

Dr Maher Shakarchi (also known as Dr Shakarchi's Practice)

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Maher Shakarchi (also known as Dr Shakarchi's Practice) on 10 December 2014. The overall rating for the practice was requires improvement. The full comprehensive report on the 10 December 2014 inspection can be found by selecting the 'all reports' link for Dr Maher Shakarchi on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 11 November 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 10 December 2014. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now 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.
- The practice had clearly defined and embedded systems to minimise risks to patient's safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had effective systems in place to minimise risks to patient safety.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Patients said they felt the practice offered an excellent service and staff were kind, attentive, caring and helpful and treated them with dignity and respect.
- Information about services and how to complain was available, but the complaints policy required updating. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- The majority of patients found it easy make an appointment with a GP with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

The areas where the provider should make improvement are;

- Ensure a health and safety poster is displayed which identifies local health and safety representatives and implement a log of weekly fire alarm checks.
- Continue to make improvements in the performance for QOF, including patient outcomes in long-term conditions, childhood immunisations and cervical screening programme to align with local and national averages.
- Continue to identify and support more patients who are carers.
- Review the complaints policy to ensure all content is up to date.
- Consider permanent installation of the hearing loop to assist patients with hearing impairment.

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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- 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?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed patient outcomes were at or above average compared to local and national averages with the exception of some diabetes related indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar or higher than others for several aspects of care.
- Patients said they felt the practice offered an excellent service and staff were kind, attentive, caring and helpful and treated them with dignity and respect.
- 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.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they attended regular CCG meetings and reviewed performance data with other local practices.
- Patient's satisfaction with how they could access care and treatment was at or mostly higher than CCG and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available although the complaints policy required review. Evidence showed the practice responded to issues raised and learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient reference group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- All patients over 75 years of age had a named GP and personalised care plan reviewed annually in coordination with the primary care navigator. These patients were reviewed three monthly or sooner if they were admitted to hospital.
- Annual medication reviews were offered to patients with polypharmacy of 10 prescribed medicines or more.
- The practice had a policy to telephone any older patient after they were discharged following an admission to hospital, to review their needs and assess if a follow up consultation or home visit was required. Referrals were made to the community independence service if appropriate which aimed to support patients at home and reduce the risk of hospital admission.
- Older patients with complex care needs were discussed with the primary care navigator and they were involved in arranging and following up on community support service referrals.
- The practice held monthly multi-disciplinary team meetings to discuss and manage cases of older patients with complex medical needs. These meetings were attended by the primary care navigator, members of the community nursing team, community matron and palliative care nurse.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice referred patients at risk of social isolation to befriending and local support services.
- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice offered flu and shingles immunisation for older patients in line with national guidance. Home visits for immunisations were offered to housebound patients.

People with long term conditions

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

Good



- All patients with long term conditions were invited for structured annual health checks including medication review, blood tests and immunisations if required. Patients who did not attend for annual review their records were highlighted so when repeat prescriptions were requested they were advised to make an appointment.

Summary of findings

- Longer appointments and home visits were available when needed.
- The practice held monthly multi-disciplinary team meetings to discuss and manage cases of patients with complex medical needs. These meetings were attended by the primary care navigator, members of the community nursing team, community matron and palliative care nurse.
- Patients with risk factors for developing long term conditions were identified through NHS Health checks and routine screening. Patients were referred to appropriate services to help modify risk factors, such as the national diabetes prevention programme and in house smoking cessation services.
- The practice offered out of hospital diagnostic facilities, including spirometry, electrocardiograms (ECGs) and ambulatory blood pressure monitoring.
- Patients with long term conditions at risk of hospital admission were identified and invited for review to create integrated care plans aimed at reducing this risk.
- The practice offered flu immunisation to patients with long term conditions in line with national guidance.

Families, children and young people

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

- There was a named GP lead for safeguarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice provided shared antenatal care with the local midwife team and routine post-natal care including family planning.
- Childhood Immunisation rates for 2015/16 were similar to or above CCG averages for all standard childhood immunisations. The practice had a recall system for babies and children who had not attended for their immunisation.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had access to specialist advice from local paediatric consultants via a specific telephone number and email address.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The uptake rate for cervical smears was 70%, which was similar to the CCG average of 73% and below the national average of 81%.

