Lisson Grove Health Centre

Quality Report

Gateforth Street,
London NW8 8EG
Tel: 020 3370 1940
Website:

Date of inspection visit: 27 January 2016
Date of publication: 24/05/2016

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lisson Grove Health Centre on 27 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice worked closely with young mothers some of whom acted as 'Patient health champions' who supported other patients through education, signposting and peer support. They supported and promoted workshops run by a local charity and staff told us they were a vital link between the practice and local communities. The Charity trained 10 patients from the Black and Minority Ethnic (BME) local community as Patient Champions. Empowerment and engagement sessions took place twice a week, Mondays and Wednesdays, and approximately 500 local people and patients had benefitted from these sessions.

Summary of findings

- There are innovative approaches to providing integrated person-centred care. For example, the practice provided a Substance Misuse reduction counselling service and worked closely with North West London drug and alcohol team, who provided a specialist in-house service which was integrated with the practice team.
- The practice had set up a GP-led community alcohol de-toxification service which was the only one in Westminster. The service was run by a GP, clinical nurse specialist and a counsellor who assessed and supported alcoholics through detox and offered aftercare with group and individual counselling.We saw that up to April 2015 of the 115 patient who started a community detox programme, 111 completed and 56% of them were still abstinent after six months.

The areas where the provider should make improvement are:

- Ensure patients with caring responsibilities are proactively identified.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line and lower 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.

Summary of findings

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

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice worked closely with young mothers some of whom acted as 'Patient health champions' who supported other patients through education, signposting and peer support. They supported and promoted workshops run by a local charity and staff told us they were a vital link between the practice and local communities.
- There are innovative approaches to providing integrated person-centred care. For example, the practice provided a Substance Misuse reduction counselling service and worked closely with North West London drug and alcohol team, who provided a specialist in-house service which was integrated with the practice team.
- The practice had set up a GP-led community alcohol de-toxification service which was the only one in Westminster. The service was run by a GP, clinical nurse specialist and a counsellor who assessed and supported alcoholics through detox and offered aftercare with group and individual counselling.We saw that up to April 2015 of the 115 patient who started a community detox programme, 111 completed and 56% of them were still abstinent after six months.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, patients felt they normally had to wait too long to be seen after their appointment times. One GP amended their surgeries to accommodate the wait time and another GP implemented longer appointments i.e. 15 mins instead of 10mins.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

- GP survey results, comment cards and patients we spoke with on the day reported dissatisfaction on not being able to get through on the phone and the length of time they had to wait for routine appointments.

Are services well-led?

Good

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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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

Good

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

- The practice had 486 patients over 75 years of which 300 were using medicines compliance aids (individualised box containing medicines organised into compartments by day and time, so as to simplify the taking of medications) All had a named GP to co-ordinate their care.
- Double appointments were available for these patients when required. GPs at the practice also carried out weekly ward rounds at a local care home. They also had a housebound register and one GP was responsible for ensuring home visits took place.
- The practice ran workshop on the importance of mental wellbeing for older people which was facilitated by the Improving Access to Psychological Therapies (IAPT) service.

People with long term conditions

Good

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

- 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.
- The practice was pro-actively managing patients with Long Term Conditions (LTC). They had clinical leads for a variety of long term conditions and QOF domains.GPs attended weekly multidisciplinary meetings with district nurses, social workers and palliative care nurses to discuss patients and their family's care and support needs.
- The nurse had been trained to start insulin injections. They offered weekly Diabetic clinics and monthly Heart Clinics - which were attended by nurses and GPs. There was an Arabic speaking IAPT therapist who attended the practice to support patients from the local community diagnosed with a long term condition. Reception staff supported clinicians in ensuring annual reviews were completed for all patients in this group.

Summary of findings

- The practice ran learning programmes and held shared education sessions at the surgery, where staff from other practices also attended. We saw that consultants from anti coagulation, COPD and respiratory teams from the local hospital had lead sessions in 2015.

