- The practice should ensure that it receives and acts on relevant non-clinical safety alerts (for example to assess the risk posed by looped blind cords).
- The practice should make greater use of two-cycle clinical audit within its quality improvement programme to ensure that observed improvements are sustained in practice.

Summary of findings

- The practice had relatively high exception reporting rates for some Quality and Outcome Framework indicators (for example, on diabetes). The practice should investigate these areas of practice to ensure it is fully meeting patients' needs.
- The practice should consider ways to understand and improve standardised measures of patient feedback with its nursing 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?

Good

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes tended to be at or above average compared to the national average, although exception reporting rates also tended to be higher than average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a clinical audit programme and demonstrated 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice helped patients to live healthy lives and encouraged patients to participate in preventive vaccination and screening programmes.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice close to the clinical commissioning group and national averages for most aspects of care.

Summary of findings

- Patients said they were treated with compassion 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?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs although the lack of space was limiting further expansion of the service and some areas were in need of modernisation.
- 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 and used to improve the service.

Are services well-led?

Good

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GP partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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, for example offering care planning to patients aged over 75.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided the seasonal flu vaccination for patients over 65 and the shingles and pneumococcal vaccinations for eligible older patients. The practice ensured that housebound patients received these vaccinations.
- The practice had been instrumental in setting up a care coordinator scheme covering local practices. The assigned care coordinators visited patients in their own homes and regularly liaised with the practice, for example on care planning and case management.

People with long term conditions

Good

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.
- The practice kept registers of patients with long term conditions. These patients had a structured annual review to check their health and medicines needs were being met. The practice operated a call-recall system to encourage patients to attend for their review.
- Practice performance for diabetes was above average. In 2015/16, the percentage of diabetic patients whose blood sugar levels were adequately controlled was 96% compared to the clinical commissioning group (CCG) and national averages of 78%.
- The practice participated in schemes to avoid unplanned admissions which included patients with complex or multiple long term conditions. The top 4% of patients identified as at risk were reviewed and had a personalised care plan. Cases were discussed at regular multidisciplinary meetings. These patients' cases were allocated between the GPs to promote continuity.

Summary of findings

Families, children and young people

Good

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.
- The practice achieved immunisation targets (90%) for all standard childhood immunisations and boosters and offered child developmental checks.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. The premises were suitable for children and babies.
- Appointments were available outside of school hours.
- We saw positive examples of timely communication and referral to health visitors and other community health services.
- One of the GPs had a paediatric specialism and this was utilised within the practice to provide second opinions as well as pre-referral advice and reviews of patients. The practice told us this helped reduce onward hospital clinic referrals and provide effective care closer to patients' homes.
- The practice provided paediatric phlebotomy (for two to five year olds) from the premises. This service was also available to patients from other practices in Ealing.

Working age people (including those recently retired and students)

Good

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 and flexible.
- The practice offered additional evening sessions from 6.30pm to 8pm on Tuesday and Wednesday and opened on Saturday morning from January to March.
- The practice offered a range of ways to access services, for example, daily telephone consultations with a GP, online appointment booking and an electronic prescription service. The practice used a messaging service to communicate with patients and send appointment reminders.
- The practice offered a full range of health promotion and screening services reflecting the needs for this age group including NHS health checks.

Summary of findings

- In 2014/15, 87% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 79%.

People whose circumstances may make them vulnerable

Good

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

- The practice was open to all eligible patients regardless of their circumstances. For example, the practice encouraged people living on probation or in secure or long term hospital accommodation to register with the practice.
- The practice held a register of patients living in vulnerable circumstances including people with a learning disability.
- The practice offered longer and same day appointments for patients with a learning disability.
- The practice maintained a register of patients who were also carers and had a designated 'carers champion'. Carers were offered regular reviews and flu vaccination and signposted to further support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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)

Good

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

- 100% (of 24) patients with dementia had attended a face to face review of their care in the last year compared to the CCG average of 86%.
- The practice screened patients at risk of dementia, and, if applicable, they were referred onwards to memory clinics for further assessment.
- 97% (of 33) patients diagnosed with psychosis had a comprehensive care plan in their records compared to the CCG average of 92%. The practice regularly liaised with the mental health specialist teams and took over the management of

patients with stable conditions. These patients were able to meet the primary care mental health support worker and obtain specialist mental health smoking cessation advice at the practice.

