

Care Quality Commission

Inspection Evidence Table

St Martins Medical Centre (1-537893101)

Inspection date: 27 November 2018

Date of data download: 12 December 2018

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

At the last inspection in October 2017 we rated the practice as requires improvement for providing safe services because:

- The processes for monitoring patients taking warfarin were inconsistent.
- There were deficiencies in managing prescription security and uncollected prescriptions.
- Records for monitoring fridge temperatures and decontaminating medical equipment were not consistently maintained.
- There were premises related concerns contributing to poor maintenance and infection control processes.

At this inspection, we found that the provider had satisfactorily addressed these areas.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes

Safeguarding	Y/N/Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: March 2018 (Main practice and branch surgery)	Yes
There was a record of equipment calibration. Date of last calibration: July 2018 (Main practice and branch surgery)	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: Main practice October 2018, Branch surgery November 2018	Yes
There was a log of fire drills. Date of last drill: Main practice October 2018, Branch surgery September 2018	Yes
There was a record of fire alarm checks Date of last check: November 2018 (Main practice and branch surgery)	Yes (smoke alarms)
There was a record of fire training for staff. Date of last training: November 2018	Yes
There were fire marshals in place.	Yes

A fire risk assessment had been completed. Date of completion: Main practice October 2017, Branch surgery November 2018.	Yes
Actions from fire risk assessment were identified and completed.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The main practice was undergoing major refurbishment. This involved converting the first-floor residential space into administrative areas, and extending the ground floor to include a new reception desk and back office, an additional four consulting rooms and a new patient toilet. Access to the first floor had been constructed and included a lift. The fire risk assessment for the main practice had not been reviewed in the last 12 months. We were told this was due to the structural building work taking place. The provider informed us that the fire risk assessment would be completed once all building work had been completed. The practice was awaiting the action plan from the recent fire risk assessment undertaken at the branch surgery on 20/11/18. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: November 2017	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2017	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: November 2018	
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Legionella risk assessment undertaken at main practice and branch surgery in August 2017 (valid for two years). Since our last inspection, the practice had addressed concerns contributing to poor maintenance and infection control processes. For example, a new patient and staff toilet had been built, the benches in the waiting room and consulting room chairs had been replaced with new wipeable chairs, and records for decontaminating medical equipment were consistently maintained. 	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.01	0.87	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	10.3%	9.9%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A

Medicines management	Y/N/Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Since our last inspection the practice had implemented processes to ensure prescription stationery was monitored and stored securely overnight. There was also a system to ensure uncollected prescriptions were reviewed monthly and escalated to a clinician where necessary. Reception staff we spoke with were able to describe these systems. • Since our last inspection, the practice had created a protocol for warfarin monitoring to assist staff and ensure prescribing was safe. Records we reviewed confirmed patients had been prescribed warfarin in line with current national guidelines. • Since our last inspection, records for monitoring fridge temperatures were consistently maintained. • From December 2018 the practice was due to have a clinical pharmacist (employed by the confederation) to assist with telephone consultations, home visits, medicines management audits, and specialist medication clinics for patients with diabetes, asthma and learning difficulties. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	N/A
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system was in place to monitor staff compliance.	N/A
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	N/A
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	N/A
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	N/A
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	N/A

If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	N/A
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	N/A
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	N/A

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	7
Number of events that required action:	7

Example of significant event recorded and actions by the practice.

Event	Specific action taken
Delayed referral caused by administrative issues	Docman protocol created and cascaded to staff; staff assigned to specific task groups; rota to ensure scanning was done daily; workflow shared between all clinicians dependent on sessions worked and leave; follow-up system for referrals to mitigate risk.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A safety alert protocol and procedure was in place. All GPs and the practice manager received alerts via email. The practice manager carried out clinical system searches of patients affected 	

by the alert and cascaded alerts to appropriate staff with an indication of the timescales and urgency with which the alert should be actioned. Since our last inspection, the practice kept a log of historic alerts and the action taken in response.

