# Dr Jasjeet Dua

## Quality Report

Kensington Park Medical Centre
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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

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Kensington Park Medical Centre on 8 July 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. The practice had effective systems in place to manage risks staff recruitment, infection control, child protection and safeguarding and medical emergencies.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. We found that care for long-term conditions such as diabetes was being managed effectively in the community and care was provided in partnership with other specialist and community services.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice tended to score above average in the national GP patient satisfaction survey.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment although it was not always possible to see the same GP regularly. Feedback was positive about access to the service, with national patient survey scores being above average for this aspect of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff were supported by management. The practice proactively sought feedback from patients and staff, which it acted on. Staff told us they were well supported and had access to the training they needed to develop in their role.

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We saw one area of outstanding practice:

- The practice made use of information technology to upload, share and discuss dermatological cases remotely with the relevant hospital consultants. This reduced the need for patients to attend additional outpatient appointments. The practice also made innovative use of information technology to routinely update patient notes by voice command. The doctors told us this greatly improved their efficiency and enabled them to spend more face to face time with their patients.

However there were areas of practice where the provider needs to make improvements. The provider should:

- Establish a functioning patient participation group to support the practice in engaging and learning from patient experience.
- Encourage staff to record incidents, good and bad, to promote improvement and learning.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses although we were told that no significant events had occurred in the previous 12 months. The practice staff met regularly to support improvement within the practice. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Staff were aware of their responsibilities in relation to safeguarding children and vulnerable adults and how to contact relevant agencies in normal working hours and out of hours. The practice had effective arrangements in place to handle medical emergencies.

**Are services effective?**

Good

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. The practice used innovative and proactive methods to improve patient outcomes and linked with other local providers to share best practice.

**Are services caring?**

Good

The practice is rated as good for providing caring services. The practice prioritised the provision of patient centred and compassionate care, for example it reviewed complaints with a view to learning how patient experience could have been improved regardless of whether the complaint was upheld or not.

Data showed that patients rated the practice more highly than the local and national averages for many aspects of care including the care and concern showed by the GPs. Patients said they were treated with compassion and respect and they were involved in decisions about their care and treatment. Patient confidentiality and privacy was protected.

The practice identified patients with caring responsibilities and recognised their needs. The practice also supported patients reaching the end of their life and contacted patients following bereavement with condolences and further support.

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**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with local commissioners to secure access to good quality and innovative primary care services.

Patients said they generally found it easy to make an appointment although the practice tended to score less well than other practices on average in relation to convenience of opening times. The practice had responded with increased lunchtime and evening opening and was participating in a local scheme to provide patients with urgent weekend appointments.

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 all staff.

One of the doctors spoke Farsi, a language commonly spoken in the local area and we were told that this was valued by patients. The practice also offered patients access to a Farsi-speaking counsellor.

**Are services well-led?**

Good

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 were well supported by the senior members of the team. The practice shared learning and good practice within the team and more widely with other practices and primary care professionals.

The practice had up to date policies and procedures to govern activity and held regular meetings to review performance and reflect on practice. There were systems in place to monitor and improve quality and identify risk.

The practice sought feedback from staff and patients, which it acted on. The practice was in the process of establishing a patient participation group (PPG) although this had not yet met.

Staff had received inductions, regular performance reviews and attended staff meetings and events. Staff were encouraged to develop in their role. The practice offered medical students structured placements as part of their training.

# Summary of findings

## The six population groups and what we found

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

**Older people**

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice systematically identified older patients with complex needs and at raised risk of admission to hospital and requiring support of multiple agencies. Reception staff also contributed to this process as the receptionists sometimes had more frequent and regular contact with patients and could be the first to spot changes in patients they knew. At-risk patients were assigned a named GP and offered a care plan. The practice had implemented an automatic reminder system to ensure that the responsible GP always contacted patients following hospital discharge to discuss their care and make any appropriate changes to their care plan.

Older patients requiring ongoing case management were discussed at weekly clinical practice meetings and monthly multidisciplinary team (MDT) meetings. MDT meetings involved the community matron, social workers and district nurses as well as practice staff.