Working age people (including those recently retired and students)

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

- Extended hour appointments were available including Saturday morning appointments for patients unable to attend the practice during normal working hours. Telephone consultations with a GP were also available daily.
- There was the facility to book appointments and request repeat prescriptions online. The practice also used the electronic prescribing service to send repeat prescriptions directly to the patients' pharmacy of choice.
- The practice offered health checks for new patients and NHS health checks for patients aged 40 to 74 years of age with appropriate follow-up of any risk factors identified.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Good



People whose circumstances may make them vulnerable

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

- There was a named GP lead for safeguarding vulnerable adults. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual health checks for patients with a learning disability with longer appointments available if required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

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).

- 100% of the 11 patients' diagnosed with dementia on the practice list had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 87% and the national average of 84%.
- 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the last 12 months compared to the CCG average of 86% and national average of 89%.
- The practice used a screening tool to review patients with suspected dementia or those at risk, with referral on to local memory services if appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice advised patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a psychiatric community liaison nurse who ran weekly clinics at the practice for patients experiencing poor mental health.
- The practice held out of hospital clinics weekly for patients experiencing poor mental health that had been discharged from secondary care services. These clinics provided psychological and physical reviews.
- All patients on the mental health register were invited to annual health checks including medication review and blood tests if required.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and showed the practice was performing in line with local and national averages. Three hundred and sixty-five survey forms were distributed and 87 were returned. This represented a response rate of 24% and 2% of the practice's patient list.

- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 82% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Comments received described staff as kind, attentive, caring and helpful and the environment clean and hygienic.

We spoke with three patients including one member from the practice Patient Reference Group (PRG) during the inspection, all of whom were satisfied with the care they received and felt the staff treated them with dignity and respect. Results from the Friends and Family Test (FFT) for the period April 2016 to October 2016 showed that 92% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

Action the service **SHOULD** take to improve

- Ensure a health and safety poster is displayed which identifies local health and safety representatives and implement a log of weekly fire alarm checks.
- Continue to make improvements in the performance for QOF, including patient outcomes in long-term conditions, childhood immunisations and cervical screening programme to align with local and national averages.
- Continue to identify and support more patients who are carers.
- Review the complaints policy to ensure all content is up to date.
- Consider permanent installation of the hearing loop to assist patients with hearing impairment.

Dr Maher Shakarchi (also known as Dr Shakarchi's Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to Dr Maher Shakarchi (also known as Dr Shakarchi's Practice)

Dr Maher Shakarchi (also known as Dr Shakarchi's Practice) is a well-established GP practice situated within the London Borough of Westminster. The practice lies within the administrative boundaries of NHS Central London (Westminster) Clinical Commissioning Group (CCG) and is a member of the South Westminster GP Locality Group and a member of Central London Healthcare (CLH) GP provider network.

The practice provides primary medical services to approximately 3,700 patients living within the practice boundaries of Victoria, Pimlico, Belgravia, Westminster, Kensington, Chelsea and North Battersea and accepted out of area patient registrations. The practice holds a core Personal Medical Services Contract (PMS) and Directed Enhanced Services Contracts. The practice is located at Belgrave Medical Centre, 13-13A Pimlico Road, SW1W 8NA with good transport links by bus and rail services.

The practice operates from a converted building which is jointly owned with another GP practice. The building is set over two floors with stair access and has a total of three consultation rooms two in the basement and one on the ground floor. The reception and waiting area are on the ground with another waiting room in the basement. There are accessible facilities for people with disabilities. There are no parking facilities at the practice but there is limited off street pre-payable parking in the roads around the practice.

The practice population is ethnically diverse and has a lower number of patients between 0 and 19 years of age and 60 years plus than the national average. There are a much higher number of patients between 25 to 44 years of age and a higher number of male patients aged 45 to 54 years of age, than the national average. The practice area is rated in the fourth more deprived decile of the national Index of Multiple Deprivation (IMD) and there is wide variation in the practice population from relatively deprived to very affluent. People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (50%, 47%, and 54% respectively).

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

Detailed findings

The practice team comprises of a male Principal GP and one female and one male locum GPs who collectively work a total of 11 clinical sessions per week. The GPs are supported by one full time practice nurse, a practice manager and two administration staff.

