

Dr Philip Mackney

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?

Requires improvement 

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 Philip Mackney on 24 September 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed with the exception of those relating to legionella.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Most staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was evidence of audit cycles to show that audits were driving improvement in performance to improve patient outcomes; however some audits had not been completed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.

Summary of findings

- 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 practice had a number of policies and procedures to govern activity, and these had been reviewed.
- The practice held regular clinical meetings however general governance meetings were not formalised and learning shared at these meeting was not documented.

There are areas of practice where the provider needs to make improvements. The provider should:

- Ensure oxygen is maintained and staff know of its availability.
- Ensure all staff are up to date with the appropriate level of safeguarding training.

- Ensure all audits undertaken are completed.
- Ensure that all patients who have long-term conditions and poor mental health receive structured annual reviews.
- Ensure the cleaning schedule log is completed to demonstrate that cleaning tasks have been carried out.
- Ensure that governance meetings are formalised and minutes are recorded from these meetings to document discussions and learning shared.
- Ensure all carers are identified on the register.

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 requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. However, systems to keep people safe were not always reliable. There was no oxygen on the premises, however this was immediately addressed and a cylinder was available within 48 hours of the inspection.

In addition, at the time of our inspection, the practice had not carried out a risk assessment for legionella and the health care assistant (HCA) had not received the appropriate level of safeguarding training; however we saw that the HCA had been booked to receive this training in October 2015. We were provided with evidence that a legionella risk assessment was completed on 30 September 2015, after our inspection.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. The practice principal led a monthly commissioning learning set with nine local practices, where learning was shared. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health and assessing capacity to make decisions about care and treatment.

Not all staff had received training appropriate to their roles, however, any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams and kept records of meetings with these teams.

The outcomes of people's care were monitored regularly. There was evidence of a completed audit cycle and evidence to show that the audit had driven improvement in performance. Two other audits had been carried out but had not been completed.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with others for most

Good



Summary of findings

aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.

Staff had received inductions and regular performance reviews. The practice held regular multi-disciplinary meetings (MDTs). Non-clinical staff meetings were ad-hoc and informal. Discussions and learning from these meetings were not recorded or routinely shared amongst staff members.

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. Nationally reported data showed that outcomes for patients were above average for conditions commonly found in older people. For example, 100% of patients aged over 75 with a recorded fragility fracture were being treated with a bone sparing agent at the time of inspection. Patients aged over 75 had a named GP.

The practice offered proactive, personalised care to meet the needs of the older people in its population, such as home visits and rapid access appointments. The practice had a good working relationship with a local residential care home, where the principal GP performed home visits up to three times a week for registered patients. The practice was proactive in preventing disease by providing flu and shingles immunisations for older patients, and by invitations for health checks. Patients we spoke with told us that they had received such invitations.

The practice Primary Care Navigator (PCN) assessed the health and social needs of patients aged over 55, in their homes or at the practice and made referrals to external agencies such as Age Concern and social services when necessary. Longer appointments and urgent access appointments were available with the GPs or the rapid response nursing team.

The practice held monthly multidisciplinary team meetings (MDTs) with palliative care specialists, community and hospital nurses, social services representatives and community psychiatric services where health needs and care plans were discussed for patients needing end-of-life care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The practice ran a diabetes clinic every two weeks, planned influenza vaccination clinics and a dedicated weekly smoking cessation service. It arranged for district nurses to visit housebound patients to administer flu vaccinations.

All of these patients had a named GP and a personalised care plan however not all had received a structured annual review to check that their health and care needs were being met.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of attendances to accident and emergency (A&E). The practice ran an enhanced service for childhood immunisation and vaccination and immunisation rates were relatively high for all standard childhood immunisations. The practice offered chlamydia screening to patients aged 15 to 24 years.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice ran regular baby clinics and the premises were suitable for children and babies. Family planning was available to families, alongside prenatal and postnatal care. Urgent appointments were available outside of school hours.

We saw good examples of joint working with midwives, health visitors and school nurses and the practice acted as a local paediatric hub where individual patient cases were discussed.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and offered continuity of care.

Although the practice did not offer extended opening hours for routine appointments, it was proactive in offering online services, telephone consultations, email and text messaging correspondence, as well as a full range of health promotion and screening that reflects the needs for this age group. The practice offered travel, Hepatitis and flu vaccinations. Nationally reported data showed that cervical screening outcomes for these patients were above average.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. They held contact details for these patients' carers. The practice ran a weekly substance misuse clinic.