Families, children and young people

Good

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

- The practice ran a monthly mother and baby Paediatric Hub Clinic in partnership with consultant paediatricians from the local hospital, which was rotated between three local practices. We were told us the clinic had proved successful in reducing the number of referrals to secondary care and had allowed patients to see a consultant quickly within the community.
- They offered appointment on the day for all children under 5 when their parent requested the child be seen for urgent medical matters at mutually convenient times.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed.
- The practice worked closely with young mothers some of whom acted as 'Patient health champions' who supported other patients through education, signposting and peer support. They supported and promoted workshops run by a local charity and staff told us they were a vital link between the practice and local communities by assisting with public health campaigns and preventative measures, such as immunisation, screening and sexual health.
- The practice had an Female Genital Mutilation (MGM) educational and support programme in place and staff had received training to help them identify vulnerable children and women.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The practice offered working age patients access to extended appointments three times a week. They also had GP telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.
- LARC (Long acting reversible contraception) was available on site which reduced the number of medical/nursing appointments that working age women need to attend regarding contraception.
- 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.
- IAPT ran workshops and provided support for people as they approached retirement.

People whose circumstances may make them vulnerable

Good

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

- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and homeless patients, were coded on appropriate registers. These patients had 'pop ups' on their computer notes to alert all members of staff of vulnerable patients who may present as chaotic. 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. There was a Learning Disability lead GP and patients with learning disabilities were invited annually for a review. We saw all twenty seven on the register had reviews carried out in the last 12 months.
- The practice had set up a GP-led community alcohol de-toxification service which was the only one in Westminster. The service was run by a GP, clinical nurse specialist and a counsellor who assessed and supported alcoholics through detox and offered aftercare with group and individual counselling.We saw that up to April 2015 of the 115 patient who started a community detox programme, 111 completed and 56% of them were still abstinent after six months.
- The practice provided a Substance Misuse reduction counselling service and worked closely with North West London

drug and alcohol team, who provided a specialist in-house service which was integrated with the practice team.The practice provided training to staff of local hostels in the management of patients with addiction and dual diagnosis.This also improved access rates for these patients who attended regularly for checks and necessary clinical care. There was daily counselling provision at the practice from drugs and alcohol counsellors based at the practice.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had a register of patients experiencing poor mental health. They had a mental health lead GP and Nurse and these patients were invited to attend annual physical health checks. We saw that of the 118 mental health patients on a care plan, all had been reviewed in the last 12 months.
- There was also a primary care mental health worker (PCMH) based at the practice two days a week, whose role included supporting patients with mental illness transfer from secondary care back to primary care. GPs could also refer new patients to them. There was an Arabic speaking IAPT therapist also supported patients suffering from mental illness. There was also two CBT counsellors based at the practice.
- Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently seen by a GP if presented. Patients living in the local hostels who were on lithium were seen during the weekly ward rounds or hostel staff ensured they attended the practice regularly for checks and required clinical care.
- There was a dementia GP lead for and the practice and they carried out advanced care planning for patients with dementia and had achieved 100% of the latest QOF points which was above both CCG and national averages. We saw the practice had carried out an environmental dementia friendly audit and had scored 90% for 'the environment promotes calm safety and security for people with dementia in their care'. All staff at the practice had received training in understanding and identifying Dementia.

Summary of findings

- 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.

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 below local and national averages. There were 107 responses and a response rate of 26%.

- 55% found it easy to get through to this surgery by phone compared to a CCG average of 82% and a national average of 73%.
- 72% found the receptionists at this surgery helpful compared to CCG average of 84% and a national average 87%
- 71% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 81% and a national average 85%
- 76% said the last appointment they got was convenient compared to a CCG average 87% and a national average 92%.
- 58% described their experience of making an appointment as good compared to a CCG average 70% and a national average 73%.
- 32% usually waited 15 minutes or less after their appointment time to be seen (CCG average 56%, national average 65%.

The practice was aware that their results were less than the CCG averages and had put an action plan in place to address the areas of concern. They had changed staffing levels at the busiest times of the day and created a reception rota. Further, they used to use locum or short term contract receptionists, however have now permanently employed all reception staff and have reviewed their induction.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards and although all were positive about the standard of care received, there were some comments relating to not being able to get through on the phone and the length of time they had to wait for routine appointments. Patients felt the practice offered an excellent service and staff were considerate and treated them with dignity and respect

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.