The practice opening hours are from 8am to 6.30pm Monday to Friday. Consultation times in the morning are from 9am to 12pm and in the afternoon from 2pm to 6pm each day. Extended hour appointments are offered from 7.30am to 8am Monday to Friday, 6.30pm to 8pm Monday and Wednesday and from 10am to 12pm on Saturday mornings. Pre-bookable appointments can be booked twelve weeks in advance and telephone consultations are available daily. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website. The practice does not close for a lunch hour period.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Maher Shakarchi (also known as Dr Shakarchi's Practice) on 10 December 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We issued requirement notices to the provider in respect of premises and equipment and good governance. The full comprehensive report following the inspection on 10 December 2014 can be found by selecting the 'all reports' link for Dr Maher Shakarchi on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr Maher Shakarchi (also known as Dr

Shakarchi's Practice) on 11 November 2016. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 November 2016.

During our visit we:

- Spoke with a range of staff including the principal GP, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our previous inspection on 10 December 2014, we rated the practice as requires improvement for providing safe services as some arrangements in respect of significant events, safeguarding, legionella risk management, equipment maintenance and emergency provisions required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 11 November 2016. The practice is now rated as good for providing safe services.

Safe track record and learning

When we inspected the practice, in December 2014, we found that an effective system was not in place for the reporting and recording of significant events, as the practice were unable to demonstrate that the findings from them had been shared with all relevant staff. At this inspection we saw some evidence of significant event discussion at practice team meetings.

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

- Staff told us they would inform the practice manager of any incidents and there was a serious incident notification form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, 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.
- The practice carried out analysis of the significant events and showed us the outcomes of two incidents that had occurred in the previous year.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event was recorded after the practice was made aware that information had incorrectly been

entered to a clinical record which automatically triggered a screening letter being sent to the patient in error. The incident was investigated and discussed with practice staff to share learning. The practice kept a log of safety alerts received including those from the Medicines & Healthcare products Regulatory Agency (MHRA).

Overview of safety systems and processes

When we inspected the practice, in December 2014, we found that although there were processes and practices in place to keep patients safe, we found some areas of concern. Not all staff who undertook chaperone duties had been trained for the role, safeguarding training had not been completed by all staff, maintenance of clinical equipment was overdue, there was no evidence that a legionella risk assessment had been undertaken and arrangements for some foreseeable emergencies had not been considered. At this inspection we found that these issues had been addressed by the practice.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 and there was a system to highlight vulnerable patients on their records. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level 3 and administration staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection

Are services safe?

control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit conducted by an external assessor in February 2017 identified that clinical waste bags for disposal had not been correctly labelled which had since been rectified. The practice had plans to replace a hand wash basin and some sink taps within the next 12 months as these did not comply with infection control standards.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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 the practice nurse 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 three personnel files of the most recently appointed staff and found appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available although there was no poster displayed which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills although they did not keep a log of fire alarm checks which we were told were conducted weekly. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 an emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had access to a defibrillator and oxygen with adult and children's masks with the agreement of the practice who shared the building. We saw records to show that this equipment was checked weekly to ensure they were working correctly.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage and telephone system loss, which the latter had not been in place at our last inspection in December 2014. The plan included emergency contact numbers for staff and relevant organisations.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 10 December 2014, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits.

These arrangements had significantly improved when we undertook a follow up inspection on 11 November 2016. The practice is now rated as good for providing safe services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

- The practice monitored that these guidelines were followed through risk assessments, medicines and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 was 94% of the total number of points available compared to the CCG average of 88% and the national average of 95%. Clinical exception reporting was 6%, which was below the CCG and national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2015/16 showed:

Practice performance for key diabetes related indicators were mixed with some below and some above local and national averages. For example,

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 62%; compared to the CCG average of 74% and national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 85%; compared to the CCG average of 73.5% and national average of 78%. Exception reporting was 3% (4/132) compared to the CCG and national rates of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 48%, compared to the CCG average of 74% and national average of 80%. Exception reporting was 6% (8/132) compared to the CCG and national rates of 11% and 13% respectively).

The practice was aware of the diabetes indicators they needed to improve upon and considered that lower performance may be attributed to some patients non-compliance with recommended treatment options and educational advice. They told us that they were currently recalling all their diabetic patients with a focus on reducing their cholesterol and blood sugar levels and emphasizing the seriousness of diabetes if not well controlled. For poorly controlled type 2 diabetic patients they said they were encouraging the addition of long acting insulin to their medicine therapy. At the time of inspection the practice had reviewed 76% of their diabetic patients.