The practice hosted a “primary care navigator”, that is a worker funded through the clinical commissioning group who had responsibility for patients over 55. The navigator signposted patients to other sources of community support and was able to see patients at the surgery or visit patients at home.

The practice carried out enhanced assessments of patients over 85 years who live alone and used the electronic records system to run automated searches to identify older patients who would benefit from vaccination against flu, pneumonia and shingles. The practice operated a call/recall system to follow up patients for vaccination and had achieved higher than average uptake levels.

**People with long term conditions**

Good

The practice is rated as good for the care of people with long-term conditions. The practice team included doctors and nursing staff with a range of skills, specialist interests and further qualifications,

for example, in diabetes care. Clinicians were assigned responsibility for specific long term conditions and took the lead for monitoring practice performance and providing advice and support to other staff and trainees in relation to relevant guidelines.

Patients were reviewed in line with published guidance or more frequently as required. Patients at risk of hospital admission were identified as a priority and were given same-day access to the service. Longer appointments and home visits were available when needed. Alerts were set up on the electronic records system to remind staff and patients when repeat reviews, blood tests or medicines reviews were due. The practice had focused clinical audit and records reviews on its management of long term conditions, for example recently reviewing the prescribing of antiepileptic medicines.

The clinical team were aware of relevant community based services and provided health promotion advice tailored to people's needs. The practice referred and signposted patients to other sources of support where appropriate, for example referring patients with diabetes to the "X-PERT programme" which aims to educate patients about successfully self-managing their condition. The practice was achieving good outcomes for patients with diabetes and had taken opportunities to share its experience and good practice with other practices in the area.

**Families, children and young people**

Good

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 A&E attendances.

All children known to be at risk or in local authority care had an alert added to their medical records and their cases were regularly reviewed by the safeguarding lead GP, practice manager and cases reviewed at the weekly clinical meeting.

The premises were suitable for children and babies. The practice had a same day access policy for young children and appointments were available outside of school hours. We saw good examples of joint working with health visitors. For example when new patients registered with the practice, the practice notified the health visitors of all children under five in the household and discussed patients of concern at regular multidisciplinary meetings.

Immunisation rates were high for all standard childhood immunisations. The practice carried out regular searches of the electronic patient records system to monitor immunisation uptake. Missed immunisation appointments were followed up the same day

# Summary of findings

with the family. The practice had also run a birthday card scheme for the past four years, sending cards at birth, one year and four years of age with a reminder about immunisations. The practice was a recognised high performer in relation to immunisation uptake and had been asked to present its experience and learning with other GP practices in the area.

**Working age people (including those recently retired and students)**

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice had a high proportion of patients of working age and had developed a range of services to meet the health needs of this group, such as family planning services (including long acting reversible contraception) and minor surgery.

The practice made use of remote imaging technology to discuss complex cases with hospital specialists in relation to minor surgery and dermatology. This avoided the need for patients to attend an additional outpatients appointment.

The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered early morning, lunchtime and evening appointments. The practice also participated a local scheme to offering primary care appointments on Saturdays and Sundays at a nearby practice on a walk-in basis. The practice staff provided sessions to the weekend service on a rota basis.

The practice offered online appointments, prescription requests and access to summary records. SMS messaging is used to confirm appointments and also to provide results of investigations, to advise patients to pick up reports or referral letters when ready and health promotion/recalls. The GPs also offered telephone consultations at set times every day.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice recognised the vulnerability of patients at particularly difficult times in their lives, for example following bereavement.

The practice had carried out recent annual health checks of all patients on its learning disability register. The practice offered longer appointments for people with a learning disability.

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The practice staff liaised with local homeless hostels to encourage people to register with the practice. The practice offered enhanced physical and mental health checks for homeless people and assigned patients a named GP for continuity of care.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It signposted patients to various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health received an extended annual health check covering both their mental and physical health. The practice referred patients experiencing mental health problems including dementia to local multi-disciplinary teams and were familiar with local "pathways" to care including those for patients experiencing a mental health crisis.