The practice had carried out annual health checks for people with a learning disability but not all of these patients had received a follow-up. It offered longer appointments for these patients. The

Good



Summary of findings

practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations and referred patients requiring support to the practice Primary Care Navigator (PCN). Patients known to be gang members were referred to a local support group support in order to help them stop their involvement in gang activity and violence.

The practice had a safeguarding lead. Staff knew how to recognise signs of abuse in vulnerable adults and children, including female genital mutilation (FGM). Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and carried out advance care planning for patients with dementia. Nationally reported data showed that outcomes for patients with poor mental health were worse than average. For example, 66% of patients with poor mental health had a comprehensive, personalised care plan, compared to the national average of 86%. Not all of these patients had received a structured annual review.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice had a GP lead for patients who had dementia. Staff had received training on how to care for people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 04 July 2015 for the most recent data showed the practice was performing in line with local and national averages. Four hundred and fifty-five survey forms were distributed. There were 102 responses and a response rate of 22%.

- 91% find it easy to get through to this surgery by phone compared with a clinical commissioning group (CCG) average of 85% and a national average of 74%.
- 89% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 63% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65% and a national average of 61%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 89% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

- 75% describe their experience of making an appointment as good compared with a CCG average of 80% and a national average of 74%.
- 70% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 51% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Comments highlighted that patients felt involved in decisions about their treatment, found it easy to contact the surgery, and they found staff to be caring and respectful. We spoke with nine patients on the day and their views aligned with these comments. Two of these patients were dissatisfied with the amount of time they had to wait once they had arrived for their appointment.

Dr Philip Mackney

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Philip Mackney

The practice operates from a single location in Westbourne Park. It is one of 52 GP practices in the West London CCG area. There are approximately 4781 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning; maternity and midwifery services and diagnostic and screening procedures.

The practice has a General Medical Services (GMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours, learning disabilities, flu and pneumococcal immunisations, minor surgery, patient participation, remote care monitoring and Rotavirus and Shingles immunisation.

The practice clinical team includes a male principal GP, a male salaried GP, a female salaried GP, a male health care assistant (HCA) who is also a qualified phlebotomist, and a female nurse prescriber. The clinical team is supported by a senior receptionist, three receptionists, two administrators and a practice manager.

The practice is currently open between 8.15am to 5.00pm Monday, Tuesday, Wednesday and Friday and from 8.15am to 1.15pm Thursday. Appointments are available in the morning from 8.40am to 12.00am and in the afternoon from 2.30pm to 4.00pm. A walk-in service operates daily. The practice is closed on weekends and bank holidays. All treatment rooms are on the ground floor.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to an external contracted out of hours service.

The practice has a larger than average population of patients aged under five years and between 25 and 50 years. It has higher than the national average income deprivation affecting children and adults. Of patients registered with the practice, 82% are white, 10% are Asian, 4% are black and 4% are from a mixed or other ethnic background.

Why we carried out this inspection

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. This practice had not been inspected prior to our inspection on 24 September 2015. We carried out this inspection to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

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 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
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 September 2015. During our visit we spoke with a range of staff including the practice manager, nursing staff, reception staff and GPs. We also spoke with patients and reviewed comment cards where patients and members of the public shared their views and experiences of the service. We observed how people were being cared for, spoke with patients about their experiences and reviewed the personal care or treatment records of patients.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was a recording form for significant events available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared amongst the practice's clinical team to make sure action was taken to improve safety in the practice. For example, we saw that a significant event was discussed at a clinical meeting and subsequently reviewed, where a patient had remained on repeat prescription for medication which should have been stopped. Once the error had been identified the patient was informed, the repeat prescription was removed and an alert placed on the patient's notes advising that medication should not be issued to the patient unless they were attending the practice.

Safety was monitored using information from a range of sources, including National Health Services England (NHSE), National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 GP lead for safeguarding who attended safeguarding meetings every three months and provided reports where necessary for other agencies such as social services. The practice had a high priority alerts system in place to notify staff of

vulnerable adults and children. Staff demonstrated they understood their responsibilities for recording and reporting safeguarding concerns and most had received training relevant to their role. The health care assistant (HCA) had not received Level 2 child protection training, only Level 1. However, we saw evidence they had been booked to take the required level of training in October 2015.

