

Dr Wafik Moustafa

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 Acton Town Medical Centre on 5 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff were appropriately trained and qualified and had the skills and knowledge to deliver effective care and treatment.

- Results from the national GP patient survey were mixed. The practice consistently scored below average for the quality of consultations with clinical staff and for patient involvement in decision making. The receptionists were rated very highly for being helpful.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and routine appointments available within 48 hours.
- 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 sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- The practice should improve the management and control of diabetes among the practice population.

Summary of findings

- The practice should record the monitoring checks it routinely carries out in relation to the emergency oxygen and defibrillator.
- The practice should ensure that the locum pack contains the key information that locum staff who are unfamiliar with the practice may need.
- The practice generally scored well on the national patient survey. However, it tended to score below

average on questions about patient involvement in decision making. The practice should investigate this aspect of its service further with a view to improving the patient experience.

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 for reporting significant events and action was taken to improve safety in the practice. When things went wrong patients received reasonable support, a clear explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for most indicators.
- However, practice performance for certain key diabetes indicators was below average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice provided a range of health promotion services.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed that the practice tended to achieve patient ratings comparable to other practices in the local area.
- The patients who participated in the inspection commented positively on the quality of care they had received and the kindness and professionalism of the staff.

Good



Summary of findings

- Information for patients about the services was available in a range of formats.
- The practice was aware of the needs of carers and was taking action to identify carers on the patient list and provide them with information and support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice facilitated good communication through the use of interpreting services.
- The service was accessible to patients. 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 a recent example showed the practice responded quickly to issues raised. Learning from complaints was shared with the patients concerned and the staff team.

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 their responsibilities.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour and had applied this in the case of a recent example we reviewed.
- The principal GP, and senior staff encouraged a culture of openness and honesty. Safety incidents were reported and shared and action taken to prevent recurrence.

Good



Summary of findings

- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group and welcomed patients' suggestions.
- There was a focus on continuous learning and improvement at all levels. Staff had protected time for training.

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 patients.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent or longer appointments for those with enhanced needs.
- The practice identified older patients requiring palliative care or at high risk of unplanned hospital admission. The practice regularly met with the district nurses and other professionals to review these patients' needs.
- The practice provided an on-site phlebotomy service which reduced the need for patients to travel for health appointments. The practice organised community transport for patients without alternative means of transport to attend hospital or other health appointments.
- The practice identified and provided support to carers, for example offering regular health checks.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence. For example, the practice offered eligible older patients the flu, shingles and pneumococcal vaccinations.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.

Good



People with long term conditions

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

- The practice had identified patients with long term conditions and offered these patients a structured annual review to check that their health and medication needs were being met.
- The practice had comparable results for most indicators of chronic disease management as measured by the Quality and Outcomes Framework (QOF) compared to other practices.
- However, performance on diabetes was markedly below average. For example in 2015/16, 60% of diabetic patients had blood sugar levels that were adequately controlled compared to the CCG and the English averages of 78%. The practice was taking action to improve.

Good



Summary of findings

- The practice participated in local schemes to reduce the risk of unplanned hospital admission. One of the GP partners attended regular multidisciplinary meetings where patients' cases were reviewed and their care plans updated to reflect any changes.
- The practice followed up patients with long term conditions following discharge from hospital and ensured that any care plan was updated to reflect any additional needs.
- There were emergency processes for patients with long term conditions who experienced a sudden deterioration in health.

Families, children and young people

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

- The principal GP was the safeguarding lead for the practice. There were systems in place to identify and follow up children at risk of abuse.
- The practice prioritised young children and babies for urgent or same-day appointments. The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- In 2015/16, 72% of practice patients with asthma had an asthma review in the preceding 12 months compared to the national average of 76%.
- The practice provided child immunisations. Immunisation rates were above or close to the 90% targets for standard childhood immunisations. The practice liaised with the health visitors to follow up children who did not attend for immunisation.
- Appointments were available outside school hours including on Saturday morning.

Good



Working age people (including those recently retired and students)

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

- The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible.
- Appointments at the practice were available until 6pm four days a week and from 9am to 12 noon on Saturday morning. Telephone consultations were also available daily. There was an online booking and electronic prescription service. The practice sent text reminders to patients who had signed up for these when appointments and reviews were due.