The GPs had experience and a special interest in providing primary care to patients whose health was complicated by mental health and substance misuse problems. The practice provided counselling services on site with access to talking therapies, a Farsi speaking counsellor and provide longer appointments for patients with complex mental health problems or those requiring an interpreter.

The practice hosted a primary care navigator who followed patients up and provided wider support including help with housing applications. The practice also hosted an on-site community psychiatric liaison nurse who could assess patients with more severe or complex mental health issues. The practice proactively identified older patients at risk of dementia and added an alert to their records prompting clinicians to inquire about any memory concerns.

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## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice varied in its performance when compared against local and national averages.

- 95% of respondents said the GP was good at listening to them compared to the West London average of 89% and national average of 89%.
- 92% of respondents said the GP gave them enough time compared to the West London average of 85% and national average of 87%.
- 94% of respondents said they had confidence and trust in the last GP they saw compared to the West London average of 95% and national average of 95%.
- 82% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the West London average of 87% and national average of 90%.
- 72% of respondents said they found the receptionists at the practice helpful compared to the West London average of 86% and national average of 87%.
- 78% of respondents said they could get through easily to the surgery by phone compared to the West London average of 75% and national average of 74%.
- 72% of respondents said the last appointment they got was convenient compared to the West London average of 91% and national average of 92%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards and spoke with five patients on the day of the inspection. Patients were positive about the standard and quality of the clinical care they had received and told us they were listened to and treated promptly. We spoke with one patient who had recently arrived in the UK who told us that doctors had taken the time to explain how the NHS worked in relation to their treatment. Two other patients told us the service was the best they had experienced after changing practices. Most patients said it was easy to get an appointment although several said they sometimes had to wait for a week or so to obtain a non-urgent appointment or occasionally longer if they wished to consult with a preferred doctor.

# Dr Jasjeet Dua

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

## Background to Dr Jasjeet Dua

Dr Jasjeet Dua provides primary care services to around 7,000 patients in Kensington, West London. The practice holds a General Medical Services (GMS) contract with NHS England to deliver primary care services to the local community.

The practice is owned by the principal GP who employs a practice manager and four permanent GPs including male and female doctors. The practice also employs two practice nurses and a health care assistant as well as a team of receptionists and administrators.

The practice is open from 8.00am until 6.30pm most weekdays with additional evening sessions on Tuesday and Wednesday between 6.30pm-8.15pm. The practice is closed on Thursday afternoon. Morning and afternoon appointments are available with the GP sessions running between 8.40am and 12.10pm and 3.30pm and 5.50pm. The practice participates in a weekend primary care service enabling patients to attend a nearby practice if they need to see a GP urgently at the weekend. The practice has introduced an electronic appointment booking system and an electronic prescription service.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information about how to access urgent care when the practice is closed on its website, the practice leaflet, by answerphone message and on the practice door.

The local population is diverse in terms of levels of deprivation and affluence, ethnicity and household income with overall average life expectancy being higher than the national average. The practice population is young with a high proportion of 20-49 year olds. Just under half of patients have a longstanding health condition and around 15% have caring responsibilities; both of these figures are lower than the national average.

The practice is registered to provide the regulatory activities of diagnostic and screening procedures; treatment for disease, disorder and injury; surgical procedures; maternity and midwifery services; and, family planning services.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We had previously inspected the service in May 2014 but did not at that time provide a rating for the service.

On 8 July 2015, we carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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 8 July 2015. During our visit we spoke with a range of staff including the principal GP, a salaried GP, the practice manager, the practice nurse and reception staff. We observed how people were greeted at reception and talked with eight patients. We reviewed a number of care plans and patient records and other documentary evidence, for example staff training records and practice monitoring checks and records. We also reviewed 34 comment cards where patients and members of the public shared their views and experiences of the service in the days leading up to the inspection.