Lisson Grove Health Centre

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 advisor.

Background to Lisson Grove Health Centre

Lisson Grove Health Centre provides GP primary care services to approximately 7700 people living in Westminster. The practice is located in an area where the index of multiple deprivation (2015) places 43% of the ward in the top five percent of the most deprived in England.

The practice is staffed by four GPs, two male and two female doctors who work a combination of full and part time hours, totalling 4 WTE. Other staff included three nurses, a health care assistant and eleven administrative staff. The practice holds a Personal Medical Services (PMS) 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 8.30am to 6.30pm Mondays to Friday. They had extended hours on Saturday between 8.30am and 12.30pm. The telephones were staffed throughout working hours, except between 1.30pm and 2.30pm. 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.

How we carried out this inspection

Before visiting we reviewed a range of information we hold about the service and asked other organisations such as Healthwatch, to share what they knew about the service. We carried out an announced visit on 27 January 2016. During our visit we:

Detailed findings

- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that the practice had received a request from an external agency for urgent information and this was overlooked, therefore there was a delay in sending that information the practice implemented of process of carrying out daily checks as regards those types of requests and amended the weekly clinical meeting agenda to ensure they were also discussed there.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard patients from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.The lead GP attended quarterly external safeguarding meetings.
- The team had been trained in Channel Awareness, which is a programme that focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people.
- A chaperone policy was in place and there were visible notices on the waiting room noticeboard and in consulting rooms. Reception and administration staff acted as chaperones and had received relevant training. All staff providing these duties had been Disclosure and Barring Service checked. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. There was an infection control policy and protocols in place. We observed the premises to be clean and tidy. The practice nurse was the infection control lead and had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.All staff had received training.The practice completed annual audits and we saw evidence that action was taken to address any improvements identified as a result.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 of 2 to 8°C. There was a clear procedure to follow if temperatures were outside the recommended range. Prescription pads were securely

stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy which staff were required to read as part of their induction. This was accessible on all computer desktops for staff. There was a fire risk assessment in place, all fire equipment had been serviced in August 2015 and a fire drill had taken place in December 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 and infection control, however although we were told that a legionella assessment had been carried out, we did not see any evidence of this on the day. (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 August 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 June 2015.
- Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. For example, the senior receptionist provided cover for the receptionist staff when needed for all absences.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% 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 92%, which was 12% above to the CCG and 2% above national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 93%, which was similar to the CCG and 2% below national averages.
- Performance for mental health related indicators was 90%, which was 7 % above the CCG and 2.5% below national averages.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits carried out in the last year. All were completed where the improvements made were implemented and monitored. For example, the practice had carried out an audit of their prescribing practices in relation to medicines used to treat anxiety and insomnia. The aim was to reduce the number of patients receiving an unnecessary prescription for these medicines, to reduce the dosage of these medicines where possible (in order to reduce the risk of falls amongst those aged over 75years) and to ensure that the practice prescribed in line with the British National Formulary and NICE guidelines. Two hundred and twenty two patients were identified for inclusion in this audit. This cohort was then reviewed in terms of their usage of these medicines and whether or not this was on a regular basis (every month or daily use). Recommendations resulting from the outcome of the audit included written diagnosis or reason for initiating a new prescription, providing advice to these patients regarding the risk of dependency from regular use of these medicines and patients were referred for psychological support where warranted. We saw there was a reduction in prescribing these medicines as a result of the audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- The nurse who administered vaccinations and took samples for the cervical screening programme had

received specific training which had included an assessment of competence. They had attended refresher training and accessed on line resources to ensure they stayed up to date with changes to the immunisation programmes.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice won an award in 2015 for highest referrals to the local smoking cessation service.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62% to 95% and five year olds from 60% to 90%.

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.

Good

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.

We received 31 Care Quality Commission comment cards and 26 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were considerate and treated them with dignity and respect. However, we did receive a few comments regarding having trouble getting through on the phone, the length of time patients had to wait for a routine appointment and length of time they have to wait after appointment times. 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 only 57% patients said they would recommend this practice.