Good



Summary of findings

- The practice offered health promotion and screening services appropriate for this group, for example NHS health checks to adults aged 40-74. The practice had identified obesity as an area for action and provided educational advice and support and referrals to specialist bariatric services.
- The practice cervical screening coverage rate was 80% compared to the CCG average of 79% and the national average of 81%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other complex needs. All practice patients with a learning disability had attended for a health check and review within the last 12 months.
- The practice worked with other health care professionals for example health visitors, in the management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, it had referred patients at risk of becoming homeless to the local branch of a national homeless charity.
- Staff interviewed knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice recognised the needs of carers. The practice had a designated 'carer champion', staff had received awareness training and the practice provided carers with information about the support available to them.

Good



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).

- In 2015/16, all six patients diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months.

Good



Summary of findings

- Patients identified as at risk of dementia were assessed and referred to the local memory clinic. Patients with dementia were offered regular reviews at the practice.
- The practice carried out advance care planning with patients living with dementia and their carers.
- 89% (16 of 18) patients diagnosed with psychosis had a comprehensive, agreed care plan documented in the record, within the last 12 months. The national average of 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff were familiar with the locally agreed NHS mental health crisis 'pathway'.
- Patients with long term mental health problems were able to meet with the psychiatric nurse at the practice for regular follow-up.
- The practice had information available for patients experiencing poor mental health about how they could access counselling services, various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. For this survey 359 questionnaires were distributed and 79 were returned. This represented 2% of the practice patient list and a response rate of 22%. The results showed the practice generally tended to perform in line with the local average. It scored above the local and national averages for questions about accessibility of the service.

- 81% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 78% and the national average of 85%.
- 92% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 44 comment cards. We also spoke with five patients on the day. The patient feedback we received was overwhelmingly positive.

Patients participating in the inspection commented that the practice provided a good service. Several patients described it as excellent and we received many comments about the doctors and staff being warm, welcoming, professional and caring. Several patients told us they had been able to get appointments the same day for example for a young child or for an urgent problem.

Areas for improvement

Action the service SHOULD take to improve

- The practice should improve the management and control of diabetes among the practice population.
- The practice should record the monitoring checks it routinely carries out in relation to the emergency oxygen and defibrillator.
- The practice should ensure that the locum pack contains the key information that locum staff who are unfamiliar with the practice may need.
- The practice generally scored well on the national patient survey. However, it tended to score below average on questions about patient involvement in decision making. The practice should investigate this aspect of its service further with a view to improving the patient experience.

Dr Wafik Moustafa

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Wafik Moustafa

Dr Wafik Moustafa's practice is also known as Acton Town Medical Centre and is located in the Ealing clinical commissioning group area in North West London. The practice provides NHS primary medical services through a general medical services contract to around 3300 patients from a single, converted property in Acton.

The practice population is younger than the English average with a high proportion of adults aged between 20 to 39 years on its patient list. Income deprivation levels and life expectancy in the area are similar to the national average and employment levels are high reflecting the age profile of the population. The practice serves a culturally diverse population with notable numbers of patients of Arabic, Eastern European and Indian heritage. The staff can speak a number of languages including Arabic.

The practice is owned by two GP partners (male), only one of whom works in the practice. The practice also employs two 'long-term locum' GPs (male and female), a locum practice nurse, a healthcare assistant and a practice manager, receptionists and administrators. The GPs typically provide 12 clinical sessions in total per week.

The surgery is open between 8am and 6.30pm on Monday, Tuesday, Thursday and Friday; from 8am to 1pm on Wednesday and 9am to 12 noon on Saturday. During the

week, morning appointments with a doctor are normally available between 9am and 11.30am. Afternoon appointments are normally available between 4pm and 6pm.

Appointments with a GP or nurse are available outside of normal working hours. The GPs also undertake home visits for patients who are housebound or are too ill to visit the practice. When the practice is closed, patients are signposted to the local out-of-hours primary care service. The practice provides information about local walk-in and emergency services on its website and on a recorded telephone message.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery services; and surgical procedures. It has not previously been inspected by CQC.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations give examples to share what they knew. We carried out an announced visit on 5 December 2016. During our visit we:

- Spoke with a range of staff (including the GP partner, one of the long term locum GPs, the practice manager, the practice nurse and receptionists).
- Observed how patients were greeted and spoke with five patients.
- Reviewed 44 comment cards where patients shared their views and experiences of the service.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits, care plan templates, patient complaints, meeting notes, and monitoring checks.
- We also reviewed a sample of 20 patient records. We needed to do this to corroborate what we were told about how the practice managed patients with complex needs, with long term conditions and patients prescribed higher risk medicines.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 book for administrative staff behind the reception to record any incidents as they occurred. Clinical staff reported directly to the practice manager. The practice produced written reports of all incidents through a reporting form on the practice's computer system. The practice used a reporting form which supported appropriate action and compliance with the duty of candour.
- There had been four reported incidents during the previous 12 months. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an explanation and a written apology and were told about any actions to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, including near misses and filed relevant safety alerts for reference. The practice reviewed any incidents at practice meetings and retained notes of key learning points and changes to practice.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident led to the wrong patient receiving an abnormal smear result. The practice acted in line with the duty of candour to be open with the patients concerned about the error. The relevant staff members were provided with refresher training on the practice cervical smear taking protocol. The practice also shared findings with other relevant bodies. For example it had notified NHS England about this particular incident and the action it was taking.