Performance for mental health related indicators 2015/16 was similar to or above the CCG and national averages. For example;

- 86% of patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months; compared to the CCG average of 86% and national average of 89%. Exception reporting was 2% compared to the CCG and national rates of 9% and 13% respectively.
- 100% of the 11 patients' diagnosed with dementia on the practice list, had their care reviewed in a face to face

Are services effective?

(for example, treatment is effective)

meeting in the last 12 months; compared to the CCG average of 87% and national average of 84%. Exception reporting was 8% compared to the CCG and national rates of 9% and 7% respectively.

Performance for other health related indicators 2015/116 was similar to or above CCG and national averages. For example,

- 83% of patients on the register with hypertension had a blood pressure reading measured in the last 12 months that was 150/90mmHg or less; compared to the CCG average of 78.5% and national average of 83%.
- 91% of patients, on the register, with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, compared to the CCG average of 86% and the national average of 90%.

When we inspected the practice, in December 2014, there was no evidence of any two cycle clinical audits to demonstrate quality improvement in patient outcomes.

At this inspection there was evidence of quality improvement including completed clinical audits.

- There had been five clinical audits completed in the last two years, three of which were completed audits where the improvements made were implemented and monitored. For example, the practice conducted a carers audit to review patients listed as carers and the support they were offered. Initial audit reviewed patients on the carer's register to assess if care health checks and referrals to support services had been completed. Following the first cycle the practice held a carers event attended by members of the local carers support services to raise awareness and encourage patients to identify themselves as carers. Subsequent re-audit showed improvement in results with an increase in the number of patients on the carers register and increase in the completion of carers health assessments and support service referrals. The practice demonstrated improvement in the quality of computerised patient records following a two cycle audit conducted to identify potential data quality issues. At initial audit the practice data quality score for the indicators measured was 55% which at second audit cycle had increased to 76% following data coding amendment of discrepancies found in patient records.

- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice reviewed performance data, such as accident and emergency attendances and hospital admissions, and compared them with local practices to identify areas for improvement and share learning.

Information about patients' outcomes was used to make improvements. For example, the practice engaged with local enhanced services to identify patients at risk of hospital admission and invited them in for review to create integrated care plans aimed at reducing the risk. These patients were discussed at a monthly multi-disciplinary team meeting attended by the lead GP, practice nurse, community, matron and primary care navigator to review and update care plans as required.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had completed diabetes and chronic obstructive pulmonary disease (COPD) nurse training.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at meetings with other practice nurses.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff were due for their annual appraisal during November 2016.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The practice used written consent forms to record consent for all minor surgery procedures.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- In house smoking cessation advice was available from the practices smoking cessation practitioner.

- The practice's uptake for the cervical screening programme 2015/16 was 70%, which was similar to the CCG average of 73% and below the national average of 81%, with an exception reporting rate of 5% compared to the CCG rate of 9% and national rate of 6.5%. The practice was aware and endeavoured to improve their cervical screening uptake rates through active call and re-call of non-attendees. They considered that lower achievement rates may be attributed to some patients undertaking smear screening overseas or within in the private health care sector. 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.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake 2015/16 for female patients aged 50 to 70 years of age screened for breast cancer in the last 36 months was 55%, which was similar to the CCG average of 57% and below the national average of 72.5%. The practice uptake 2015/16 for patients aged 60 to 69 years of age screened for bowel cancer in the last 30 months was 32%, which was below the CCG average of 40% and national average of 58%.

Childhood immunisation rates for the data period 1 April 2015 to 31 March 2016 for the vaccinations given were similar to or above CCG averages but fell below national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 50% to 90% (CCG range 40% to 83%, national range 73% to 95%) and five year olds from 62% to 88% (CCG range from 62% to 83%, national range 81% to 95%). The practice operated a patient reminder and re-calls system to encourage immunisation uptake and advised the community health visiting team to follow up with parents when no response was made.

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

Are services caring?

Our findings

At our previous inspection on 10 December 2014, we rated the practice as good for providing caring services. At our follow up inspection on 11 November 2016 we also found the practice was good for providing caring services.

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 15 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 kind, attentive, caring and helpful and treated them with dignity and respect.