- The practice was able to advise patients experiencing poor mental health and their carers how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The survey programme distributed 336 questionnaires by post and 109 were returned. This represented 2% of the patient list (and a response rate of 32%). The results showed the practice's results tended to be close to the local and national averages.

- 76% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 91% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93% and the national average of 95%.
- 70% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

We spoke with six patients during the inspection including four members of the patient participation group and received 22 completed patient comment cards. Patients participating in the inspection were very positive about care they received at the practice, for example consistently describing the staff and the receptionists as friendly, attentive and caring and providing prompt treatment and advice. Several patients gave us examples of personalised and compassionate care they or family members had received. Four patients commented that the appointment system could be improved, but other patients were positive about this aspect of the service.

The practice had an active patient participation group and members told us the practice was responsive to suggestions and had made improvements as a result of their feedback.

The Corfton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser.

Background to The Corfton Road Surgery

The Corfton Road Surgery provides NHS primary medical services to around 7000 patients in Ealing. The service is provided through a general medical services contract.

The current practice clinical team comprises two GP partners and two salaried GPs. Patients have the choice of seeing a male or female GP. The GPs have a range of special interests including paediatrics and the management of particular long term conditions. The GPs typically provide around 20-24 sessions in total each week.

The practice also employs two practice nurses (one of whom is an independent prescriber), a health care assistant, a phlebotomist, a practice manager and receptionists and administrative staff.

The practice opening hours vary daily:

- Monday: 8am-6pm
- Tuesday: 8am-6.30pm (extended surgery 6.30pm-8pm)
- Wednesday: 8am-6.30pm (extended surgery 6.30pm-8pm)
- Thursday: 8am-2pm
- Friday: 8am-6pm

The telephone lines close between 1pm and 2.30pm and also 30 minutes before the practice closes on Monday and Friday. The practice is also normally closed over the weekend.

Same day appointments are available for patients with complex or more urgent needs. The practice offers online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised to use the local out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on its website and on a recorded telephone message.

The general practice population is characterised by higher life expectancy than the national average and lower than average levels of income deprivation and unemployment. The practice also serves patients in nearby hostel and residential accommodation. The practice has a relatively young population and is ethnically diverse.

The practice is a training practice offering training posts to newly qualified doctors.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; and maternity and midwifery services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 20 December 2016. During our visit we:

- Spoke with a range of staff (including GPs, the practice manager, the nurse practitioner and receptionists) .
- Observed how patients were greeted and talked with six patients including four members of the patient participation group.
- Reviewed an anonymised sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions.
- Reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits and monitoring checks.

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.

Good

Are services safe?

Our findings

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events and an annual review.

We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, critical incidents, near misses and relevant alerts.

Significant events were discussed at weekly clinical meetings and minutes retained. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident had involved a patient experiencing delayed hospital appointments following a two week cancer referral. As a result the practice had implemented a 'safety net' system to ensure it proactively followed up two week referrals. It had also shared the incident with the hospital concerned which had in turn implemented changes to its process for receiving urgent referrals.

There was a system in place to disseminate and track clinical safety alerts. The practice had not acted on all relevant non-clinical alerts however, such as risk assessing the safety of looped blind cords in consultation rooms.