Overview of safety systems and processes

The practice had defined and embedded systems and processes in place to minimise patients from risks to safety:

- The practice had arrangements to safeguard children and vulnerable adults from abuse. The practice had a GP lead for adult and child safeguarding. Practice arrangements reflected relevant legislation and local

requirements. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to child protection level three and the locum practice nurse had been trained to level two. Other staff were trained to level one or two.
- The GPs provided safeguarding related reports promptly when required by other statutory agencies.
- Notices in the waiting and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The GP partner was the lead for infection control in the practice and the practice nurse was responsible for monitoring infection control practice day to day. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff received annual training on infection control.
- The practice carried out its own annual infection control audits. The most recent had been carried out in November 2016. This had identified one recommendation to fit a lock to the fridge which was in the process of being actioned. The fridge was located in a secure area of the practice.

The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicines).

- There were processes for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions.

Are services safe?

Repeat prescriptions were signed by a GP before being issued and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines.

- Blank prescription forms and pads were securely stored in locked cabinets overnight. The practice did not have any additional system to log or monitor the use of prescription materials.
- Patient group directions (PGDs) had been adopted by the practice to allow the locum practice nurse to administer medicines in line with legislation. (PGDs are instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We reviewed a sample of the PGDs and found that all had been signed by the nurse and a practice prescriber.

The practice had a written recruitment policy and procedure.

- We reviewed the personnel records for three members of staff 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.
- New members of staff had an occupational health assessment and were offered vaccinations appropriate to their role and existing immunisation status. The practice also ensured that relevant information was available for locum members of staff before they started at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had appropriate health and safety policies and protocols in place with named leads. We inspected various environmental risk assessments, insurance and maintenance certificates held by the practice.
- The practice was due to have a fire risk assessment and this had been booked with a specialist company at the

time of the inspection. Fire equipment had been checked and there was an annual fire drill. The practice had not appointed fire marshals but all staff had received training on fire safety and evacuation.

- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.

Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs.

- There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix. When clinical staff were unable to cover planned or unplanned leave, the practice engaged locum clinicians. For example, the practice had engaged a locum practice nurse in advance of recruiting for a permanent member of staff to fill the vacancy.
- The practice had developed some information for temporary staff but this did not include certain key information which doctors might need to access quickly, for example local safeguarding contacts.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- 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. Practice staff were able to demonstrate the checks they carried out to ensure this equipment was ready for use but did not keep a written record of these.
- 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 kept a written record of the checks it carried out to ensure that it had a complete stock of emergency medicines and these were in date.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs. The CCG had provided software to all practices in the borough to make this guidance readily accessible. We saw evidence that the practice clinicians were making use of these tools within the electronic patient record system.
- The practice conducted audits, medicines reviews with individual patients and checks of patient records to assess that treatment was evidence based.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 were 94.1% of the total number of points available compared to the national average of 95.3%. The practice exception reporting rates tended to be in line with or below the local and national averages. For example the practice exception reporting rate for the clinical domain was 7% compared to the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Practice performance for certain diabetes related indicators was markedly below the local and national averages. Sixty per cent of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less)

compared to the CCG and national averages of 78%. The practice exception reporting rate was 7% for this indicator compared to the CCG average of 17% and the national average of 13%.

- More positively, 72% of practice diabetic patients had a recent blood pressure reading in the normal range which was similar to the CCG average of 76% and the national average of 78%. The practice exception reporting rate was 3% for this indicator compared to the CCG average of 11% and the national average of 9%.
- The practice told us that they were taking action to improve the control of diabetes in the practice population. The practice was planning to introduce insulin initiation at the practice and we saw evidence that newly diagnosed patients were referred to the local diabetes education course.
- In 2015/16, six of six (100%) patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- Sixteen of 18 (89%) patients with a diagnosis of psychosis had an agreed, comprehensive care plan which was the same as the national average.

There was evidence of quality improvement including clinical audit.

