

# Dr R Jolly and Partners

## 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 Jolly and Partners on 23 February 2016.

Overall the practice is rated as good.

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

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

- Patients said that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure that conversations taking place in the treatment rooms cannot be overheard from the waiting area.
- Ensure patients with caring responsibilities are proactively identified.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Good



### Are services effective?

The practice is rated good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. The practice computers had links to clinical guidelines and had developed protocols and templates for long term conditions.
- Data showed that the practice performance was better than neighbouring practices in the Clinical Commissioning Group.
- The practice met with other local providers to share best practice.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Some 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 and other stakeholders.

Good



## Are services well-led?

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. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents 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.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over 75 years had a named GP to co-ordinate their care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs

Good



### People with long term conditions

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

- The practice was pro-actively managing patients with Long term conditions (LTC). One GP was the lead on managing patients with diabetes. The practice nurse was involved with performing diabetes health checks and monitoring for practice patients and patients in the locality if required through the Out of Hospital services.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had scored 80% on the recent QOF report for diabetes which was below the CCG average.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

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

- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed.

Good



# Summary of findings

- The practice triaged all requests for appointments on the day for all children when their parent requested the child be seen for urgent medical matters, thus were able to offer appointments at a mutually convenient times, for example after school, when appropriate
- We saw positive examples of joint working with midwives and health visitors and monthly meetings were held.
- The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.

## **Working age people (including those recently retired and students)**

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

- The practice offered working age patients access to extended appointments every weekday morning.
- They offered on-line services which included appointment management, viewing patient records, repeat prescriptions and registration. They also had GP telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.
- Patients had access to NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good



## **People whose circumstances may make them vulnerable**

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

- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and homeless patients, were coded on appropriate registers.
- These patients had 'pop ups' on their computer notes to alert all members of staff of vulnerable patients. GPs told us this was to allow them to meet their specific additional needs such as double appointments, interpreter, visual/hearing impaired, carer details, and risk assessment stratification.
- Patients with learning disabilities were invited annually for a specific review with their named GP. We saw 14 out of 15 on the register had reviews carried out in the last 12 months.

Good



# Summary of findings

- The practice had eleven homeless patients and had signed up to the local Out of Hospital care of homeless patients. They gave out food vouchers to this group. They offered double appointment to manage complex needs.
- The patient list included women living in a refuge. These women were offered double appointments as standard as the GPs told us they often had complex medical and psychological needs. They said they encouraged these women to call the surgery for an emergency appointment if there was a crisis event.

## **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).

- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 43 out of 53 had been reviewed in the last 12 months.
- There was a primary care mental health worker (PCMH) based at the practice one day every two weeks, whose role included supporting patients with mental illness transfer from secondary care back to primary care. GPs could also refer new patients to them.
- There were regular reviews of all patients being seen by the PCMH worker with the lead GP
- Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently assessed by a GP if presented.
- The practice had achieved 100% of the latest QOF points for patients with Dementia which was above both CCG and national averages.
- The practice had annual reviews for patients with dementia, which included early consideration of advance care planning . All dementia patients had a care plan which both they and carers had been involved in drafting.
- Dementia friendly training had been arranged for all staff at the practice.
- We were told that they had made improvements to the practice to make it more 'dementia friendly', such as re-arranging the chairs in the waiting area and changing the colours of the furniture and toilet seats.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 115 responses and a response rate of 28% which was 2.9% of the patient list.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 92% found the receptionists at this surgery helpful compared to CCG average of 85% and a national average 87%
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 83% and a national average 85%
- 92% said the last appointment they got was convenient compared to a CCG average 83% and a national average 92%.

- 86% described their experience of making an appointment as good compared to a CCG average 72% and a national average 73%.
- 84% usually waited 15 minutes or less after their appointment time to be seen (CCG average 53%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards and although all positive about the standard of care received, there were some comments relating to not being able to get through on the phone and the length of time patients had to wait for routine appointments. Patients felt the practice offered an excellent service and staff were considerate and treated them with dignity and respect.

# Dr R Jolly and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist advisor.

## Background to Dr R Jolly and Partners

The New Surgery provides GP primary care services to approximately 5500 people living in the Shepherds Bush area of Hammersmith and Fulham. Shepherds Bush is a mixed community and the practice is located in an area which is amongst the most densely populated ward in the borough. Almost 30% of children live in poverty, nearly 45% of the population were born abroad and only 15% of residents speaks English as main language.

The practice is staffed by three GPs, two males and one female doctor who work a combination of full and part time hours, totalling 2.5 WTE. Other staff included a nurse, a Health Care Assistant (HCA) and four administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and maternity and midwifery services.