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 to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding 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. The GPs and practice nurses were trained to child safeguarding level 3. All other staff had been trained to level 1 or 2.
- The practice had designated leads for safeguarding children and vulnerable adults. The GPs provided safeguarding related reports where necessary for other statutory agencies. Staff demonstrated they understood their responsibilities and all staff (including the administrative staff), had received training on safeguarding children and vulnerable adults relevant to their role. The practice was able to give us recent examples where they had identified and then acted to safeguard patients at risk of abuse in line with local protocols.
- Notices in the waiting and consultation rooms 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. One of the GP partners was the named lead for infection control in the practice and the practice nurses were responsible for monitoring infection control practice day to day. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff had received up to date training on infection control.
- The practice carried out regular audits of handwashing and an internal annual infection control audit. The practice had also undergone an external audit of its infection control in June 2016 which was carried out by the local NHS infection control team. The practice had scored highly on this (96%) and we saw it had acted on all recommendations, for example to improve the security of its clinical waste storage.
- The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicines). Processes were in place for handling repeat

prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- The practice had systems in place to ensure vaccines and any other medicines were stored at the appropriate temperature. However, we noted that the vaccines in one of the fridges were arranged very close to and in some cases touching the internal walls with the potential to block airflow and lead to uneven internal temperatures.
- The nurse prescriber had the appropriate training and qualifications to support their prescribing practice. Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. (PGDs are 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 in place to use patient specific directions (PSDs) allowing the health care assistant to administer flu vaccinations. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency to be administered or supplied to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed 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.

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. The practice had appropriate health and safety policies and protocols in place with named leads. The practice had a fire risk assessment which was up to date. The practice carried out regular fire drills and kept a record of these.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety such as control of substances hazardous to health; 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 needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix, for example two clinicians were always available when vaccinations were administered. We were told that the practice patient list was growing rapidly and the management team was monitoring workload, staffing and skill mix requirements.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- There were emergency medicines and oxygen with child and adult masks available in the treatment room. The practice had recently purchased a defibrillator (and pads) and was in the process of arranging staff training on its use. 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The clinical staff reviewed and discussed updates to guidelines at their meetings. The practice also conducted audits, medicines reviews with individual patients and checks of patient records to assess the treatment provided was evidence based.
- The practice had a programme of audits and was able to show us several examples of audits against national and local guidelines, for example the practice had completed audits of medicines of limited value and was in the process of carrying out an audit into the management and monitoring of patients on high risk medicines.
- Clinicians used standardised templates within the electronic patient record system for care planning and reviews of long term conditions.

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 for 2015/16 were 99.6% of the total number of points available compared to the national average of 95.3%. The practice exception reporting rates tended to be much higher than the local and national average at 21% for the clinical domain overall compared to the CCG average of 11%. (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:

- Practice performance for key diabetes related indicators was above the local and national averages. For example, 96% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and national averages of 78%. However, the practice exception reporting rate for this indicator was 33% which was higher than the CCG average of 11%.
- Eighty-one per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the CCG average of 76% and national average of 78%. The practice exception reporting rate for this indicator was again high at 26%.
- In 2015/16, all 24 of 24 patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was above the CCG average of 86%.The practice exception reporting rate was in line with other practices in the area for this indicator.
- And 29 of 30 (97%) of patients with a diagnosis of psychosis had an agreed, comprehensive care plan compared to the CCG average of 92%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were prompted by changes and updates to guidelines, significant events, safety alerts and local prescribing priorities. All members of the clinical team and the trainee GPs had been involved in auditing aspects of care and the results were shared in the clinical team meetings.
- The practice used clinical audit as a tool to monitor and improve its performance. For example, the practice had identified the prevalence of heart failure and atrial defibrillation as low within the practice population and had carried out audits to review its identification and diagnosis of these conditions. The practice had identified more cases as a result although the audits suggested that underlying prevalence of these conditions was relatively low.
- The practice provided evidence of two completed two cycle audits following the inspection. One of these was an audit of the prescribing of simvastatin following an update in prescribing guidelines. The re-audit showed that the practice was prescribing this medicine safely.

Good

Are services effective?

(for example, treatment is effective)

The practice should make greater use of two-cycle clinical audit within its quality improvement programme to ensure that observed improvements are sustained in practice.