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

- 79% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 78% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average 94% and national average 95%
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 82% and national average 85%.
- 78% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 86% and national average 91%.
- 72% said they found the receptionists at the practice helpful compared to the CCG average 84%, national average 87%

The practice was aware that their results were less than the CCG averages and had put an action plan in place to address the areas of concern.

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 responses were lower than the CCG averages for 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:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 90%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average 82%.
- 73% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average 85%

We saw the practice had discussed these results in a practice meeting and had developed an action plan to address the areas of concern highlighted.

Good

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

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

The practice had a Carers lead and the computer system alerted GPs if a patient was also a carer. The practice had identified there were 37 carers on their list. They recognised that this figure was low and told us It was the culture of many of their patients to refuse to accept that they were carers for elderly relatives or family members as they felt it was their duty. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that all patients' deaths were discussed at the weekly clinical meeting and if families had suffered bereavement, their usual GP contacted them 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.

Outstanding ☆

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.

- The practice had 486 patients over 75 years of which 300 were using medicines compliance aids(individualised **box** containing medicines organised into compartments by day and time, so as to simplify the taking of them) All had a named GP to co-ordinate their care. Double appointments were available for these patients when required. GPs at the practice also carried out weekly ward rounds at a local care home. We saw that they had held a workshop at the practice on the importance of mental wellbeing for older people which was facilitated by the Improving Access to Psychological Therapies (IAPT service.
- 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.
- The practice was pro-actively managing patients with Long Term Conditions (LTC).They had clinical leads for a variety of long term conditions and QOF domains. GPs attended weekly multidisciplinary meetings with district nurses, social workers and palliative care nurses to discuss patients and their family's care and support needs. The nurse had been trained to start insulin injections. They offered weekly diabetic clinics and monthly heart clinics - which were attended by nurses and GPs. There was an Arabic speaking IAPT therapist who attended the practice to support patients from the local community diagnosed with a long term condition. Reception staff supported clinicians in ensuring annual reviews were completed for all patients in this group.
- The practice ran learning programmes and held shared education sessions at the surgery, where staff from other practices also attended. We saw that consultants from anti coagulation, COPD and respiratory teams from the local hospital had lead sessions in 2015.
- Community pharmacists carried out medication reviews in patients homes as part of the 'village care' programme. The village was a group of practices averaging 20,000 patients, and the practices met monthly to review cases and care planning. The CCG had provided a care navigator(coordinator) to liaise with and work with social care and housing to ensure that patients care does not fall between organisational systems. The Village practices often worked together on projects with some resource support from the CCG.

.