- A notice was displayed in the waiting room and at the entrance to all treatment and consulting rooms, advising patients that a chaperone was available, if needed. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). 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. All staff we spoke with demonstrated a good understanding of the chaperone procedure and a system was in place to confirm on the patient's records that they had acted as a chaperone during examinations.
- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available with a poster in the reception office. The practice had an up to date fire risk assessment. Fire alarms and extinguishers were tested every six months by an external company. Regular fire drills were not carried out but all staff were aware of the practice evacuation procedure, fire exit locations and meeting point. We saw a calibration log book and stickers to show that all electrical and clinical equipment had been checked to ensure the equipment was safe to use and was in good working order. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. At the time of inspection, the practice had not carried out a legionella risk assessment but they provided evidence that one was completed on 30 September 2015, after our inspection.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice was cleaned by an independent external company on a daily basis. A cleaning schedule was present in the cleaner's cupboard but there were no

Are services safe?

logs to show that cleaning tasks had been carried out. The practice manager advised us that this would be implemented following our inspection. The practice nurse was the infection 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 arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a repeat prescribing policy. All staff members had received training for electronic prescribing. Comprehensive signed patient group directions (PGDs) were in place for the practice nurse. 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. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Recruitment checks were carried out and the 13 files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, written references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We saw that medical records were stored securely. Staff received training on information governance.

- 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 that enough staff were on duty. The practice operated a buddy system whereby staff would provide cover for each other during periods of planned or unexpected absence. Locum staff were sourced through an agency when required and a locum pack was available for locum GPs.

Arrangements to deal with 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. In addition to this, there was a panic button in all consulting rooms. All staff had received annual basic life support training and emergency medicines were readily available in the nurse's room.

The practice had a defibrillator available and all staff we spoke with knew where to locate it. The practice did not have oxygen; however we saw that they made arrangements with an external company to install and manage an oxygen cylinder along with adult and children's masks two days after our inspection. There was also a first aid kit and accident book 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, external services and details of a local practice which would provide care for their patients in the event of unexpected closure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Changes to guidelines relating to medications were discussed with a local pharmacy team at quarterly meetings, and with clinical practice staff at monthly meetings. The practice referred to the pharmacy team to ensure optimisation of medicines.

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice had a list of the top 2% of patients who were at the highest risk of hospital admission.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 94% of the total number of points available, with 7.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example, 94% of patients with diabetes on the practice register received flu immunisation in the preceding six months, which was the same as the national average.
- Performance for hypertension related indicators was similar to the national average. For example, 80.8% of patients with hypertension had a last blood pressure reading measuring 150/90mmHg or less in the preceding nine months, compared to the national average of 83.1%.

- Performance for dementia indicators was worse than the CCG and national average. For example, 71.7% of patients diagnosed with dementia had had their care reviewed in the preceding 12 months, compared to the national average of 83.8%.
- Performance for mental health related indicators was worse than the national average. For example, 66% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the national average of 86%. The practice highlighted this themselves and had plans to address it.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits carried out in the last two years. Two of the audits were for repeat prescribing of non-steroidal anti-inflammatory drugs (NSAIDs) and management of patients on Simvastatin and calcium channel blocker medications (medications used to treat certain heart conditions). None of these were completed, two-cycle audits where the improvements made were implemented and monitored, however, there was one completed audit which the practice used to improve their performance for coronary heart disease (CHD) indicators. The reported versus expected prevalence for CHD had increased from 54% of the national average in 2013/2014 to 78% of the national average in 2014/2015. The practice achieved this by increasing their screening of patients for CHD.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, in 2014 the practice had a higher rate of daily prescriptions of hypnotic drugs prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). As a result, the practice implemented a policy of not using Benzodiazepine (a common hypnotic drug) on repeat prescription. Patients who had been using hypnotic drugs long-term were identified by the practice and offered counselling to reduce their reliance on these drugs.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, informal meetings and reviews of practice development needs. Most staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. The practice manager regularly worked with an external human resources mentor to ensure that the practice was using best practice to manage staff effectively.
- Staff received training that included: basic life support, chaperoning, customer service, diversity awareness, electronic prescribing, female genital mutilation, fire procedures, safeguarding, information governance and mental capacity. Staff had access to and made use of e-learning training modules, peer teaching and in-house training. A system was in place to record training undertaken and training which was due.

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 test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. For example, the practice received electronic transmissions for their patients who had been seen by the out-of-hours service provider and these were reviewed and actioned daily by two GPs.

We saw evidence that clinical multi-disciplinary team meetings took place on a monthly basis. These meetings were attended by district nurses, hospital nurses and the local palliative care team. The practice principal led a monthly commissioning learning set with nine local practices representing 35,000 patients, where key issues were identified and learning shared. The practice also held meetings every three months with a local buddy practice in order to share information and identify any areas for improvement within their own practice. For example, following a meeting with their buddy practice in September 2015, the practice organised a meeting for October 2015 to discuss individual patient referrals in order to reduce the number of unnecessary referrals to local services such as hospitals. The practice recognised that this would also have a positive impact on patients by reducing the amount of time wasted attending appointments that were not needed.

