

# Dr Purssell and Partners

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Pursell and Partners on 3 March 2016. Overall the practice is rated as good.

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

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

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

We saw one area of outstanding practice:

The practice had developed a successful partnership with a local community trust. This was part of the practice's strategy to attend existing patient groups outside the practice – to go to the patients. The practice has supported the group financially and practically to offer training to its members to give them the confidence to speak about their experiences of patient care and to be part of helping to improve it. There were plans for the trust to work with practice staff to help them to be aware of the different needs of patients from ethnically diverse backgrounds

The areas where the provider should make improvement are:

# Summary of findings

- Complete a written policy on safeguarding of vulnerable adults and arrange relevant formal training for all practice staff.
- Consider the completion of practice DBS checks for GPs, rather than relying upon the 'GP Performers List' for confirmation of such checks.
- When carrying out regular fire drills, identify in the evacuation reports who participated in the exercise and how long it took.
- Ensure arrangements in hand for the completion of outstanding staff appraisals are concluded by the end of the current reporting year.
- Advertise translation services are available.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Although staff understood their responsibilities for safeguarding, there was no written policy on safeguarding of vulnerable adults and the majority of practice staff had not completed formal training in this area. However, the practice was awaiting a centrally developed policy and advice on training from the CCG.
- The practice carried out pre-employment checks for all staff, although it relied on the 'GP Performers List' for confirmation of DBS checks. The completion of its own DBS checks for GPs would provide more up to date information and additional assurances.
- Risks to patients were assessed and well managed. The practice had up to date fire risk assessments and carried out regular fire drills, although it would be helpful to the practice for ongoing monitoring and review to identify in the evacuation reports who participated in the exercise and how long it took.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed the majority of patient outcomes were at or above average for the locality and compared to the national average. The practice had taken action to address areas where there were less favourable ratings.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Due to the impact of an influx of new patients to the practice, appraisals for the current year were outstanding for several staff. Arrangements were however, in hand for their completion by the end of the reporting year.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, under a new local service from the CCG, the practice was organising an improved service with regular review, working with the local psychiatric primary care liaison nurse to provide a better quality of care plan, and also address physical health needs.
- 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 offered an all-day emergency triage service.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had put particular focus on enhancing the surgery environment including art work and poetry. The practice was working with a living artist to place his work in the practice; staff and patients were involved in this project.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this and had contributed to the practice's recently developed mission statement.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active but the practice was seeking to broaden patient engagement by setting up a 'virtual' PPG.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provides support to patients living in supported housing who have complex needs.
- Regular 30 minute appointments are provided to elderly frail patients, in part to produce a more effective shared care plan with the patient, but also to deal with the multimorbidity problems of these patients and the fact that they need a more multidisciplinary intervention in order to stay well. These clinics may be held in the surgery or in the patient's home according to need.
- There are weekly reviews of older people in the practice's multidisciplinary team meetings and monthly at 'village' meetings (wider multidisciplinary team working across the immediate locality).
- The practice monitors admissions to hospital and ensures a review within 48 hours of discharge. They also make use of the local Rapid Response Nursing service to try and look after patients at home effectively and safely and if possible avoid hospital admission.
- The practice provides on the day telephone access to a clinician to all patients between 8.00am and 6.30pm, focussing in particular on the older patient group.

Good



### People with long term conditions

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

- The prevalence of patients with long term conditions such as Chronic obstructive pulmonary (COPD), diabetes, Chronic heart disease (CHD), and atrial fibrillation was above average for the CCG and reflected the social deprivation in the population locally.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. One of the practice nurses had respiratory expertise and undertook spirometry, asthma and COPD reviews.