- The practice ran a monthly mother and baby Paediatric Hub Clinic in partnership with consultant paediatricians from the local hospital, which was rotated between three local practices. We were told us the clinic had proved successful in reducing the number of referrals to secondary care and had allowed patients to see a consultant quickly within the community. They also offered appointments on the day for all children under 5 when their parent requested the child be seen for urgent medical matters at mutually convenient times. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed.
- The practice worked closely with young mothers some of whom acted as 'Patient health champions' who supported other patients through education, signposting and peer support. They supported and promoted workshops run by a local charity and staff told us they were a vital link between the practice and local communities by assisting with public health campaigns and preventative measures, such as immunisation, screening and sexual health. The practice had an Female Genital Mutilation education and support programme in place and staff had received training to help them identify vulnerable children and women.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered working age patients access to extended appointments twice a week – one weekday night and Saturday mornings. They offered on-line services which included appointment management, viewing patient records, repeat prescriptions and registration. They also offered telephone consultations where appropriate, without patients having to take time off work. LARC (Long acting reversible contraception) was available on site which reduced the number of medical/nursing appointments that working age women need to attend regarding contraception. We also saw IAPT ran workshops and provided support for people as they approached retirement.
- 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 who may present as chaotic. 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. There was a Learning Disability lead GP and patients with learning disabilities were invited annually for a review. We saw all twenty seven on the register had reviews carried out in the last 12 months.
- The practice had set up a GP-led community alcohol de-toxification service which was the only one in Westminster. The service was run by a GP, clinical nurse specialist and a counsellor who assessed and supported alcoholics through detox and offered aftercare with group and individual counselling.We saw that up to April 2015 of the 115 patient who started a community detox programme, 111 completed and 56% of them were still abstinent after six months.
- The practice provided a Substance Misuse reduction counselling service and worked closely with North West London drug and alcohol team, who provided a specialist in-house service which was integrated with the practice team.The practice provided training to staff of local hostels in the management of patients with addiction and dual diagnosis. This also improved access rates for these patients who attended regularly for checks and necessary clinical care. There was daily counselling provision at the practice from drugs and alcohol counsellors based at the practice.
- The practice had a register of patients experiencing poor mental health. They had mental health lead GP and Nurse and these patients were invited to attend annual physical health checks. We saw that of the 118 mental health patients on a care plan, all had been reviewed in the last 12 months. There was also a primary care mental health worker (PCMH) based at the practice two days a week, whose role included supporting patients with mental illness transfer from secondary care back to primary care. GPs could also refer new patients to them. 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 seen by a GP if presented. Patients living in the local hostels who were on lithium were seen during the weekly ward rounds or hostel staff ensured they attended the practice regularly for checks and required clinical care. The Arabic speaking IAPT therapist also supported patients suffering from mental illness.
- There was a GP lead for dementia and the practice and they carried out advanced care planning for patients with dementia and had achieved 100% of the latest QOF points which was above both CCG and national averages. We saw the practice had carried out an environmental dementia friendly audit and had scored 90% for 'the environment promotes calm safety and security for people with dementia in their care'. All staff at the practice had received training in understanding and identifying Dementia.
- 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.
- 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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open from 8.30am to 6.30pm Mondays to Friday. They had extended hours on Saturday between 8.30am and 12.30pm. The telephones were staffed throughout working hours, except between 1.30pm and 2.30pm. 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 comparable to local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 55% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 37% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

Although people told us, on the day of the inspection, that they were able to get appointments when they needed them the practice told us they were in the process of reviewing their phone system and administration team.

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. They held weekly session where they met with patients to discuss any concerns they had.
- Complaints were analysed on a quarterly basis and the outcome and actions were sent to all members of staff.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at three complaints received in the last 12 months and found these were dealt with in a timely way, in line with the complaints policy and there were no themes emerging. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that where patients had complained about delays in receiving their repeat prescription the practice had implemented a new process where one person was responsible for overseeing the repeat prescription process.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice vision and values wasto provide the safest, most sensitive care, with the resources available, in a challenging but vibrant environment.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were monitored at their annual away day.

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 staff were aware of their own roles and responsibilities. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as safeguarding, health and safety and infection control as part of their induction. All six 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 882 out of 900 in 2014 and 524 out of 559 in 2015 which was 7% above the CCG average but 1% below England average. We saw QOF data was regularly reviewed and discussed at the weekly clinical. The practice also took part in a peer reviewing system with neighbouring GP practices in Westminster.
- 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 Benzodiazepine, Initiation of Injectable Therapy, LARC and ENT and outpatient follow up.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all patients deemed vulnerable had risk assessments in their records.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Practice meetings were held monthly. Staff told us 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 managing their high risk diabetic population of more than 400 patients.
- We noted that team away days were held every year and staff told us these days were used both to assess business priorities and socialise with colleagues.
- Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff

Are services well-led?

Good

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

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 and submitted proposals for improvements to the practice management team. For example, the last survey had identified there can sometimes be delays in getting through on the phone to reception. As a result, the practice was reviewing their telephone supplier to service and maintain the system and staff capacity to take calls.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff at all levels were actively encouraged to raise concerns. All staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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 they were in the process of setting up a Benzodiazepine detoxification service (a group of medicines that can be commonly misused).

The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. They supported and promoted workshops run by a local charity. The Charity trained 10 patients from the Black and Minority Ethnic (BME) local community as Patient Champions. Empowerment and engagement sessions took place twice a week, Mondays and Wednesdays, and approximately 500 local people and patients had benefitted from these sessions.