

Dr S Thurlow, Dr P Hurton, Dr J Carter, Dr RB Popat and Dr JS Sira (also known as The Cedar Brook Practice)

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S Thurlow, Dr P Hurton, Dr J Carter, Dr RB Popat and Dr JS Sira (also known as The Cedar Brook Practice) on 9 June 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, including those associated with infection control, medicines management and health and safety.
- 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 felt the practice offered an excellent service, staff were helpful, caring, polite, professional and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- Conduct a formal risk assessment for the exclusion of administration staff receiving a Disclosure and Barring Service (DBS) check.
- Ensure that all staff receives basic life support training at the frequency recommended by current national guidelines.
- Display notices informing patients of interpreting services available at the practice.

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 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, including those associated with infection control, medicines management and health and safety.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed performance in diabetes and mental health related indicators were similar to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was mostly at or above average for its satisfaction scores on consultations with GPs and nurses.
- Patients said they felt the practice offered an excellent service, staff were helpful, caring, polite, professional and treated them with dignity and respect.

Good



Summary of findings

- 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, participating in CCG led review of referral and prescribing data.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

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

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- There was a named lead and deputy for safeguarding vulnerable adults and staff were aware of their roles and responsibilities to raise concerns.
- The practice used risk stratification tools to identify older patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk. Patients were contacted after any unplanned admission to follow up on discharge plans and update care plans as required.
- Patients over the age of 65 years with one or more complex medical problems were also eligible for a care plan and were offered an appointment with the health and social care worker assigned to the practice as part of the Integrated Care Plan (ICP) scheme.
- All patients on the admission avoidance and ICP lists were discussed at monthly practice meeting and care plans updated.
- The practice held monthly multi-disciplinary team meetings to discuss older patients with complex medical needs and update care plans as required.
- Patients were referred to local community support services in the voluntary and statutory sectors as required.
- Pneumococcal and shingles vaccination were offered when appropriate.
- Older patients were triaged as a priority for same day appointments and home visits were available if required.

Good



People with long term conditions

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

- There were nurse led clinics for patients with asthma and Chronic Obstructive Pulmonary Disease (COPD) for annual health checks and review after exacerbation. In-house spirometry was available.
- Two of the GPs had a specialist interest in diabetes and one of the practice nurses had received additional training in the management of diabetes. The practice held weekly diabetic clinics and patients with diabetes were offered extended

Good



Summary of findings

appointments for annual review. The clinics were organised by a member of the administration team who arranged for patients to have blood tests before their appointment and followed up on any patient who missed an appointment.

- The practice was involved in the Diabetes Wellbeing Project that used clinical psychologists working with patients with diabetes to improve their mental health and showed improvement in their diabetes management as a result.
- The practice used risk stratification tools to identify patients with long term conditions at high risk of hospital admission and invite them for review to create integrated care plans aimed at reducing this risk. Patients were contacted after any unplanned admission to follow up on discharge plans and update care plans as required.
- The practice held regular multi-disciplinary team meetings to discuss patients with complex medical needs and update care plans as required, which were appropriately minuted.
- QOF data for 2014/15 showed performance indicators related to long-term conditions, such as diabetes and high blood pressure, were similar to local and national averages.

Families, children and young people

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

- There was a named GP lead and a deputy GP for safeguarding children. Staff had received role appropriate training and were aware of their responsibilities to raise concerns. Bi-monthly child protection meetings were held at the practice and attended by health visitors.
- The practice offered childhood immunisations in line with national guidance and uptake rates were similar to national averages.
- The practice offered GP-led routine antenatal and postnatal care. The first vaccinations for babies were administered by a GP at their eight week health check and thereafter by the practice nurses.
- Same day appointments were available for children under five years of age who were unwell as well as on the day telephone consultations. Appointments for children were available outside of school hours and on Saturday mornings.
- Contraceptive services were available including insertion of long acting reversible contraceptive devices.
- The practice offered primary medical care services to patients from a local children's home for unaccompanied asylum seekers. These patients were given priority to by-pass the

Good



Summary of findings

registration waiting list and were offered extended appointments with their key workers. The practice had previously treated fifty patients from the home but at the time of inspection had one patient on the register.

- The practice presented courses for parents about the management of minor ailments in children.

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).
- There were extended hour appointments available for patients unable to attend the surgery during normal working hours. Daily telephone consultations were also available.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice sent text messaging reminders for booked appointments.
- The practice offered health checks for new patients and NHS health checks for patients aged 40–74 and any abnormalities were followed up on appropriately.

People whose circumstances may make them vulnerable

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

Good



- There was a named lead and deputy for safeguarding vulnerable adults and staff were aware of their roles and responsibilities to raise concerns.
- The practice maintained a register of patients with learning disabilities and these patients were invited for annual health checks including medication reviews.
- Homeless patients were able to register with the practice and they provided housing letters and advocacy letters if required.
- The practice used language line for patients who did not speak English as their first language and offered extended appointments.
- Staff were trained to signpost patients to community based services, such as addiction recovery support, counselling and citizens advice.