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

Good

# Are services safe?

## Our findings

**Safe track record and learning**

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager and lead GP of any incidents and would complete a reporting form which was accessible, together with guidance on how to complete it, on the practice computer system. All complaints received by the practice were entered onto the system and reviewed. The practice had not experienced any serious untoward incidents or clinical 'near miss' events in the previous 12 months which seemed unusually low for a practice of their size. The practice carried out an annual review of significant events which were discussed and actions were recorded and shared and we saw examples from previous years. Lessons were learned and communicated widely within the practice to support improvement.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and safety alerts from NHS England and the MHRA. The practice had a system to cascade alerts and updates to the relevant clinical staff. For example, the staff had systematically reviewed patients who were prescribed Nitrofurantoin following a medicines alert in 2014.

**Overview of safety systems and processes**

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were accessible to all staff and included key local contacts if staff had concerns about a patient's welfare. One of the salaried GPs was the designated lead for safeguarding and attended case conference meetings, liaised with the local Multi-Agency Safeguarding Hub and always provided reports. All children known to be at risk or in local authority care had an alert added to their medical records and their cases were regularly reviewed by the lead GP, practice manager and lead nurse. The practice had a protocol to follow if children did not attend for key appointments or immunisations and shared information appropriately with the local health visitors. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role by the principal GP and had received a disclosure and barring 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had health and safety policies which were reviewed periodically and updated and displayed a health and safety poster in the reception office. The practice had an up to date fire risk assessment and carried out fire drills annually. Staff were able to describe the evacuation procedure and meeting point. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and a legionella risk assessment.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. 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. Staff received training in infection control and the practice carried out monthly infection control audits. The practice had also had an external audit carried out and had implemented all recommended actions arising from this.
- The practice had arrangements for safely managing medicines, including emergency drugs and vaccinations (including obtaining, prescribing, recording, handling, storing and security). The practice had monthly meetings with a pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe

prescribing and reduce polypharmacy. Prescription pads were securely stored and there were systems in place to monitor their use. There were no controlled drugs on the premises.

- Recruitment checks were carried out and the four files we reviewed included evidence to show that all required checks had been carried out before new staff members started work. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had developed packs for locum GPs which included useful information including practical information about where to find further information, the practice electronic records system, making referrals and useful local contacts including safeguarding contacts and procedures.
- 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 to ensure that the right mix of staff were on duty. The practice used locum doctors and nurses to cover planned leave.

**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. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. 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 contact numbers for staff, the emergency services, utilities and service commissioners among others.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice carried out assessments and treatment in line 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. 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 discussed updates from NICE relevant to general practice in their weekly clinical meeting to which all clinical staff were invited including locum GPs. The practice ran audits and reports including sample checks of patient records to check that guidelines were being followed.

**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. The practice scored 100% of the total number of points available in 2013/14 and 2014/15, with an exception rate of 9%. This practice was not an outlier for any QOF (or other national) clinical targets and frequently achieved better than the national average. Data from 2013/14 showed that:

- Practice performance for diabetes-related indicators was high and better than the national average. Ninety-six percent of diabetic practice patients had a recorded foot examination and risk assessment in their records compared to a national average of 88%. Eighty-four percent of the practice's diabetic patients had well-controlled blood glucose levels (ie their last IFCC-HbA1c test was 64 mmol/mol or less). The national average for this measure was 78%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 89% compared to a national average of 82%.
- The percentage of patients with hypertension having a normal blood pressure reading within the last nine months was better than average. The practice achieved 87% compared to the national average of 83%.
- The practice provided shared care for anti-psychotic prescribing and achieved good results in relation to mental health related indicators. Ninety-four percent of patients diagnosed with a psychosis had an agreed care plan and a record of their alcohol consumption in their notes. The comparative national averages were 86% and 87% respectively. The practice regularly hosted a psychiatric primary care liaison nurse who provided rapid assessment for more severe mental illness.
- The practice had completed a face-to-face review with all patients diagnosed with dementia in the preceding 12 months.

The practice was carrying out regular clinical surveys and audits. We saw examples of audits into nitrofurantoin prescribing and renal function and of the practice's minor surgery outcomes. The practice had completed second cycle audits in these areas to demonstrate that improvements had been sustained. Relevant staff were aware of recent audit results and any recommended changes in policy and practice.