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.38	0.60	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- Patients could be referred to the local care co-ordination team which consisted of a guided care matron and care co-ordinator. The care co-ordination team supported patients to self-care in their own home and was a preventative service with the aim of avoiding hospital admissions and reducing hospital outpatient follow-ups. The practice held weekly meetings with the care co-ordination team to identify patients who would benefit from the service, manage current patients, care planning and identifying patients suitable to discharge from active management.
- Clinicians identified patients who may be at risk of emergency hospital admissions and referred them to local teams (over 65 weekend service, rapid response team, and rapid access care of elderly service) who could visit patients promptly and over the weekend.
- Patients could also be referred to a local wellbeing service that offered a social assessment service for Hillingdon residents over 65 years with non-medical additional support needs such as a long-term condition, frailty factors and social isolation. The GPs told us this service had helped the practice reduce A&E admissions for this patient group.
- The practice also cared for patients in three local care homes (nursing, residential and extra care housing) and a dedicated GP carried out the monthly ward rounds.

People with long-term conditions Population group rating: Requires improvement

Findings

- Some outcomes for patients with diabetes and asthma were below local and national averages.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Inhouse spirometry was available to patients.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring through the confederation.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice offered a weekly diabetic clinic with a GP and the nurse practitioner. The practice also utilised the integrated diabetes service based at another local practice and maintained communications with community teams for support with more complex diabetic patients.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the	72.5%	78.1%	78.8%	No statistical variation

register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	1.6% (6)	9.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	78.7%	80.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.4% (9)	8.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	64.4%	77.2%	80.1%	Variation (negative)
Exception rate (number of exceptions).	3.5% (13)	10.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	60.1%	77.5%	76.0%	Variation (negative)
Exception rate (number of exceptions).	0.6% (2)	2.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.8%	92.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.7%	11.5%	N/A

Any additional evidence or comments

- The practice carried out continuous audits to review the management of patients with diabetes.
- Weekly in-house clinics were available for patients with diabetes and COPD.

Indicator	Practice	CCG	England	England
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		average	average	comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.6%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.0% (10)	3.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	92.0%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.9% (14)	9.5%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	69	75	92.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	63	67	94.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus	63	67	94.0%	Met 90% minimum (no variation)

influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	62	67	92.5%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	67.0%	66.7%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.3%	69.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	51.7%	48.6%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	70.8%	77.5%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	30.0%	50.0%	51.6%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.6%	92.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.9%	91.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months	74.4%	82.4%	83.0%	No statistical variation

(01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	4.4% (2)	4.6%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	532	-	537.5
Overall QOF exception reporting (all domains)	2.4%	5.5%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<ul style="list-style-type: none"> Clinical audits had been undertaken to improve the management of patients with diabetes. These activities had resulted in changes to screening, medicines and clinical management of patients in line with guidance.
<ul style="list-style-type: none"> A completed audit reviewing the appointment system had been undertaken. These activities had resulted in changes to the number and types of appointments available to improve access for patients.

Effective staffing

The practice was able/ unable to demonstrate that/ staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes

Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There were no health care assistants currently employed. 	

Coordinating care and treatment

Staff worked/ did not work together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Referrals to services could not be accessed via the practice website. 	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health,	Yes

for example, stop smoking campaigns, tackling obesity.	
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Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.5%	96.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (3)	0.8%	0.8%	N/A