- Recent clinical audits had been triggered by changes to guidelines, contractual requirements and local prescribing priorities. The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team.
- The practice provided evidence of five recent audits which focused on a range of topics including the management of asthma, antibiotic prescribing and the use of new oral anticoagulant drugs. The latter two of these were examples of ongoing or two-cycle audits which showed sustained improvement in practice. For example, the practice had reduced its antibiotic prescribing and was also prescribing specific antibiotics more closely in line with national guidelines.

The practice used comparative information about patient outcomes and its performance to monitor improvement, for example, the practice had been aware that it had a consistently lower than expected prevalence of chronic obstructive pulmonary disease (COPD). In response, it had introduced spirometry testing in-house to ensure that patients attending with symptoms could be properly

Are services effective?

(for example, treatment is effective)

assessed for COPD and receive appropriate advice and treatment. As a result the practice had increased the ratio of reported to expected cases from 0.24 in 2014/15 to 0.86 in 2015/16.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff received mandatory training and updates that included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff with specific roles, for example chaperoning were given appropriate training and guidance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- 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, team meetings, appraisals, informal discussion and support for revalidation (for the GPs and nurse). All staff had received an appraisal within the last 12 months.
- The practice held regular clinical staff meetings. These included discussion of guidelines, reflection on significant events and complaints, care planning updates and reflection on unusual or challenging cases. The practice also held monthly staff meeting at which incidents, complaints and operational updates were discussed.

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 information stored on the shared computer drive.

- This included risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Practice clinicians attended monthly multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also held a monthly meeting at the practice to which health visitors, district nurses and the palliative care nurse were invited as appropriate.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.
- The practice was familiar with local 'care pathways' and took opportunities to use local resources for the benefit of their patients, for example, making use of a telephone advice service for local GPs to discuss any issues or concerns with a consultant psychiatrist.

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

Supporting patients to live healthier lives

Are services effective? (for example, treatment is effective)

The practice identified patients in need of extra support to live a healthier lifestyle, for example those at risk of developing a long-term condition. The practice offered a range of preventive services:

- In 2015/16, 80% of eligible women registered with the practice had a recorded cervical smear result in the last five years which was in line with the CCG average of 79% and the national average of 81%. (The practice exception reporting rate for this indicator was 15% which was above the CCG average of 10%).
- The practice ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In 2015/16, the practice coverage for breast cancer screening was 58% which was comparable with the CCG average of 67%. Bowel cancer screening uptake was 51% which was comparable to the CCG average of 47%.
- Childhood immunisation rates were close to or above target (90%) for standard childhood vaccinations. For example in 2015/16, 88% of one year olds had received the 'five-in-one' vaccination. The practice followed up children who did not attend their initial appointments.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice was proactive in discussing lifestyle issues such as obesity with patients and identifying patient suitable for advice, exercise referral or bariatric referral. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were welcoming, polite and helpful to patients.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were able to take patients to a more private area if patients needed to discuss sensitive issues or appeared distressed.
- The practice used interpreting services to facilitate good communication.

The national GP patient survey results showed that the practice scored in line with the local average for patient experience of consultations. The receptionists scored highly:

- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.
- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.

Patients who participated in the inspection gave us very positive feedback. They described the doctors and staff as warm, professional and caring and we received several comments describing the service as excellent. Patients gave us examples of compassionate, patient-centred care and said they would recommend the practice to others.

The practice had a relatively small population and the staff were familiar with patients who had complex needs or were vulnerable due to their circumstances. We were given

examples of how the receptionists helped patients to complete forms if patients were unsure what was required. In one example, the practice had paid for a taxi to transport a patient.

Care planning and involvement in decisions about care and treatment

Patients who participated in the inspection told us they felt fully involved in decision making about the care and treatment they received. They also said they had received good advice and information that was helpful in making decisions. But while results from the national GP patient survey showed the majority of patients reported being involved in making decisions, the practice tended to score below average on these aspects of care. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a range of support groups and organisations covering aspects of both physical and mental health.

The practice had identified 30 patients who were carers (1% of the practice list). The practice offered carers the flu vaccination, priority for appointments, written information and referred them to the local carers' centre. There was a carers' information board in the waiting area. Staff had received awareness training on the needs of carers and the practice had designated a member of staff as "carers' champion". As a result of this activity, the practice had recently increased the number of identified carers on its list.

Are services caring?

Staff told us that if patients had suffered bereavement, the GP would visit, write or telephone depending on the circumstances and wishes of the family. The practice signposted patients to bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided a range of extended or enhanced services at the practice to meet the needs of patients, including antenatal and postnatal checks and adult phlebotomy.