The practice participated in local area audit and benchmarking through regular local "clinical learning sets" and staff were aware of the practice's relative performance and areas for improvement and focus. As a high achiever of QOF, the principal GP had presented learning to other practices particularly on managing diabetes mellitus and cardiovascular diseases in primary care.

**Effective staffing**

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. The practice aimed to use regular locums who were familiar with the service to cover predicted or longer periods of staff leave.
- The learning needs of staff were identified through a system of appraisals and staff meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings,

appraisals, clinical supervision and support for the revalidation of doctors. For example, the principal GP mentored the practice nurse and they met daily after the nurse's surgery to review the session. All staff had had an appraisal within the last 12 months.

- Staff received mandatory training that included: safeguarding, fire procedures, basic life support and infection control. Staff had access to and made use of e-learning training modules, in-house training and attended monthly local practice network meetings (known locally as "clinical learning sets").
- The lead GP had a special interests in minor surgery, dermatology, asthma and chronic obstructive pulmonary disease (COPD). One of the assistant GPs was responsible for shared care prescribing of antipsychotic medicines. The practice population was diverse and included a relatively high number of patients with dual mental health and substance misuse problems and complicating social factors such as homelessness. The practice population was relatively young and an assistant GP had also provided minor surgery and long acting reversible contraception. GPs had obtained additional qualifications and training to support their specialist interests.

**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 patient records system. This included care planning templates, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. "Special notes" (relating to patients with complex needs such as patients receiving palliative care) were shared with the out of hours service. The practice used the electronic system to track the outcome of referrals including any two-week wait referrals and followed up patients who did not attend their referral appointments.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. Monthly multi-disciplinary team meetings took place to review patients' with complex needs and to ensure these patients' care plans were routinely reviewed and updated.

**Consent to care and treatment**

Patients' consent to care and treatment was always sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The clinical staff were aware of the need to carry out assessments when providing care and treatment for children and young people in line with relevant guidance. The GP we spoke with gave us examples of how they had followed this guidance when seeing a young person without their parents. Patients' verbal consent, for example to immunisation, was appropriately recorded in their medical records.

The practice had recorded advance decisions made by patients in their electronic medical records. This ensured that these patients' wishes would be followed in the event that they did not have the mental capacity to make a significant decision about their care when the time came.

**Health promotion and prevention**

Patients potentially 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 and alcohol. The practice had received an award in 2015 for being the "most engaged" practice in the borough with the local smoking cessation programme. Patients had access to appropriate health assessments and checks. These included well-man and well-woman checks for new patients and NHS health checks for people aged 40–74.

The practice had a comprehensive screening programme. The practice had met the cervical screening uptake target of 82% in both 2014/15 and the previous year. There was a policy to offer telephone 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 and the practice also offered flu, pneumococcal and shingles vaccinations to eligible patients.

Good

# Are services effective?

## (for example, treatment is effective)

The practice's child immunisation rates were consistently higher than the West London average. In 2014/15, 95% of eligible two year old children on the practice list had received the combined Dtab/IPV/Hib ('5-in-1') vaccination and 90% the MMR vaccination. In contrast, the average figures for the West London area were 81% and 76% respectively. By the age of five, 98% of eligible children registered with the practice had received their primary MMR vaccination.

The practice displayed a range of health promotion material in the waiting area including information about contraception and sexual health services and an information board about health eating, smoking cessation and heart health. The practice website also included information about the practice's services and links to information on maintaining good health and wellbeing

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We observed throughout the inspection that members of staff were friendly and welcoming and this was also confirmed by the patients we spoke with. We saw that the doctors went to the waiting area to greet patients and accompanied them to their consultation and assisted people with mobility difficulties. The staff were patient-centred in approach.

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. The reception desk was located some distance away from the main waiting area which enabled patients to talk to the receptionists without being overheard.

The 34 patient CQC comment cards we received were overwhelmingly positive about the service. Patients we spoke with said the doctors and nurses were helpful and caring and treated them with dignity and respect. Patients were generally able to see the same doctor if they wanted to although this sometimes involved a wait for an appointment. Patients who attended regularly told us that continuity of care was good.