The practice was open from 7.00am to 6.30pm Mondays to Friday, except Thursday when they closed at 1pm. They had extended hours on Monday to Friday between 7.00am and 8.30am. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours'

service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

The practice provided a wide range of services for patients with diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting we reviewed a range of information we hold about the service and asked other organisations such as Healthwatch, to share what they knew about the service. We carried out an announced visit on 23 February 2016. During our visit we:

- Spoke with a range of staff (doctors, nurse, practice manager and receptionists) and spoke with patients who used the service.
- Reviewed policies and procedures, records and various documentation
- Reviewed Care Quality Commission (CQC) comment cards where patients shared their views and experiences of the service.

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

- Is it safe?

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

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

- Older people
- People with long term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing mental health problems

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.

- They had processes in place for documenting and discussing reported incidents. Staff were encouraged to log any significant event or incident and we saw there was a template located on the shared drive for all staff to complete when an incident occurred. Staff we spoke with were aware of their responsibilities to bring them to the attention of the practice manager. These were usually discussed on the day they occurred and at the monthly staff meetings. Minutes were also sent out to staff not present at these meetings.
- The practice carried out a thorough analysis of the significant events on a quarterly basis and sent annual reports to the CCG.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that where a patient had requested and had received a vaccination outside the period when it should have been given, the practice implemented a new procedure to ensure they gave patients more information about vaccines and their effects.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard patients from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further

guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The lead GP attended external safeguarding meetings when required.

- A chaperone policy was in place and there were visible notices on the waiting room noticeboard and in consulting rooms. We were told administration staff act as chaperones. All staff providing these duties had been appropriately trained and had been Disclosure and Barring Service checked. (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).
- Appropriate standards of cleanliness and hygiene were followed. There was an infection control policy and protocols in place. We observed the premises to be clean and tidy. One of the administration staff was the infection control lead and had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff had received training. The practice completed annual audits and the last one was carried out in January 2015 by the commissioning support unit. We saw evidence that action was taken to address improvements that had been identified, such as to ensure that disposable googles are available. There was also a monthly cleaning audit carried out. Cleaning records were kept which showed that all areas in the practice were cleaned daily, and the toilets were also checked regularly throughout the day and cleaned when needed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, and liaised with the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw records to confirm that temperature checks of the fridges were carried out daily to ensure that vaccinations were stored within the correct temperature range. There was a clear procedure to follow if temperatures were outside the recommended range. Prescription pads were securely stored and there were systems in place to monitor their use. Patient

## Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

- 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 the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy which staff were required to read as part of their induction. This was accessible on all computer desktops for staff. There was a fire risk assessment in place, all fire equipment had been serviced in March 2015 and a fire drill had taken place in August 2015. There was a variety of other risk assessments in place to monitor safety of the premises 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).
- Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told

us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Portable electrical equipment testing (PAT) had been carried out in May 2015. We saw evidence of calibration of relevant equipment; for example, blood pressure monitors, ECG, weighing scales and pulse oximeter which had been carried out at the same time.

- The practice manager Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. For example, the senior receptionist provided cover for the receptionist staff when needed for all absences.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the nurse's treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance and accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw the practice had bi-monthly clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 80%, which was 3% below the CCG and 9% above national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, which was 5% above the CCG and 2% above national averages.
- Performance for mental health related indicators was 100%, which was 14 % above the CCG and 7% above national averages.

Clinical audits demonstrated quality improvement.

- There had been one clinical audit carried out in the last year. All were completed where the improvements made were implemented and monitored. For example, the practice had carried out a review of anti-biotic prescribing which looked at the quantity of antibiotics prescribed to help prescribers focus on patients presenting with viral infections who do not require antibiotics, and educating patients on when antibiotics are really necessary. On first audit they found 687 antibiotics had been prescribed. On re-audit a year later the practice 611 had been prescribed. However, the practice noted that during the year antibiotic prescribing had reduced to 539 before it started to climb again.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- The nurse who administered vaccinations and took samples for the cervical screening programme had received specific training which had included an assessment of competence. They had attended refresher training and accessed on line resources to ensure they stayed up to date with changes to the immunisation programmes.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. All patients deemed vulnerable or with complex needs had care plans which they had been involved in drafting. They included information about how to manage their conditions. We saw evidence that multi-disciplinary team meetings took place quarterly and that care plans were routinely reviewed and updated.

## Consent to care and treatment

Patients' consent to care and treatment was always sought 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 (MCA).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We saw evidence of this in patient's records.
- The practice also documented in patients notes if they had refused a chaperone when offered.

## Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The HCA provided smoking cessation advice at the practice who had achieved the highest number of quitters in a medium sized practice for 2 years in a row, compared to other local practices.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 54% to 97% and five year olds from 63% to 96%.

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

A wide range of information was displayed in the waiting area of the practice and on the practice website to raise awareness of health issues including information on cancer, fever in children and influenza. There was also information about local health and community resources.