Good



# Summary of findings

- There was a twice weekly anticoagulation clinic for the practice's patients and also patients from neighbouring practices.
- The practice performance for the majority of 2014/15 QOF indicators for long-term conditions was above average including diabetes related indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a structured review at least annually with either the GP or nurse to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice worked with the local Multi-Agency Safeguarding Hub (MASH) to provide information in a timely way.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 78% patients with asthma, on the register, have had an asthma review in the last 12 months that includes an assessment of asthma control. This was comparable with the national average of 75%.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, and health visitors. The practice provided child health surveillance with immunisations, baby clinics and regular multidisciplinary team meetings weekly with health visitors. The practice had a system of GP telephone triage of all acute requests for urgent or same day appointments, giving an opportunity for timely telephone advice and the ability to organise same day face to face assessments.
- The practice worked with local paediatricians to pilot and develop joint working. There was a monthly clinic at the

Good





# Summary of findings

practice for their patients, followed by a multidisciplinary team meeting. This subsequently evolved into the Connecting Care for Children initiative which had spread the model to CCGs in North West London.

## **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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- There were two late evening surgeries weekly (6.30-8.30pm). The main surgeries started at 8.30am giving opportunities for early appointments for those who wished to attend before work. The practice also took regular telephone appointments.
- The practice offered NHS Health checks to 40-75 year olds and had had a good uptake, reaching 378 people.
- GP services were provided to the students from the Royal Academy of Music. The principal GP partner was an associate member of the British Association of Performing Arts Medicine and had expertise in diagnosing and treating performance related injuries. These patients were offered same day appointments and the practice worked regularly with the counsellor and teaching staff at the Academy to improve the service.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and carried out annual health checks on them.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Carers were identified and offered a connection to the local Carer's Network, as well as influenza immunisation.
- The practice worked with two local hostels, mental health and alcohol teams to identify and support homeless people. They also worked with outreach workers for a small number of patients with Drug and Alcohol issues. This included substitute opiate prescribing, seeing them with the outreach worker on a fortnightly basis.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- 73% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%. However QOF performance for mental health related indicators as a whole was above the CCG and the same as the national average.
- The practice had in-house counsellors and hosted the Improving Access to Psychological Therapies (IAPT) team within the building, with whom they discussed patients in the MDT setting. They also worked closely with the psychiatry team for those patients with behavioural problems.
- The practice carried out advance care planning for patients with dementia. Under a new local service from the CCG, the practice was organising an improved service with regular review, working with the local psychiatric primary care liaison nurse to provide a better quality of care plan, and also address physical health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had received dementia awareness and Mental Capacity Act training. The practice had identified 72 patients with dementia and referred them to the Memory Clinic for diagnosis as appropriate.

Good



# Summary of findings

- The practice had undergone a dementia awareness audit and would shortly be introducing improved signage and patient friendly décor as part of their action plan.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on January 2016 showed the practice was performing in line with local and national averages. 415 survey forms were distributed and 103 were returned. This represented a response rate of 25% and just over 1% of the practice's patient list.

- 74% patients said they could get through easily to the surgery by phone (national average 73%).
- 59% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 87% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards, the majority of which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four patients made less favourable comments including difficulties in getting routine appointments, and infrequent access to their own doctor.

We spoke with seven patients during the inspection. The majority of patients said they were happy with the care they received and thought staff were approachable, committed and caring. Less favourable comments mirrored those received in comments cards.

# Dr Purssell and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a second CQC inspector.

## Background to Dr Purssell and Partners

Dr Purssell and Partners provides primary medical services through a Personal Medical Services (PMS) contract within the London Borough of Westminster. The practice is part of NHS Central London (Westminster) CCG. The services are provided from a single location, Paddington Green Health Centre to around 9,500 patients within the Church Street ward.