Results from the national GP patient survey confirmed that patients were happy with the service and the way they were treated. The practice tended to score above average for satisfaction scores on consultations with doctors but lower for the helpfulness of reception.

- 95% of respondents said the GP was good at listening to them compared to the West London average of 89% and national average of 89%.
- 92% of respondents said the GP gave them enough time compared to the West London average of 85% and national average of 87%.
- 94% of respondents said they had confidence and trust in the last GP they saw compared to the West London average of 95% and national average of 95%
- 82% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the West London average of 87% and national average of 90%.
- 72% of respondents said they found the receptionists at the practice helpful compared to the West London average of 86% and national average of 87%.

The practice had recently employed a number of new receptionists. Several patients we spoke with mentioned this and told us their experience of reception had noticeably improved over the last six months.

**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. Most patients told us they been 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.

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:

- 92% of respondents said the last GP they saw was good at explaining tests and treatments compared to the West London average of 86% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the West London average of 81% and national average of 82%

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

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

There was information about services for carers, patients concerned about dementia and other mental health problems and how to access support. The clinical team held leaflets and literature which they could discuss with and give to patients to take away.

Good

# Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Around 15% of the practice population had caring responsibilities and there was a practice register of all people who were carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that patients who had suffered a bereavement were referred to local bereavement counselling services if they wanted this. The practice contacted patients who had suffered a bereavement and offered them a consultation the practice also sent a condolence card.

Good

# 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 commissioners and practices to plan services and to improve outcomes for patients in the area. The practice provided a range of additional primary care services to meet the practice population needs. The practice had a relatively young population.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 8.00am until 6.30pm on Monday, Tuesday, Wednesday and Friday with additional evening sessions on Tuesday and Wednesday between 6.30pm-8.15pm.
- Longer appointments were available for people with more complex needs or who had greater difficulty communicating.
- Home visits were available for older patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions. We spoke with one patient attending with a child who told us they had been able to get a same day appointment for their child that day without difficulty.
- There were disabled facilities, hearing loop and translation services available.
- The practice gave us examples of encouraging patients in vulnerable circumstances, such as homeless patients, to register with the practice.
- One of the doctors spoke Farsi, a language commonly spoken in the local area and we were told that this was valued by patients. The practice also offered patients access to a Farsi-speaking counsellor.

**Access to the service**

The practice was open from 8.00am until 6.30pm most weekdays with additional evening sessions on Tuesday and Wednesday between 6.30pm-8.15pm. The practice was closed on Thursday afternoon and over the weekend. Morning and afternoon appointments were available with the GP sessions running between 8.40am and 12.10pm and 3.30pm and 5.50pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed. The practice scored lower for items measuring convenience and opening times but the practice scored highly for seeing patients at their appointment time. Patient we spoke with on the day had been able to get appointments when they needed them. For example:

- 68% of respondents were satisfied with the practice's opening hours compared to the West London average of 79% and national average of 76%.
- 72% of respondents said the last appointment they got was convenient compared to the West London average of 91% and national average of 92%.
- 78% of respondents said they could get through easily to the surgery by phone compared to the West London average of 75% and national average of 74%.
- 79% patients said they usually waited less than 15 minutes after their appointment time compared to the West London average of 65% and national average of 65%.

The practice had recently extended practice opening over lunchtimes. It also offered extended hours two evenings a week and was participating in a local primary care weekend service which enabled patients to attend a local practice if they needed an appointment urgently over the weekend.

The practice provided clear written information for patients about opening times and alternative out-of-hours services in the waiting room; within its practice leaflet and on the practice website. Despite this, some patients we spoke with were unclear about what services were available and told us they would probably attend A&E if they needed to see a doctor when the practice was closed.

**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. 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 the practice had information about how to make a complaint at reception and on their website. Most patients we spoke with were not aware of the process to follow if they wished to make a complaint although they said they had not needed to complain. One patient had previously made a

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

complaint and said the practice had listened to their concern and investigated it promptly. Their GP had personally explained the outcome of the investigation to them.