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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. 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. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 cessation, substance misuse and alcohol cessation and vulnerable patients. Patients were then signposted to the relevant service. The practice ran a weekly smoking cessation service and patients requiring support with weight management were referred to a dietician.

Are services effective?

(for example, treatment is effective)

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme in 2013/2014 was 84%, which was comparable to the national average of 82%. There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test. 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 better than CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 75% to 95% (compared to the local CCG average of 68% to 83%) and five year olds from 63% to 98% (compared to the local CCG average of 59% to 87%).

The flu vaccination rate for the over 65s was 75%, which was comparable to the national average of 73%. The flu vaccination rate for at risk groups was 60%, which was higher than the national average of 52%.

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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 38 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one member of the PPG shortly after our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% said the GP was good at listening to them compared to the CCG and national average of 89% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 89% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Staff told us that translation services were available for patients who did not speak English as a first language. We saw notices in the reception area informing patients this service was available. The electronic appointment arrival registration system was available in a variety of different languages.

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. Patients requiring support were referred to a Patient Navigator in the practice who assisted patients with housing. Patients who were suspected or known to be in a gang were referred to the Westminster Integrated Gangs Unit for support.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. 0.4% of the practice list had been identified as carers and they were being supported, for example, they were offered health checks, referral to the practice PCN or social services for further support. 100% of patients identified as carers had received the seasonal flu vaccine. Written information was displayed in the waiting room for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP called them to express their condolences or sent them a sympathy card although this was not done routinely for every bereavement. Following bereavement, patients were occasionally invited to see their GP to assess the family's needs and/or give them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice had implemented an action plan to reduce medicine-related harm to patients, in response to a meeting with their CCG medicines management team in April 2015.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available for any patient who required one, including those with a learning disability and patients living with dementia.
- Home visits were available for older patients and patients with enhanced needs. The practice PCN made referrals to external agencies such as Age Concern and social services for older patients where needed.
- Urgent access appointments were available for children and those with serious medical conditions. The practice operated an urgent walk-in service and telephone consultation for registered patients from 8.15am to 12.00am Monday to Friday and from 5.15 to 6pm Monday, Tuesday, Wednesday and Friday.
- There were disabled facilities, hearing loop and translation services available. All treatment rooms were on the ground floor.
- There were baby changing facilities available in the toilet.
- The practice ran a weekly substance misuse clinic to help patients overcome their addictions.
- The practice told us homeless people could register as patients. Patients known to be gang members were referred to a local support group in order to help them stop their involvement in gang activity and violence.

Access to the service

The practice was open between 8.15am and 5.00pm Monday, Tuesday, Wednesday and Friday and from 8.15am to 1.15pm Thursday. Appointments were available from 8.40am to 12.00am every morning and 2.30pm to 4.00pm

every afternoon except Thursdays. Extended hours surgeries were not available. The practice was closed at weekends and on Bank holidays. In addition to pre-bookable appointments that could be booked up to three weeks in advance, a daily walk-in service and 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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 76%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 74%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 74%.
- 70% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

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. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system such. A leaflet detailing the practice complaints procedure was displayed in the waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at six complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely, open and transparent way, when responding to the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice responded to complaints from their 2013 practice patient survey which highlighted that patients felt reception staff had a poor

Are services responsive to people's needs?

(for example, to feedback?)

attitude, by sending all members of staff on a customer service training course. A subsequent practice survey in 2014 showed that patients were more satisfied with the attitude of staff since this change was implemented.

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 had a mission statement which was displayed in the waiting areas and staff we spoke with had a good knowledge and understanding of the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a good understanding of the performance of the practice.
- There were arrangements in place for assessing, monitoring and improving the quality and safety of the services provided. There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements, however some audits had not been completed.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GPs in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The GPs and management team encouraged a culture of openness and honesty.

Staff told us they attended regular clinical meetings. Regular informal team meetings also took place but discussions were not routinely documented. Staff told us they were encouraged to raise any issues, they felt confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported by management staff and the partners in the practice and that there was an open culture throughout the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active virtual PPG with seven members which liaised via email or telephone on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice responded to feedback from the PPG report which highlighted a high number of complaints about long waiting times from their 2013 practice survey, by recruiting an additional GP. The subsequent practice survey in 2014 showed that patients were more satisfied with waiting times since this change was implemented.

The practice had also gathered feedback from staff through regular clinical staff meetings, informal administration and reception staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the management team implemented a simplified tray system for receiving and managing incoming correspondence following feedback from the reception and administration team about difficulties they were experiencing. We were told that staff were much happier with the new system. Staff told us they felt involved and engaged to improve how the practice was run.