Consent to care and treatment

The practice always obtained / was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	28
Number of CQC comments received which were positive about the service.	22
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	The comment cards received were largely positive. Patients said they felt most staff were caring, friendly and helpful. They described examples where they were listened to and treated with respect, dignity and kindness. Six cards provided mixed feedback, with the negative elements relating to the behaviour of reception staff and access to appointments.
Patient interviews and patient group	We spoke with four patients and two members of the patient group who told us the practice worked with and supported patients and their families to achieve the best outcome for patients. The GPs received praise for their thorough, caring and professional approach to consultations.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6059	301	118	39.2%	1.95%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	81.6%	83.0%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	79.9%	81.1%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.2%	92.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	75.0%	77.5%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence
<ul style="list-style-type: none"> The last patient survey was carried out in 2017 by the patient group. In 2018 the practice reviewed the results of the national GP patient survey and created an action plan in response to areas of low performance. This focused on improving accessibility and the range of appointments available with the aim of improving patient satisfaction and reducing complaints.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Comment cards and interviews with patients	Patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and treatment and they were involved in decisions about their treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	92.6%	90.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Information leaflets in other languages and in easy read format were available on request. Information about support groups was also available in the practice. 	

Carers	Narrative
Percentage and number of carers identified.	125 carers identified (2% of practice population)
How the practice supported carers.	<ul style="list-style-type: none"> Carers were supported and offered health checks, influenza vaccinations, and referral to support agencies. Further sources of support and information were available in the waiting area.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The patient's regular GP would contact the relatives or send a condolence letter containing details of organisations who offered guidance and support following bereavement. The practice team were notified if a patient had passed away. Flexible appointments were available on request and staff signposted patients to support services.

Privacy and dignity

The practice respected / did not always respect patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The main practice was undergoing major refurbishment. Adjustments to the facilities and premises had been made in line with the refurbishment plan and the practice had attempted to cause minimal disruption to the service. Patients were kept updated on the refurbishment plans with information on display in the waiting area and website. Staff told us the refurbishment had caused some disturbance in terms of noise level, however arrangements had been made for this work to be scheduled at times of the day when patients did not attend for appointments. Patients we spoke with told us there had been minimal disruption when they attended the practice and all staff were praised for maintaining the service during this time. 	

Practice Opening Times

Day	Time	
Opening times:	Main practice (Ruislip)	Branch surgery (Ickenham)
Monday	08:30 – 18:30	08:30 – 13:00 15:30 – 18:30
Tuesday	08:30 – 18:30	08:30 – 13:00
Wednesday	08:30 – 20:00	08:30 – 13:00 15:30 – 18:30
Thursday	08:30 – 18:30	08:30 – 13:00
Friday	08:30 – 18:30	08:30 – 13:00 15:30 – 18:30
Appointments available:	Main practice (Ruislip)	Branch surgery (Ickenham)
Monday	09:00 – 12:00 16:00 – 18:00	09:00 – 12:00 16:00 – 18:00
Tuesday	09:00 – 12:00 16:00 – 18:00	09:00 – 12:00
Wednesday	09:00 – 12:00	09:00 – 12:00

	16:00 – 18:00 18:30 – 19:30	16:00 – 18:00
Thursday	09:00 – 12:00 16:00 – 18:00	09:00 – 12:00
Friday	09:00 – 12:00 16:00 – 18:00	09:00 – 12:00 16:00 – 18:00

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6059	301	118	39.2%	1.95%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.8%	91.7%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. There was a medicines delivery service organised by the pharmacy for housebound patients.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7.30pm on a Wednesday for school age children so that they did not need to miss school.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.00pm on a Wednesday evening and appointments with a GP and nurse were available till 7.30pm.
- Pre-bookable appointments were also available to all patients at additional locations within the area. Appointments were available on weekday evenings from 6.30pm to 8pm and at the weekend from 8am to 8pm. The details of the locations and their opening times was advertised on the practice website.

