

Dr Elizabeth Densham

Quality Report

St Quintin Health Centre
St Quintin Avenue,
London, W10 6NX
Tel: 0208 960 5677
Website:

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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?

Requires improvement 

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 Elizabeth Densham 11 February and 22 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 a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are

- Ensure staff receive appropriate training to enable them to carry out their duties, such as infection control, adult safeguarding, Health and Safety, Fire safety and Information governance.
- Implement formal clinical supervision arrangements for the nurse practitioner.
- Implement processes to monitor that NICE clinical guideline are followed by all clinical staff.

The areas where the provider should make improvement are:

Summary of findings

- Ensure regular analysis of the significant events and complaints are carried out in order for the practice to identify any themes emerging and put systems in place to prevent them re-occurring.
- Replace the carpets in the treatment room with washable flooring as identified in the audit undertaken in 2013.
- Document in patients notes if they had refused a chaperone when offered
- Develop a register of carers in order to provide appropriate information for them.

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.

Good



- There was an effective system in place for reporting and recording significant events, however, the practice did not carry out any analysis of the significant events.
- 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 some systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, non-clinical staff had not received safeguarding adults training and were not able to define the different types of abuse adults may encounter.
- There was no evidence to confirm the infection control lead had undertaken further training to enable them to provide advice on the practice infection control policy and practice staff had not received infection control training.
- Disclosure and Barring Service checks for some staff were not specific to the practice.
- There were no processes in place to monitor clinical guidelines were followed.

Are services effective?

The practice is rated require improvement for providing effective services.

Requires improvement



- We saw evidence to confirm that the practice was influencing and improving practice and outcomes for patients.
- Data showed that the practice performance was better than neighbouring practices in the Clinical Commissioning Group.
- The practice met with other local providers to share best practice.
- There were no processes to monitor that NICE clinical guideline were followed by all clinical staff.
- There was a lack of effective formal clinical supervision for the nurse practitioner
- Staff had not received training in health & safety, Infection Prevention Control, Fire and Information Governance

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Good



- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a leadership structure and staff felt supported by management.
- The provider did not carry out regular analysis of significant events and complaints, or monitor that NICE clinical guideline were being followed by all clinical 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 provider was rated as requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Good



People with long term conditions

The provider was rated as requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority
- The practice had scored 97.2% on the recent QOF report for diabetes which was above the CCG average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The provider was rated as requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Good



Summary of findings

- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice offered appointments on the day for all children when their parent requested the child be seen for urgent medical matters.
- We saw positive examples of joint working with midwives and health visitors. Monthly meetings were held,

Working age people (including those recently retired and students)

The provider was rated as requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Good



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities, were coded on appropriate registers.

Good



Summary of findings

- These patients had 'pop ups' on their computer notes to alert all members of staff of vulnerable patients. GPs told us this was to allow them to meet their specific additional needs such as double appointments, interpreter, visual/hearing impaired, carer details, and risk assessment stratification.
- Patients with learning disabilities were invited annually for a specific review with their named GP. We saw of the 20 on the register 10 had reviews carried out in the last 12 months.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and all 35 had been reviewed in the last 12 months.
- Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently assessed by a GP if presented.
- The practice had achieved 100% of the latest QOF points for patients with Dementia which was above both CCG and national averages.
- The practice had annual reviews for patients with dementia, which included early consideration of advance care planning and discussing power of attorney issues. All dementia patients had a care plan which both they and carers had been involved in drafting.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 97 responses and a response rate of 28% or 5% of the patient list

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 86% and a national average of 73%.
- 96% found the receptionists at this surgery helpful compared to CCG average of 86% and a national average 87%
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 86% and a national average 85%
- 94% said the last appointment they got was convenient compared to a CCG average 91% and a national average 92%.

- 90% described their experience of making an appointment as good compared to a CCG average 78% and a national average 73%.
- 66% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards and although all positive about the standard of care received, there were some comments relating to not being able to get through on the phone. Patients felt the practice offered a good service and staff were considerate and treated them with dignity and respect

We spoke with four patients during the inspection. All said that they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Elizabeth Densham

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Elizabeth Densham

Dr Elizabeth Densham provides GP primary care services to approximately 2300 people living in Kensington and Chelsea. The practice is located in the north of the borough of Kensington and Chelsea. The local population is characterised by a large proportion of young working age residents and is ethnically diverse as a result of high levels of migration in and out the borough. The proportion from Black and Minority ethnic groups is twice that found in the rest of the borough. Although residents have the highest life expectancy in the country there are significant pockets of poor health in the more deprived areas.

The practice is staffed by two GPs, one male and one female doctor who work a combination of full and part time hours, totalling 10 sessions a week. Other staff included a nurse practitioner, a nurse and five administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and maternity and midwifery services.