People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- QOF data 2014/15 showed the practice performance indicators relating to mental health were similar to local and national averages.
- On the day appointments were available for patients experiencing poor mental health. Extended appointments were also offered if required.
- The practice proactively referred patients to local community mental health services including counselling.
- Hospital 'did not attend' letters for patients with dementia or experiencing poor mental health were followed up with a telephone call by the GP or administration team to invite the patient to attend for review.
- Dementia screening was offered opportunistically as well as to those patients at risk of dementia with referral to local memory services if appropriate.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and eleven survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 76% 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 73% and the national average of 76%.
- 79% 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%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 72% and 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 31 comment cards and most were positive about the standard of care received. Comments received described staff as helpful, caring, polite and professional and the environment as clean and hygienic. The few negative comments received related to long waiting times to get an appointment.

We spoke with eight patients including one Patient Participation Group (PPG) member during the inspection. A further patient unable to attend the practice on the day of inspection shared their comments via email. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the practice's most recent Friends and Family Test (FFT) showed they had achieved an average 61% satisfaction rate for the three month period from March 2016 to May 2016.

Areas for improvement

Action the service SHOULD take to improve

- Conduct a formal risk assessment for the exclusion of administration staff receiving a Disclosure and Barring Service (DBS) check.
- Ensure that all staff receives basic life support training at the frequency recommended by current national guidelines.
- Display notices informing patients of interpreting services available at the practice.

Dr S Thurlow, Dr P Hurton, Dr J Carter, Dr RB Popat and Dr JS Sira (also known as The Cedar Brook Practice)

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, a practice manager specialist adviser and an Expert by Experience.

Background to Dr S Thurlow, Dr P Hurton, Dr J Carter, Dr RB Popat and Dr JS Sira (also known as The Cedar Brook Practice)

Dr S Thurlow, Dr P Hurton, Dr J Carter, Dr RB Popat and Dr JS Sira (also known as The Cedar Brook Practice) is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of the Clover Health Network in the Hillingdon locality. The practice is an

approved training practice for GP specialist trainees (GP Registrars) and medical students. It is also a training practice for undergraduate and post-graduate nursing students.

The practice provides primary medical services to approximately 10,050 patients living in Northolt and Hillingdon and holds a core Personal Medical Services Contract (PMS) and Directed Enhanced Services Contracts. The practice is located at 11 Kingshill Close off Kingshill Avenue in Hayes Middlesex with good transport links by bus services.

The practice operates from a purpose built building owned and managed by the GP Partners. The building is set over two floors with lift access and has a total of 13 consultation rooms, 10 on the ground floor and three on the first floor. The reception and one waiting area are located on the ground floor and a second waiting area located on the first floor. There is wheelchair access to the front of the building. There are toilet facilities for people with disabilities and on site car parking facilities. The practice is the accommodation landlord for the local district nursing team, the Clover Health Network office and secondary care clinics for dermatology and familial hypercholesterolemia.

The practice population is ethnically diverse and has a higher than the national average number of patients between 0 and 19 years of age and lower than the national average number of patients 55 years plus. The practice area

Detailed findings

is rated in the fifth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (47%, 50%, and 54% respectively).

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice team comprises of one male and four female GP partners, a female salaried GP, a locum female GP and a male GP Registrar who all collectively work a total of 44 clinical sessions per week. They are supported by one full time and one part time practice nurses, a practice manager, assistant practice manager, five administration staff, 10 receptionists and two cleaners.

The practice opening hours are from 8.00am to 6.00pm Monday, Tuesday, Thursday and Friday and from 8.00am to 5.00pm Wednesday. Consultation times are from 8.30am to 10.30pm, 11.10am to 12.10pm and 3.30pm to 6.00pm each day with the exception of Wednesday when afternoon consultations are from 2.30pm to 5.00pm. Extended hour appointments are offered from 6.30pm to 7.00pm Monday and Thursday evening, 7.30am to 8.00am Tuesday morning and 8.00am to 12.00pm on Saturday twice monthly. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

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 9 June 2016. During our visit we:

- Spoke with a range of staff, including GP's, practice nurses, practice manager and administration staff 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)

Detailed findings

- 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. An additional prompt had been added to the incident recording form to support 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). Staff had been informed about this and had been provided with information about duty of candour. Information about reporting requirements and processes were displayed in the reception office.
- We saw some evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and an apology.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event when there was a delay in diagnosis an apology was sent to the patient. The case was discussed at the weekly clinical meeting and the relevant clinical guidelines were reviewed, circulated and discussed with all clinical staff to ensure they were up to date and to prevent this occurring in the future.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a named GP lead and a deputy GP for safeguarding children and

vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses and administration staff to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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).
- We reviewed five 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 appropriate checks through the Disclosure and Barring Service (DBS). DBS

Are services safe?

checks had not been undertaken for reception staff and no formal risk assessment had been conducted. We were told that reception staff did not undertake chaperone duties.