People whose circumstances make them vulnerable **group rating: Good**

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	64.9%	67.4%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	55.4%	63.2%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	47.8%	59.9%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	59.5%	68.4%	74.4%	No statistical variation

Any additional evidence or comments

- Although results from the national GP patient survey were comparable with other practices, they were low. The practice had reviewed the latest results from the national GP patient survey and created an action plan in response to areas of low performance. This focused on improving access

- to appointments. Action the practice had taken included:
- Obtained feedback from staff and the confederation
 - Standing agenda at patient participation group (PPG) meetings to review progress
 - Introduced a daily shared telephone pool for all clinicians to address urgent calls and routine tasks to increase capacity
 - Completed audit of the appointment system
 - New appointments system information leaflet produced for patients
 - Increased clinical sessions for some GPs
 - Recruitment of new salaried GPs (July 2018 and January 2019)
 - Nurse practitioner returned from leave to offer clinics for minor ailments, diabetes, and COPD.

The practice planned to review patient feedback in 2019 to assess the impact of the changes made. Leaders told us the practice had not received any complaints regarding accessing appointments in the last six months.

Source	Feedback
CQC comment cards	The comment cards received were mostly positive with regards to accessing appointments. Although four out of 28 comment cards raised some difficulties accessing the service. For example, getting appointment with the GP of their choice, difficulties getting an on the day appointment, and the length of time accessing the practice via phone.
Patient interviews	Patients we spoke with told us they were satisfied with telephone access and getting an appointment when they needed one.
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice was aware that some patients had difficulty accessing the service as these had often been formalised into complaints. The practice had implemented changes to improve access. 	

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	9
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Explanation of any answers and additional evidence:

- The practice kept a tracker of all complaints received and carried out an analysis to identify trends and areas for improvement.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unable to get an on the day appointment / attitude and behaviour of reception staff (November 2017)	<ul style="list-style-type: none"> • Response submitted to patient • Complaint discussed at practice meeting • Staff reminded that daily on-call GP is available for urgent queries • Capacity of appointments reviewed • Reception staff refresher training covering communication skills, telephone triage and dealing with difficult patients.
Patient unable to get a pre-booked appointment (March 2018)	<ul style="list-style-type: none"> • Response submitted to patient including changes made (pharmacist offering appointments for minor ailments and medication reviews, extended hours appointments on Wednesday evening, explanation about the extended access HUB offering evening and weekend appointments, nurse practitioner and salaried GP returning from leave, recruitment of new salaried GP, audit on appointments system, information poster for patients on types of appointments available) • Complaint discussed at practice meeting to ensure all staff understand the appointment system and procedures.

Explanation of any answers and additional evidence:

- The practice informed us that they had not received any written or verbal complaints relating to the appointment system since April 2018.

Well-led

Rating: Good

At the last inspection in October 2017 we rated the practice as requires improvement for providing well-led services because:

- There were systemic weaknesses in governance systems for areas of safety. For example, medicines management, infection control and maintenance of the building.

At this inspection, we found that the provider had satisfactorily addressed these areas.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Culture

The practice had a culture which drove high quality sustainable care / The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes

There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> Staff described a positive learning environment where they were encouraged to complete training and professional development. Staff described practice culture as being open and supportive of one another.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively

to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
The patient participation group (PPG) met every three months and consisted of 10 members including a chair person and two deputy chairs. We spoke with two members of the group who told us the practice were proactive in seeking the views of patients and listened to their concerns. The practice management were described as responsive to constructive comments and had made significant changes to improve patient satisfaction. The practice communicated openly with the PPG and kept them updated on areas such as patient feedback/surveys, complaints, changes within the practice, and the progress of the current refurbishment of the main practice. The practice continued to advertise for PPG members online and in the practice.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

- Staff received individualised training opportunities which were discussed at their appraisals.
- The lead GP was involved in local projects and pilots including being the clinical lead for the weekday care home visiting pilot service. This pilot was due to start in December 2018 and would involve developing care plans for nursing/residential/extra care housing patients across Hillingdon. The GPs recruited for the pilot service would develop or review care plans and medication on behalf of the patient's registered GP. They would also have discussions with patient and their families about advance care planning and end of life decisions, whilst liaising with the registered GP practice to keep them updated.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weightings allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.