The practice was open from 8.00am to 6pm Mondays, Thursdays and Friday. They opened 8.00am to 7.30pm on a Tuesday and 8.00am to 12.30pm on a Wednesday. They had extended hours on Tuesdays 6.30pm and 7.30 pm. The

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

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

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting we reviewed a range of information we hold about the service and asked other organisations such as Healthwatch, to share what they knew about the service. We carried out announced visits on 11 February and 22 March 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- They had processes in place for documenting and discussing reported incidents. Staff were encouraged to log any significant event or incident on a template located on the shared drive. Staff we spoke with were aware of their responsibilities to bring them to the attention of the practice manager. These were usually discussed on the day they occurred and at the monthly practice meetings.
- The practice did not carry out any analysis of the significant events; however we were told that they were sometimes discussed at the monthly Commissioning Learning Sessions (CLS) with other local practices.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that where an error had been made in labelling blood samples, the practice implemented a double check process, before they were sent to the hospitals.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard patients from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. All staff had received relevant role specific training on safeguarding children. Clinicians were trained to level 3 and non-clinicians level 1. However only GPs had received adult safeguarding training and some staff we

spoke with were not clear about how to recognise signs of abuse in adults although they were aware of their responsibilities and knew how to share information, record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were displayed on the walls in treatment rooms and in a folder in reception. The lead GP attended external safeguarding meetings when needed.

- A chaperone policy was in place and there were visible notices on the waiting room noticeboard and in consulting rooms. We were told that all staff providing these duties had been trained and Disclosure and Barring Service checked. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. There was an infection control policy and protocols in place. We observed the premises to be clean and tidy. The practice nurse was the infection control lead, however they had not undertaken further training to enable them to provide advice on the practice infection control policy and other practice staff had not received training. The practice completed annual audits and we saw evidence that action was taken to address any improvements identified as a result. However, we noted that the last external audit had been undertaken in 2013 and had identified that the floor covering in the treatment rooms were carpets and needed to be replaced with washable ones. At the time of our inspection this had not been completed. Cleaning records were kept which showed that all areas in the practice were cleaned daily.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, and liaised with the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw records to confirm that temperature checks of the fridges were carried out daily to ensure that vaccinations were stored within the correct temperature range. There was a clear procedure to

Are services safe?

follow if temperatures were outside the recommended range. 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.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, we found one Disclosure and Barring Service checks was not specific to the practice.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy which staff were required to read as part of their induction. This was accessible on all computer desktops for staff. There was a fire risk assessment in place, all fire equipment had been serviced in May 2015 and a fire drill had taken place in June 2015. There was a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained

regularly and we saw equipment maintenance logs and other records that confirmed this. Portable electrical equipment testing (PAT) had been carried out in September 2015. We saw evidence of calibration of relevant equipment; for example, blood pressure monitors, ECG, weighing scales and pulse oximeter which had been carried out in February 2015.

- The practice manager told us about the arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. For example, the practice manager provided cover for the receptionist staff when needed.

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 reception.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, the business continuity plan did not state the steps to follow if the Practice Manager or GP were unavailable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The GPs could outline the rationale for their treatment approaches. They were familiar with current best practice guidance and accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw the practice had monthly clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed.
- There were no processes in place to monitor that these guidelines were followed.

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% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 97%, which was 17% above the CCG and 7% above national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, which was 7% above the CCG and 2% above national averages.
- Performance for mental health related indicators was 96%, which was 11 % above the CCG and 3% above national averages.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits carried out in the last year. Two were completed where the improvements made were implemented and monitored. For example, the practice had carried out an osteoporosis audit of patients with bisphosphonates as recent NICE guidelines suggested that there was no benefit if taking these drugs for more than five years. We saw they reviewed all patients who had been on these drugs for more than five years and found there were 14 patients that needed reviewing. After all had been reviewed, the second audit they found that although 10 had been on them for longer the recommended five years, there were other risk factors involved if they had stopped the medication, so they remained on them, with close monitoring, three were stopped completely and one was changed to an alternative drug.
- The practice participated in local audits and peer reviews.

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 health and safety, fire safety, confidentiality and incident reporting. However, we noted that infection control and safeguarding was not included.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to some training to meet these learning needs and to cover the scope of their work. This included ongoing support during session, appraisals and mentoring and support for revalidating GPs. There was however no arrangements in place for the ongoing formal clinical supervision for the nurse practitioner. All staff had had an appraisal within the last 12 months. and support for revalidating GPs
- The nurse who administered vaccinations and took samples for the cervical screening programme had received specific training which had included an assessment of competence. They had attended refresher training and accessed on line resources to ensure they stayed up to date with changes to the immunisation programmes.

Are services effective?

(for example, treatment is effective)

- Staff only received training in safeguarding children, basic life support and chaperoning. Staff had not received training in General Health and Safety, Fire, Infection Prevention and control or Information governance.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We saw evidence of this in patient's records.

- However, the practice did not document in patients notes if they had refused a chaperone when offered.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was given opportunistically by the GPs at the practice.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 81%. There was a policy to offer telephone and text reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55% to 95% and five year olds from 61% to 89%.

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

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were considerate and treated them with dignity and respect. However, we did receive a few comments regarding needing more early morning or late evening appointments. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients we spoke with on the day told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed the most recent data available for the practice about patient satisfaction. This included information from the national GP patient survey from 2015 where 85% patients said they would recommend this practice.