- The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team. Findings were used by the practice to improve services, for example, the practice regularly reviewed its antibiotic prescribing against local protocols. The practice also carried out audits and performance monitoring of its extended or enhanced services as contractually required, for example, of cervical screening sample taking.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff received mandatory training and updates that included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff with specific roles, for example chaperoning were given appropriate training and guidance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The prescribing nurse had received appropriate training to support her prescribing practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, team meetings and informal discussion and support for revalidation (for the GPs and nurse). All staff had received an appraisal within the last 12 months.
- The GP partners provided evidence that the practice provided monitoring, mentoring and regular review to support trainee doctors when they were on placement in the practice.
- The practice held weekly clinical and monthly team meetings. Clinical meetings included discussion of guidelines, reflection on significant events and complaints and unusual or challenging cases.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- The practice had recently conducted a medicines reconciliation audit and as a result had improved its internal workflow processes used to update care plans and repeat medicines for patients for example, following hospital discharge and better manage clinical correspondence more generally.
- Practice clinicians attended monthly multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also routinely liaised with health visitors, district nurses and the local palliative care team to coordinate care and share information.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- 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 nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients in need of extra support. For example: patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- In 2015/16, 87% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 79% and the national average of 81%. The practice ensured a female sample taker was available. (The practice exception reporting rate for this indicator was higher than the CCG average at 22% compared to 10%).
- There were 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In 2015/16, the practice coverage for breast cancer screening was 67% which was in line with the CCG average of 66%. Bowel cancer screening uptake was 54% which was above the CCG average of 46%.
- Childhood immunisation rates were above target (90%) for standard childhood vaccinations. For example in 2015/16, 93% of eligible babies had received the recommended vaccinations by the age of one year. The practice followed up children who did not attend their initial appointments.
- 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. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite and helpful to patients and treated them with 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 were able to take patients to a more private area if they needed to discuss sensitive issues or appeared distressed.
- The practice used interpreting services when appropriate.

Patients who participated in the inspection were very positive about care they received at the practice, for example consistently describing the clinical staff as taking time to listen and explain to patients. Results from the national GP patient survey reflected these findings. The practice tended to scored in line with the local and national averages for experience of GP consultations with GPs although its results for nurse consultations tended to be somewhat below average. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 91% 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%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients who participated in the inspection told us they felt involved in decision making about the care and treatment they received. They also said they had received good advice and information that was helpful in making decisions. The practice had access to two locally assigned care coordinators who visited patients at home who needed support or signposting to available health and social services and community groups.

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. Again, the practice tended to score in line with the CCG and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 67% 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 the national average of 85%.

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. The practice produced patient newsletters periodically and these were available to download from the website.

The practice staff had participated in carers awareness training and had appointed a member of staff as the practice carers' champion. The practice computer system alerted staff if a patient was also a carer. The practice had identified 88 patients who were carers (>1% of the practice list). The practice offered carers the flu vaccination, priority for appointments and written information about the various avenues of support available to them.

Good

Are services caring?

Staff told us that if patients had suffered bereavement, the GP would write or telephone. The practice signposted patients to bereavement support services.

Good

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. The practice provided a range of extended or enhanced services at the practice to meet the needs of patients, for example ECG testing and phlebotomy (including paediatric phlebotomy).

The practice was located in an affluent area of West London but we saw evidence that the practice encouraged patients to register regardless of their circumstances and needs. For example, the GP partners were enthusiastic about providing an 'enhanced' shared care service for patients with long term mental health problems.

- The practice offered appointments until 8pm on Tuesday and Wednesday evenings to ensure the service was accessible to patients who could not attend during normal opening hours.
- There were longer appointments available for patients with communication difficulties or who had complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems. We spoke with one carer who said they were always able to obtain a same day appointment for their family member who had complex health problems.
- Patients were able to receive travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- There were accessible facilities, a hearing loop and translation services available including sign language interpreters. The practice was able to provide written information leaflets in a range of languages, (and to a more limited extent, easy read format) and were in discussions about obtaining information for patients in Braille.
- All consultation rooms and the patient toilet were located on the ground floor. The practice was in need of modernisation but access had been adapted so that all clinical areas were accessible to patients with mobility difficulties.