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 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 had received basic life support training however the schedule in place for updates did not reflect the frequency recommended by current guidance. Emergency medicines were available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a buddy arrangement system with another practice in the event of whole building loss.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 2014/15 were 99.8% of the total number of points available with an exception reporting of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

Performance for diabetes related indicators was similar to the national average. For example,

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 83% (national average 78%).
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 83% (national average 78%).
- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 95% (national average 94%).

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85% (national average 81%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93% (national average 88%).

Performance for mental health related indicators was similar to national averages. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (national average 88%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 95% (national average 90%).

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, the practice conducted an audit into the diagnosis and management of patients at risk of diabetes. The initial audit found some patients had not been diagnosed according to current best practice guidelines and to improve this the GP lead in diabetes arranged training to ensure staff were up to date. Subsequent re-audit found all patients had received a correct diagnosis and all but two of the patients had received the appropriate blood tests required to confirm diagnosis demonstrating quality improvement.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice participated in CCG led medicines management and undertook regular audit of prescribing practices, such as antibiotic prescribing.

Are services effective?

(for example, treatment is effective)

Findings were discussed with the local medicines management team and data compared with other practices to identify areas for improvement and share learning.

- Information about patients' outcomes was used to make improvements. For example, the practice used risk stratification tools to identify patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk. This list of patients was reviewed monthly to ensure care plans were up to date and if there was an unplanned admission the patient would be reviewed on discharge to update the care plan and refer to any community support services if required.

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 and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, reception staff had received training in customer care and managing difficult patients.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance and infection control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was obtained for minor surgery and for the insertion of long acting contraceptive devices. There was no formal monitoring of the consent process however, we were told an audit of consent procedures was in progress.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- A dietician was available by referral and smoking cessation advice was available from the practice nurses.

The practice's uptake for the cervical screening programme was 81% which was similar to the CCG average of 78% and national average of 82%. There was a policy to offer letter 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% and five year olds from 86% to 97%.

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

Are services caring?

Our findings

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.

Most of the 31 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, polite, professional and treated them with dignity and respect. The few negative comments received related to long waiting times to get an appointment.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices in the reception areas informing patients that this service was available.
- Information leaflets were available in easy read format.

Are services caring?

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's computer system alerted GPs if a patient was also a carer. The practice had identified 280 patients as carers (just below 3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended regular CCG meetings and reviewed data on referral rates and prescribing to compare with local practices and identify areas for improvement.

- There were extended hour appointments available for patients unable to attend the surgery during normal working hours. Telephone consultations were also available daily.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A tannoy system was operated to call patients through to their appointment although we observed that it was not always clear which patient had been called. We were told that the practice had plans to install an electronic patient call display and were in the process of sourcing funding for this.

Access to the service

The practice was open from 8.00am to 6.00pm Monday, Tuesday, Thursday and Friday and from 8.00am to 5.00pm Wednesday. Appointments in the morning were from 8.30am to 10.30pm and 11.10am to 12.10pm Monday to Friday. Appointments in the afternoon were from 3.30pm to 6.00pm Monday, Tuesday, Thursday, Friday and from 2.30pm to 5.00pm Wednesday. Extended hour pre-bookable appointments were offered from 6.30pm to 7.00pm Monday and Thursday evening, 7.30am to 8.00am Tuesday morning and 8.00am to 12.00pm on two Saturday mornings each month. In addition to pre-bookable appointments that could be booked up to three weeks in

advance, urgent appointments for acute illness were also available for people that needed them. Telephone consultations for routine or urgent issues/concerns were available daily in the morning and afternoon.

Results from the national GP patient survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, some comment cards received described long waits for booking routine appointments.

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. The duty doctor triaged requests for home visits by telephoning the patient or carer in advance, to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at 23 complaints received in the last 12 months and found that they were satisfactorily handled, with

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

openness and transparency and with verbal apologies when appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following complaints about the

telephone system the practice discussed and agreed there was a need for an audit of the telephone use and put a notice in reception advising patients that a review into the telephone system was underway.

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 written mission statement to deliver high quality holistic health care in a comfortable and confidential environment. This was displayed on the practice website and waiting areas and staff knew 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and an apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and arranged them in a way so that most staff were able to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the 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. The PPG operated virtually and were periodically asked for their opinions about the practice, the quality of care received and the service provided. We were told that the PPG did not meet face to face, but individually submitted proposals for improvements to the practice management team. For example, a PPG member had suggested replacing damaged chairs in the waiting area and this was acted on. At the time of Inspection the practice was at an advanced stage of completing a review and audit of their telephone system, following

Are services well-led?

Good 

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

comments from some patients who had experienced difficulties getting through to the practice. Results and comments fed back from the Friends and Family Test (FFT) were discussed at clinical meetings where actions in response were collectively agreed.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was involved in local improvement schemes. For example, they actively participated in the local GP network Integrated Care Pathway (ICP) multi-disciplinary team meetings. They participated in North West London Research Network clinical research projects which required patient recruitment. The practice had plans for development of the premises in support of improving patient care and had submitted an application to NHS England for funding consideration.