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

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average 95% and national average 95%
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 84% and national average 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 85% and national average 91%.
- 96% said they found the receptionists at the practice helpful compared to the CCG average 85%, national average 87%

Care planning and involvement in decisions about care and treatment

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

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

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 90%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average 82%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average 85%

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

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. However, the practice did not keep a register of carers and did not know how many carers they had on their system.

Staff told us that all patients' deaths were discussed at the weekly clinical meeting and if families had suffered

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Patients over 75 years had a named GP to co-ordinate their care. The practice had a list of older people and was aware of those who were housebound and carried out home visits when needed. All have personal care plans and the top 2% at risk of hospital admissions are prioritised for immediate call back by the GP when they call the practice. Double appointments were available for these patients when required. They also had access to the Older Person Rapid Access Clinic (OPRAC) at a local hospital, which provided same or next-day appointments for assessment of frail older patients. They were part of the whole systems integrated care (WSIC) project where they would meet with district nurses and social services care coordinators. A Primary Care Navigator was based at the practice one day a week, to support older patients and their carers to access timely care and community support.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. Patients in these groups had a care plan and would be allocated longer appointment times when needed. Reception staff supported clinicians in ensuring annual reviews were completed for all patients in this group.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings (MDT) with health visitors where any safeguarding concerns would be discussed. All children were given appointments on the day for all children when their parent requested the child be seen for urgent medical matters. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening. The practice offered Post-natal counselling and carried out mum and baby checks at six - eight weeks.
- The practice offered working age patients access to extended appointments three times a week. They offered on-line services which included appointment management, viewing patient records, repeat prescriptions and registration. They also had GP telephone call backs which enabled telephone consultations where appropriate, without patients having to take time off work. There was onsite phlebotomy offered so patients could have blood taken at the same time if appropriate. Patients could also sign up to have results texted with patient consent and verification.
- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and homeless patients, were coded on appropriate registers. These patients had 'pop ups' on their computer notes to alert all members of staff of vulnerable patients. GPs told us this was to allow them to meet their specific additional needs such as double appointments, interpreter, visual/hearing impaired, carer details, and risk assessment stratification. Patients with learning disabilities were invited annually for a specific review with their named GP. We saw there were 20 people on the register and 10 had had reviews carried out in the last 12 months.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks. They had 35 people on their register and all had been reviewed in the last 12 months. They worked closely with the primary care liaison nurse who also attended their MDT meetings. Patients were also referred to other services such as MIND. Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently assessed by a GP if presented.
- The practice had achieved 100% of the latest QOF points for patients with Dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning and discussing

Are services responsive to people's needs?

(for example, to feedback?)

power of attorney issues. All dementia patients had a care plan which both they and carers had been involved in drafting. Dementia friendly training had been arranged for all staff at the practice.

- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The practice was open from 8.00am to 6pm Mondays, Thursdays and Friday. They opened 8.00am to 7.30pm on a Tuesday and 8.00am to 12.30pm on a Wednesday. They had extended hours on Tuesdays 6.30pm and 7.30 pm. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.

- 96% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 76% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%)

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. All verbal complaints were recorded.
- The practice manager handled all complaints in the practice and kept a brief complaints log of written complaints. However, they did not carry out any analysis of these.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way, in line with the complaints policy and there were no themes emerging.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice vision and values was to deliver good quality, excellent care. However, we found staff were not aware of the practice values.
- There was no documented strategy or business plan to deliver the vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. We spoke with four members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as health and safety and confidentiality as part of their induction. All four policies and procedures we looked at had been reviewed and were up to date.
- The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing above national standards. They had scored 892 out of 900 in 2014 and 551 out of 559 in 2015 which was 10% above the CCG average and 5% above England average. We saw QOF data was regularly reviewed and discussed at the monthly clinical meetings. The practice also took part in a peer reviewing system with neighbouring GP practices in Kensington and Chelsea.
- There was a programme of continuous clinical and internal audit used to monitor quality and to make

improvements. The practice had carried out clinical audits in relation to Arterial Fibrillation, Osteoporosis and the use of specific drugs to reduce cholesterol levels..

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Staff felt they worked well together and that they were a highly functional team which listened and learnt, and were aware of their challenges such as, understanding the reporting requirements for the out of hospital contracts.
- Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, one survey had identified that patients were concerned about the length of time they had to wait after their

appointment time and suggested that the practice receptionists should inform patients when they booked in if the GP was running late, which the practice implemented.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff at all levels were actively encouraged to raise concerns. All staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered provider must ensure persons employed in the provision of the regulated activities are provided with appropriate support, training and supervision.</p> <p>How the regulation was not being met:</p> <p>Non – clinical staff had not received appropriate training in Health and Safety, Fire, Infection control, safeguarding adults or Information governance, as is necessary to enable them to carry out the duties they are employed to perform. Further, there were no arrangements in place to ensure the nurse practitioner received regular, appropriate clinical supervision.</p> <p>This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>