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

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were mainly comparable to CCG and national averages. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 or above local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to CG average of 78% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. The practice team spoke a range of languages, including those spoken by many of the practice's population groups including Arabic and Portuguese.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had a generic system on registration that asked if a patient was also a carer and the practice's

computer system alerted GPs to those identified. The practice had identified 28 patients as carers (0.8% of the practice list). Patients identified as carers were offered annual health checks and flu immunisations. The practice had held a carer's event attended by members of the local carer support services to raise awareness and highlight the support available. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This 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

At our previous inspection on 10 December 2014, we rated the practice as good for providing responsive services. At our follow up inspection on 11 November 2016 we also found the practice was good for providing caring services.

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 regular CCG led meetings with other local practices and reviewed performance data, including referrals and unplanned admissions, to identify areas for improvement and share learning.

- The practice was accessible to patients who had difficulty attending during normal opening hours. Appointments were available outside normal working hours Monday to Friday and on Saturday morning. Telephone consultations with a GP were also available twice daily.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Baby changing facilities were available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities and translation services were available. We observed that whilst there was a hearing loop available this had not been installed. There was a hearing loop available.
- Patients could choose to consult a male or female GP.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Consultation times in the morning were from 9am to 12pm and in the afternoon from 2pm to 6pm daily. Extended hour appointments were offered from 7.30am to 8am Monday to Friday, 6.30pm to 8pm Monday and

Wednesday and from 10am to 12pm on Saturday mornings. In addition to pre-bookable appointments that could be booked twelve weeks in advance, urgent appointments were also 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 mostly above local and national averages.

- 87% of patients were satisfied or fairly satisfied with the practice's opening hours compared to the CCG average of 73% national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and the national average of 73%.
- 90% of patients said the last appointment they got was convenient compared to the CCG average of 87% and the national average of 92%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 70.5% and the national average of 73%.
- 80.5% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 50% and the national average of 58%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. All home visit requests were logged by reception staff which were then considered and prioritised by the duty GP according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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. However, it was noted that the complaints policy incorrectly referred to the obsolete Primary Care Trust (PCT) instead of the Clinical

Are services responsive to people's needs?

(for example, to feedback?)

Commissioning Group (CCG). It was also noted that the complaints policy referred to a complaints and comments patient information leaflet and form but we were unable to confirm its existence.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example information displayed in the practice information booklet and on the practice website.

We looked at one formal complaint received in the last 12 months and found it was satisfactorily handled, in a timely way with, openness and transparency with dealing with the complaint. Lessons that had been learned from this complaint were documented on the practice complaints register and the complaint discussed at the practice team meeting to share learning.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 10 December 2014, we rated the practice as requires improvement for providing well-led services secondary to the findings of requires improvement in safe and effective.

These arrangements had significantly improved when we undertook a follow up inspection on 11 November 2016. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. Although we did not see information that informed patients about the practice vision and aims. Staff we spoke with were positive about the purpose of the practice and their role in achieving this. The practice had a mission statement and supporting business strategy which reflected the vision and values and were regularly monitored. Staff we spoke with were aware of and understood the vision and aims of the practice and knew what their responsibilities were in relation to these.

Governance arrangements

When we inspected the practice, in December 2014, the practice could not demonstrate effective governance arrangements across all areas. Most practice policies were overdue a review, there was no evidence of clinical audit used to drive improvement and arrangements for assessing and managing risks were absent or weak in some areas.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, regularly reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the principal GP demonstrated he had the experience, capacity and capability to run the practice and ensure high quality care. He told us that the practice prioritised safe, high quality and compassionate care. Staff told us the principal GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment;

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the principal GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and the management team 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 reference group (PRG) and through surveys and complaints received. The practice

Are services well-led?

Good 

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

implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the PRG. For example, an internal refurbishment of the shared practice premises had been completed in June 2016, including installation of new flooring, lighting upgrade and replacement seating in the waiting area, in response to suggestions received from patients.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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. The practice had undertaken a pilot which aimed to reduce unnecessary accident and emergency attendances for suspected deep vein thrombosis (DVT). They had participated in a weekend opening pilot to enable walk-in-patients to see a GP for eight hours during Saturday and Sunday. The practice was planning to join the primary care research hub to participate in National Institute for Health Research (NIHR) led research projects co-ordinated by Central London Healthcare.