The practice serves a diverse population of registered patients. Church Street ward is one of the most deprived wards in England, yet sits next to affluent Little Venice where residents are also registered patients. The ethnic diversity of its patients is also wide, with significant proportions of Arabic (14%), Bangladeshi (11%) and African (9%) patients. There are a high number of patients registered who have severe mental health problems. 10% of those registered are unemployed, which is above the national average of 5%.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

At the time of our inspection, there were 5.23 whole time equivalent (WTE) GPs comprising the four partner GPs (two

female and two male), four assistant GPs (all female) plus one on maternity leave (0.45 WTE); a trainee Registrar GP (female - 1 FTE); a practice manager partner (1 WTE) assistant practice manager (1 WTE) and clinic manager (1 WTE). The practice also employed two practice nurses (both female, 2 WTE); a phlebotomist (0.47 WTE); and, a medical secretary, reception manager, four receptionists, a receptionist/administrator; a summariser, a document scanner and a handyman (a total of 7.45 WTE).

The practice is a teaching practice for GPs. Each year the practice has registrar and foundation year two (FY2) doctors working at the practice; the registrar was studying for a postgraduate qualification to become a general practitioner. The practice also taught medical students. There is a rota to ensure GP supervision of learners at each of their sessions with patients.

The practice is open and offers appointments between 8.15am to 1.00pm and 2.15pm to 6.30pm. Monday to Friday. Extended surgery hours are offered between 6.30pm and 8.30pm Mondays and Tuesdays for booked appointments only. Routine appointments can be booked up to two weeks in advance, or within 48 hours, and urgent appointments are also available for people that need them. The practice offers daily telephone access between 8.00am and 6.30pm to named doctors for consultations, which enables patients to resolve problems without the need to come into the practice. The practice also offers an all-day emergency triage service; patients with an urgent need are assessed within hours of calling the practice and are offered telephone advice, a same day appointment or a future appointment, as appropriate.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

# Detailed findings

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 March. During our visit we:

- Spoke with a range of staff (two partner GPs, an assistant GP, a trainee GP, the senior practice nurse, the practice manager, assistant practice manager, clinic manager, reception manager, two receptionists) and spoke with members of patients and who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system which incorporated the protocol for handling and reporting significant events.
- The practice carried out a thorough analysis of the significant events, including a termly review of all recorded events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a prescribing error by a locum doctor additional doctor checks were put in place to avoid a recurrence. Swift action was taken to inform the patient in person before the incorrectly prescribed medicine was taken.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. There was a comprehensive policy on safeguarding of children which was accessible to all staff. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was no equivalent policy on safeguarding of vulnerable adults but the practice was liaising with the CCG with a view to producing such a policy in the near future. Staff nevertheless had access to details of local safeguarding contacts. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities for safeguarding of both children and vulnerable adults. All staff had received child protection training relevant to their role. GPs were trained to Safeguarding Children level 3. The majority of practice staff had not completed formal training in safeguarding of vulnerable adults. However, the practice was awaiting a centrally developed policy and advice on training from the CCG. In the meantime the safeguarding lead and principal partner GP had undertaken relevant training and had cascaded learning to staff at practice meetings. All staff had also received training in dementia awareness and had received briefing about the Mental Capacity Act 2005.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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. The practice nurses were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We found one vaccination that had just passed its expiry date but the practice disposed of this immediately in an appropriate manner. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

## Are services safe?

- We reviewed four personnel files of recently recruited 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. We noted that the practice relied on the 'GP Performers List' for confirmation of DBS checks. The completion of its own DBS checks for GPs would provide more up to date information and additional assurances.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, although it would be helpful to identify in the evacuation reports who participated in the exercise and how long it took. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and we saw the most recent certificates for this. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which

can contaminate water systems in buildings). The legionella risk assessment completed in November 2015 had identified the need for a full legionella assessment and this was due to be completed in March 2016.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a formal staff resource planning tool and a rota system in place for all the different staffing groups to ensure that enough staff were on duty. An additional doctor had been appointed to cover maternity leave and the take on of additional patients on the closure of other local practices.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and details of another practice locally to whom the practice could turn to for support in the event of service disruption.