# 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; although we were told by some patients that conversations taking place in one of these rooms could be overheard when people were reading the notice board that was located on the wall directly outside the room.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 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 considerate and treated them with dignity and respect. However, we did receive a few comments regarding having trouble getting same day and routine appointment. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients we spoke with on the day told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, but did reiterate the difficulties in getting same day appointments on occasions.

We reviewed the most recent data available for the practice about patient satisfaction. This included information from the national GP patient survey from 2015 where 86% patients said they would recommend this practice.

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

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 98% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average 95% and national average 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 84% and national average 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 85% and national average 91%.
- 92% said they found the receptionists at the practice helpful compared to the CCG average 85%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 90%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average 82%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average 85%

## Are services caring?

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

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified there were eight carers on their list or 0.2% of the patient list. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended a monthly network meetings with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised such as A&E attendances and prescribing.

- Patients over 75 years had a named GP to co-ordinate their care. One GP specifically focused on older people care and carried out home visits when needed. Double appointments were available for these patients when required. They had 35 housebound patients and all had received annual flu jabs in their homes.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. Patients in these groups had a care plan and would be allocated longer appointment times when needed. Reception staff supported clinicians in ensuring annual reviews were completed for all patients in this group.
- Clinicians took lead roles monitoring and managing patients with LTCs.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed. The practice triaged all requests for appointments on the day for all children when their parent requested the child be seen for urgent medical matters, thus were able to offer appointments at a mutually convenient times, for example after school, when appropriate.
- The practice offered working age patients access to extended appointments every weekday morning. They offered on-line services which included appointment management, viewing patient records, repeat prescriptions and registration. They also had GP

telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.

- The practice had eleven homeless patients and had signed up to the local Out of Hospital care of homeless patients. They gave out food vouchers to this group. They offered double appointment to manage complex needs. We saw that 14 out of the 15 patients they had on their learning disability register had been reviewed in the last year.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 43 out of 53 had been reviewed in the last 12 months. There was a primary care mental health worker (PCMH) based at the practice one day every two weeks whose role included supporting patients with mental illness transfer from secondary care back to primary care. GPs could also refer new patients to them. We saw there were reviews of all patients being seen by the PCMH worker with the lead GP. Patients were also referred to other services such as MIND. Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently assessed by a GP if presented. They had also signed up for the Out of hospital service, 'Mental Health Level 1'.
- The practice had achieved 100% of the latest QOF points for patients with Dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. All dementia patients had a care plan which both they and carers had been involved in drafting.
- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice.

### Access to the service

The practice was open from 7.00am to 6.30pm Mondays to Friday, except Thursday when they closed at 1pm. They had extended hours on Monday to Friday between 7.00am and 8.30am. The telephones were staffed throughout working

# Are services responsive to people's needs?

(for example, to feedback?)

hours. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 75% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

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

## Listening and learning from concerns and complaints

The practice had a 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. All verbal complaints were recorded.
- The practice manager handled all complaints in the practice. We saw that these were analysed on a quarterly basis and the outcome and actions were sent to all members of staff.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way, in line with the complaints policy and there were no themes emerging. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that where a patient had complained about the treatment they received from one GP the practice had written and invited the patient back to discuss concerns with the GP and the situation was resolved.

# 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 vision to deliver high quality care and promote good outcomes for patients.

- The practice vision and values was to deliver a one stop health service in a friendly, clinical environment.
- The practice had a strategy and supporting business plans which reflected the vision and values which was reviewed annually.

### 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. We spoke with five members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as safeguarding, health and safety and infection control as part of their induction. All four policies and procedures we looked at had been reviewed and were up to date.
- The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was now performing above national standards. They had scored 783 out of 900 in 2014 and 535 out of 559 in 2015 which was 5% above the CCG average and 1% above England average. We saw QOF data was regularly reviewed and discussed at the weekly clinical. The practice also took part in a peer reviewing system with neighbouring GP practices in Hammersmith and Fulham.
- There was a programme of continuous clinical and internal audit used to monitor quality and to make improvements. The practice had carried out clinical audits in relation to antibiotic prescribing, bisphosphonates and minor surgery.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all patients deemed vulnerable had risk assessments in their records.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. However, we were told that practice meetings were not held regularly. Staff however, felt they worked well together and that they were a highly functional team which listened and learnt, and were aware of their challenges such as, understanding the reporting requirements for the out of hospital contracts.
- We noted that team away days were held occasionally and staff told us these days were used both to assess business priorities and socialise with colleagues.
- Staff said they felt respected, valued and supported, particularly by the management 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.

# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out surveys and submitted proposals for improvements to the practice management team. For example the last survey had identified patients were not happy with the appointment system, long waiting times for routine appointments and felt it had got worse over last five years. As a result, the practice provided more daily emergency slots and were in the process of implementing their online appointment service via the practice website.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff at all levels were actively encouraged to raise concerns. All staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said 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 part of local pilot schemes to improve outcomes for patients in the area. For example the practice had signed up to provide a number of 'out of hospital' services during the pilot stage.