The practice had received 15 complaints (verbal and written) in 2014/15. Complaints were handled in line with the provider's policy and in a timely way. The practice was open about errors and discussed how it might have handled matters better with patients and offered patients a written apology.

Complaints were treated as significant events and reviewed for learning. The practice also held an annual meeting with all staff to review complaints. Action was taken as a result to improve the quality of care and provide a patient-centred service. The practice used the weekly clinical meeting to discuss any underlying issues raised by complaints and the principal GP provided tutorials on aspects of practice as a result, for example on considerately managing patients' expectations if they presented with multiple health problems in one appointment.

# 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 website described the practice as being "proud to deliver the highest standard of patient-centred healthcare". Staff we spoke with understood the practice aims and values and consistently displayed consideration and thoughtfulness towards patients. The practice was innovative in investing in technology to improve the quality of care and the efficiency of the service and had a clear rationale for the range of additional primary care services it provided to meet the needs of its population. The practice had a robust strategy and supporting business plans which reflected the vision and values and which were regularly monitored. The practice was aware of the changing role of primary care and keen to participate in initiatives with other practices to improve patient care for patients, for example, to extend opening hours.

**Governance arrangements**

The practice had an overarching governance framework which supported the delivery of good quality care. For example, the practice manager routinely reported complaints and significant events to their regional manager and corporate team for review and received human resources support and advice as required from the corporate team. We found in relation to this practice:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff were supported and encouraged to take opportunities to develop their career within the company.
- Staff were positively encouraged to maintain their professional development. All staff had in-house appraisals which included "360o feedback" from colleagues.
- Practice-specific policies were implemented and were available to all staff.
- The practice manager and principal GP demonstrated a comprehensive understanding of the performance of the practice.
- The practice participated in benchmarking and carried out audits to monitor quality and to make improvements.
- The practice engaged with other health and social care providers and commissioners to provide coordinated care to patients.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

**Leadership, openness and transparency**

The senior practice team had the experience, capacity and capability to run the practice and ensure high quality care. The practice explicitly prioritised compassionate care. Staff told us the principal GP and practice manager were visible leaders in the practice and staff told us that they were approachable and listened.

There was practice provided clear clinical leadership and support with regular in-house learning sessions for staff and trainees. The principal GP acted as a mentor to staff as required, for example meeting with the practice nurse (who was developing her expertise in asthma care at this time) after every session to review cases. The practice provided clinical staff with in-house appraisals in addition to external arrangements. Clinical team members chaired the clinical team meeting on a rota basis and locums were also actively encouraged to attend. The practice provided general practice placements for undergraduate medical students and provided group tutorials and learning sessions for these trainees as well as offering observation of consultation and clinical practice.

The practice encouraged a culture of openness, for example clinical staff were keen to bring cases and questions to the weekly clinical meeting. The practice was well linked with other practices and the GPs shared learning beyond the practice. Staff told us that they had the opportunity and confidence to raise any issues at team meetings. All staff were involved in discussions about how to develop and improve the practice. The practice encouraged locum staff to take part in these activities.

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

The practice had gathered feedback from patients through running its own survey, the national GP patient survey, internet feedback, complaints and comments and the friends and family test. The practice tended to score highly on standardised patient surveys. The practice had produced an action plan in response to its most recent patient survey and had extended its opening hours in response to patient feedback. However, the practice did

# Are services well-led?

Good

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

not have a functioning Patient Participation Group (PPG). The practice was advertising for patients to join a group in the waiting room and had some interest but had not yet held a meeting.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues.

**Continuous Improvement**

There was a strong focus on continuous learning and improvement within the practice. The practice team was forward thinking, for example, making use of information technology to upload, share and discuss dermatological images remotely with the relevant hospital consultants. This reduced the need for patients to attend additional outpatient appointments. The practice also made use of information technology to update patient notes by voice command. The doctors told us this greatly improved their efficiency and enabled them to spend more face to face time with their patients.