- The practice was accessible to patients who had difficulty attending during normal opening hours. The practice offered evening appointments until 6pm four days a week and was also open on Saturday morning. Telephone consultations were available daily.
- There were longer appointments available for patients with communication difficulties or who had complex needs. The practice took account of the needs and preferences of patients with complex and life-limiting conditions.
- The practice was aware of the particular health risks and issues facing the practice population and relevant local resources. For example the practice took opportunities to check whether patients might be affected by female genital mutilation (FGM), for example when attending for antenatal care and referred patients at increased risk to the local African women's clinic for specialist advice and support.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems. Routine appointments for all patients with a GP or nurse were usually available within 48 hours.
- Patients were able to receive travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were accessible facilities, a hearing loop and translation services available. Practice policy was to encourage patients to use the formal interpreting service rather than rely on friends and family.

Access to the service

The surgery was open between 8am and 6.30pm on Monday, Tuesday, Thursday and Friday; from 8am to 1pm on Wednesday and from 9am to 12 noon on Saturday. During the week, morning appointments with a doctor were normally available between 9am and 11.30am. Afternoon appointments were normally available between 4pm and 6pm.

Data from the national GP patient survey showed that the practice consistently scored above average for patient experience of access to the service.

- 74% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 65% of patients usually get to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%.
- 92% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 47% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.

Most patients who participated in the inspection confirmed this view. Patients told us they were usually able to make an appointment within a couple of days.

The practice had a system in place to assess:

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including how to take the complaint further if they were unhappy with the practice's response.

The practice had received one written complaint in the last year. We looked at this complaint and found this had been appropriately handled and dealt with in a timely way. The practice offered patients a verbal and written apology and was open to meeting with patients to discuss and resolve any concerns.

Lessons were learnt from individual concerns and complaints and action was taken to review and improve the quality of care. In this example, the practice team reflected the importance of maintaining a professional and non-judgemental approach when talking with patients.

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 statement of purpose and staff knew and understood the aims and objectives underpinning the service. The practice objectives included providing excellent care; employing a fully competent staff team and providing good patient experience.
- The practice had a strategy and supporting business plans which reflected the vision and were regularly monitored. The practice had clear plans, for example to recruit another GP partner and a permanent practice nurse to achieve its strategy.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- One of the long-term locum doctors was funded to provide five administrative sessions to support the management of the practice. The doctor contributed to the timely management of safeguarding issues and communications; updates to practice protocols in line with changes to guidelines, service reconfiguration and other local developments; and effective call-recall procedures for patients with long term conditions.
- A comprehensive understanding of the performance of the practice was maintained. The practice had improved its overall performance on the Quality and Outcomes Framework from 87% in 2014/15 to 94.1% in 2015/16.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice had a number of staff who worked part time and meetings were documented and shared with all staff.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions. For example, the practice had effective infection control procedures in place and maintained these through regular internal audits. The practice also monitored patients on high risk medicines in line with guidance.

- We saw documented evidence, for example in the minutes of meetings and action plans which recorded shared learning and improvements to processes and practice, for example following significant events.

Leadership and culture

On the day of inspection the practice manager and clinicians 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 consistently told us that the practice had developed a cohesive and supportive team culture.

- The practice worked in collaboration with other practices and health and social services. The practice was part of a wider federation of local GP practices and made use of resources available to their patients through this federation. For example, practice patients had attended community clinics for chronic obstructive pulmonary disease (COPD).
- Staff told us they had the opportunity to raise any issues at team meetings or more directly with managers and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to develop and improve the practice.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We reviewed the significant events that had occurred in the previous 12 months and found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients and staff:

- The practice ran a patient participation group (PPG). The PPG met twice a year and had 10 to 12 attending members. The PPG discussed proposals for improvements to the practice management team. For example, the PPG was interested in developing the range of services that could be provided at the practice. The practice displayed information in the waiting room and on its website informing patients about the PPG and encouraging new members.
- The practice obtained staff feedback 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice had completed a number of recent clinical audits which had resulted in improvements to practice.
- Staff told us they felt very well supported with opportunities to develop professionally and learn within the practice. Staff had protected time for training.
- The practice could demonstrate marked improvements in its overall performance on the QOF and had identified areas for further improvement including the management and effective control of diabetes.
- The practice had refurbished the premises and was keen to use its facilities to provide a wider range of services to meet local patient needs. For example it was considering offering minor surgery or providing long acting reversible contraceptive methods such as implants.