# 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. There were monthly education meetings and clinicians met regularly to attend a group facilitated by retired senior partner to consider clinical cases in order to better understand the clinician-patient relationship. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.5% of the total number of points available, with 22% exception reporting which was about 12% above CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the CCG and national average: 97% compared to 80% and 89% respectively. The practice had nevertheless signed up to a CCG led scheme to facilitate the management of patients with a high risk of diabetes. This was in response to higher than average exception reporting in this area.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average: 82% compared to 79% and 84% respectively.

- Performance for mental health related indicators was better than the CCG and national average: 97% compared to 83% and 93% respectively.

The ratio of reported versus expected prevalence for Chronic Heart Disease (CHD) reported in Health and Social Care Information Centre (HSCIC), Hospital Episode Statistics (HES) 2014/15 was 0.20 below the national average. This was identified by CQC prior to the inspection as a 'large variation for further enquiry'. However, QOF performance for secondary prevention of CHD was above both the CCG and national average: just short of 100% compared to 85% and 95% respectively.

We discussed the higher than average exception reporting with the practice. The partners had reviewed the relatively high rate but felt that it was due to having such effective and robust recall systems. The rate was also affected by high did not attend (DNA) rates given the practice demographic but the practice followed this up opportunistically with patients when the opportunity arose.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, all of which were completed 2-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, as a result of a recently completed audit of women on hormone replacement therapy (HRT) review rates had shown significant improvement between the first and second audit: 100% of the women who had been issued HRT in the last 6 months had had a review at some point, and 19/36 (53%) had had a review within the last 12 months. This compared to 50% and 27% respectively at the first audit.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and confidentiality. We saw the completed induction checklist for the two mostly recently recruited GPs.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an annual appraisal, although due to the impact of an influx of new patients to the practice, appraisals for the current year were outstanding for several staff. Arrangements were however, in hand for their completion by the end of the reporting year.
- Staff received training that included: safeguarding, fire procedures, infection control, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between

services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw on patient records we sampled, the process for seeking consent was recorded as appropriate.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, and patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service. For example, the practice hosted weekly in-house smoking cessation clinics, referred patients to the on-site stop smoking advisor, ran smoking cessation campaigns, and send out text messages to patients and provided them with relevant literature. Eighty nine percent of patients identified as smokers had been offered additional support and 52 had stopped smoking in the last 12 months.
- Doctors referred patients identified as obese to dieticians, and considered prescribing medicines to treat obesity and referral for bariatric surgery according to NICE Guidelines. The practice also participated in the local Exercise Referral Scheme.

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

The practice's uptake for the cervical screening programme in 2014/15 was 83%, which was comparable to the national average of 82%. There was an appropriate reminder system for patients who did not attend for their cervical screening test and the practice offered to include patients in a computerised recall system to remind them when their next smear was due. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, 2014/15 childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 94% and five year olds from 58% to 100%.

Patients had access to appropriate health assessments and checks. Each new patient is required to complete a new patient health check form. This is summarised onto the clinical medical record. Smokers were sent cessation literature. The registered doctor was alerted to those with high alcohol consumption and the summariser alerted registered doctors to any health concerns. NHS health checks were offered for people aged 40–74 (completed for 12% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four patients made less favourable comments including difficulties in getting routine appointments, and infrequent access to their own doctor.

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

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

- 95% said the GP was good at listening to them compared to the national average of 87%.
- 88% said the GP gave them enough time (national average 87%).
- 97% said they had confidence and trust in the last GP they saw (national average 95%)
- 91% said the last GP they spoke to was good at treating them with care and concern (national average 85%).

- 88% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 92% said they found the receptionists at the practice helpful (national average 87%).

### Care planning and involvement in decisions about care and treatment

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

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

- 98% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. There were no information notices in the reception areas informing patients of this service but details were provided in the practice leaflet.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 131 patients (1.3% of the practice list) as carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a leaflet. The GP also booked an appointment to talk to them, giving them

advice on how to find a support service. There was also an in-house counsellor from the Improving Access to Psychological Therapies (IAPT) service to whom the GPs referred patients when needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, as a result of a local Ear Nose and Throat (ENT) referral audit, compared to the previous year, the practice highlighted the need to vet referrals made by locums/trainees and this has taken place over the current year resulting in no unnecessary referrals.