Access to the service

The practice opening hours varied daily:

- Monday: 8am-6pm
- Tuesday: 8am-6.30pm (extended surgery 6.30pm-8pm)
- Wednesday: 8am-6.30pm (extended surgery 6.30pm-8pm)
- Thursday: 8am-2pm
- Friday: 8am-6pm

The telephone lines closed between 1pm and 2.30pm and also 30 minutes before the practice closed on Monday and Friday. The practice was also normally closed over the weekend. The practice offered Saturday morning surgeries at busy times of year.

- 61% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 59% usually get to see or speak to their preferred GP compared to the CCG average of 51% and the national average 59%.
- 69% of patients said they usually waited for less than 15 minutes after their appointment time to be seen compared to the CCG average of 52% and the national average of 65%.

The practice had a system in place to assess:

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

This was done by asking patients or carers to request home visits early in the day wherever possible to allow the duty doctor (GP) to make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the

Good

Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at four written complaints from the last 12 months and found these were appropriately handled and dealt with in a timely way. The practice offered patients a written apology and a meeting with patients to discuss their concerns. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff had attended conflict resolution training and the locum pack had been updated to include details of recent A&E and maternity service reconfiguration.

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's stated mission was to provide high quality, safe, effective and patient-centred primary care with a focus on educating patients to be aware of their needs. The practice also aimed to be caring and to use NHS resources responsibly.

- The practice had a mission statement and objectives reflecting its vision. The practice displayed a charter on its website providing more detail about what patients should expect from the service.
- The practice had a strategy and supporting business plans which were regularly monitored. This included long-term practice planning, for example around premises expansion as well as an awareness of changes in local service provision and commissioning and ensuring the practice was represented in local decision making.

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. The practice had developed the skills of the practice team over time and increased the range of services available at the surgery for example, the nurse prescriber was training to become an advanced nurse practitioner.
- Practice specific policies were implemented and were available to all staff in folders and on the shared drive.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information and clinical audit was used to monitor practice performance in comparison to other practices within the same locality. The practice had a track record of higher than average performance in relation to the Quality and outcomes framework. (QOF) However, the practice was unable to provide any analysis or data to explain its relatively high exception rate reporting for some of the QOF indicators.
- There were effective arrangements for identifying, recording and managing most risks and implementing mitigating actions.

Leadership and culture

The GP partners and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised high quality and compassionate care. The GP partners were accessible and staff told us that they were approachable.

- The practice held regular staff meetings and minutes were kept for future reference, to check that outstanding actions had been completed.
- Changes to policies, guidelines, systems and processes were shared with staff. For example, staff members changes were discussed at staff meetings and the notes of meetings were kept on file.
- Staff said they felt respected, valued and supported by the GP partners and the practice manager and colleagues.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issue.
- The provider complied 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).

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met twice yearly, discussed patient feedback and survey results and discussed proposals for improvements to the practice management team. For example, the PPG had been involved in improving the information displayed in the waiting room and had ideas for improving the website.
- The practice had also gathered feedback from staff through appraisals and staff discussion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, the practice manager or the GP partners.

Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels. For example, the practice had

Are services well-led?

Good

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

expanded the range of services it offered, now providing a microsuction service to remove ear wax (on a private basis), phlebotomy and ECG testing and was keen to expand further.

- Practice team members who had a specialist skill or who had attended relevant training disseminated key learning points within the practice. One of the GPs, as part of their role with the clinical commissioning group, had organised 'cardiology upskilling' sessions open to GPs across the area.
- The practice was a training practice and encouraged trainees to focus on quality improvement, for example providing support on clinically useful audits in the practice environment. The practice was also expanding its educational remit to take undergraduate medical students and postgraduate nursing students for short term placements at the practice.