- The practice offered a late evening clinic on a Monday and Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, complex needs and for those whose first language was not English.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice worked with local paediatricians to pilot and develop joint working. There was a monthly clinic at the practice for their patients, followed by both a multidisciplinary team meeting, both for patient care and educational purposes. This subsequently evolved into the Connecting Care for Children initiative which had spread this model to CCGs in North West London.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Travel advice and vaccinations were available from the practice nurses by appointment. The practice is a Yellow Fever Centre.
- There were disabled facilities, a hearing loop and translation services available. There was a disabled toilet, lift and patient drop off (by car/taxi).
- An emergency room was available which was also used as an isolation bay.
- The practice looked after a high number of patients with severe mental health issues. With a new local service from the CCG, the practice was organising an improved service with regular review, working with their our local psychiatric primary care liaison nurse to provide a better quality of care plan, and addressing physical health issues as well.

### Access to the service

The practice was open and offered appointments between 8.15am to 1.00pm and 2.15pm to 6.30pm. Monday to Friday. Extended surgery hours were offered between 6.30pm and 8.30pm Mondays and Tuesdays for booked appointments only. Routine appointments could be booked up to two weeks in advance, or within 48 hours, and urgent appointments were also available for people that needed them. The practice offered daily telephone access between 8.00am and 6.30pm to named doctors for consultations, which enabled patients to resolve problems without the need to come into the practice. The practice also offered an all-day emergency triage service; patients with an urgent need are assessed within hours of calling the practice and are offered telephone advice, a same day appointment or a future appointment, as appropriate.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 74% patients said they could get through easily to the surgery by phone (national average 73%).
- 55% patients said they always or almost always see or speak to the GP they prefer (national average 59%).

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

### Listening and learning from concerns and complaints

The practice had 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 a complaints leaflet and form available at the reception and details on the practice website. The television in the waiting area also provided advice to patients on how to raise comments and concerns.

We found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in

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

dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned. We saw meeting minutes where complaints, lessons learnt and action taken to improve the quality of care were discussed. For example, a patient complained after they were refused entry to the practice to return an item of

blood pressure equipment when the practice should have been open for afternoon clinics. The practice manager apologised to the patient and stressed to the administrative team that correct opening and closing times were very important, as was a welcoming and friendly manner.



# 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.

- This was reflected on the practice website which emphasised putting patients first. The practice had also recently produced a mission statement which had been developed following discussion with staff. The statement was due to be shared with the patient participation group and was included within the new practice leaflet that was due to be published shortly. It would also be displayed in the patient waiting area.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were regular clinical and internal audits, which were used to monitor quality and safety and make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings and we saw evidence of this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the partners in the practice and the practice managers. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, but the practice was seeking to broaden patient engagement by setting up a 'virtual' PPG. The current PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested improvements to the flow of patients at reception. Practice staff were consulted on these and



# Are services well-led?

Good 

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

agreed to the proposals. The CCG IT team have agreed to fund the relocation of the automatic patient check in; once this has been completed then work could begin on the changes to the reception desk layout.

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was at the forefront of the development of the

local Connecting Care for Children initiative. It would also be shortly participating in the 'We're Sick' whole system integrated care pilot being developed to support frail elderly people.

In addition, the practice had developed a successful partnership with a local community trust. This was part of the practice's strategy to attend existing patient groups outside the practice – to go to the patients. The practice has supported the group financially and practically to offer training to its members to give them the confidence to speak about their experiences of patient care and to be part of helping to improve it. There were plans for the trust to work with practice staff to help them to be aware of the different needs of patients from ethnically diverse backgrounds.