

# North Kensington Medical Centre

## Quality Report

St Quintin Avenue  
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Date of inspection visit: 23 November 2017

Website: [www.northkensingtonmedicalcentre.nhs.uk](http://www.northkensingtonmedicalcentre.nhs.uk) Date of publication: 12/01/2018

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall. The practice was previously inspected on 23 July 2015 and rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at North Kensington Medical Centre on 23 November

2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff involved and treated patients with compassion, kindness, dignity and respect. The annual GP patient survey was above average for its satisfaction scores on consultations with GPs.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a leadership structure and staff felt supported by the management team and GP partners.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

# Summary of findings

- Consider the infection control lead undertaking enhanced training to support them in this extended role.
- Maintain up-to-date records relating to facilities management undertaken by NHS Property Services (NHSPS), specifically remedial work identified from risk assessments, to satisfy the practice that all areas managed by NHSPS are compliant.
- Review the NICE Guidelines NG51: Sepsis Recognition, Diagnosis and Early Management to ensure the practice can appropriately assess all patients, including children, with suspected sepsis.
- Consider the guidance of Public Health England's ordering, storing and handling vaccines (March 2014).
- Consider how patients with a hearing impairment would access the service.

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

# North Kensington Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to North Kensington Medical Centre

North Kensington Medical Centre operates from purpose-built NHS premises at St Quintin Avenue, London W10 6NX. The practice is co-located with another GP practice. The property is owned and maintained by NHS Property Services (NHSPS). The practice has access to four consultation rooms and a nurse treatment room. All services are provided on the ground floor.

The practice provides NHS primary care services to 4,800 patients and operates under a General Medical Services (GMS) contract (GMS is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS West London Clinical Commissioning Group (CCG).

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and surgical procedures.

The practice is a teaching practice and at the time of the inspection there was a foundation year two (FY2) trainee doctor on placement.

The practice staff comprises of one male and two female GP partners (totalling 18 sessions per week), a female FY2 doctor (4 sessions per week), a nurse practitioner (two sessions per week), a full-time practice nurse and healthcare assistant, a phlebotomist (10 hours per week), a part-time practice manager, IT support, four receptionists and a secretary. In addition, there was a full-time case manager and health and social care assistant attached to the practice as part of the locally funded My Care, My Way initiative to manage patients aged 65 and over who had been identified by the practice using the Frailty Index (method to identify and predict adverse outcomes for older patients in primary care).

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are available from 7.30am to 8am Monday to Friday and from 6.30pm to 8.30pm on Thursday. On-line services, which include appointment books and repeat prescriptions, can be accessed from the practice website [www.northkensingtonmedicalcentre.nhs.uk](http://www.northkensingtonmedicalcentre.nhs.uk).

The information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice area has a higher percentage than national average of male and female patients aged between 30-34, 35-39, 40-44, 45-49 and 50-54.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. All staff had access to up-to-date contact information of who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC) and the practice had undertaken a recent audit. The practice had nominated the practice nurse as the IPC clinical lead. All staff had received on-line IPC training. However, the nominated lead for IPC had not undertaken any enhanced training to support the responsibilities of the role. There were systems for safely managing healthcare waste.
- The practice maintained a record of the immunisation status of its clinical staff for Hepatitis B. However, the practice could not demonstrate on the day the immunisation status of its staff in direct patient care for

all the recommended routine immunisations in line with the recommendations of the 'Green Book' Immunisation against infectious diseases (chapter 12). Immediately after the inspection the practice provided evidence that they had commenced a system to record this information for clinical staff.

- The practice ensured that equipment was safe and maintained according to manufacturers' instructions. We saw that equipment used for patient examinations had been tested in March 2017.
- Facilities management was overseen by NHS Property Services (NHSPS) in a shared NHS health facility. We saw that various risk assessments had been undertaken for the building, including fire and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that actions from the Legionella risk assessment had not been followed up by NHSPS. The practice provided email evidence that they, and the GP practice co-located in the building, had chased outstanding actions. After the inspection the practice advised us that NHSPS had commenced remedial action identified in the risk assessment.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice demonstrated a sepsis alert on its clinical system and knowledge of its management. However, the practice did not have a paediatric pulse oximeter (a piece of equipment that measures oxygen in the blood) required to appropriately assess children with suspected sepsis on site on the day of the inspection.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. There were two dedicated vaccine storage refrigerators with built-in thermometer and we saw evidence that the minimum, maximum and actual temperatures were recorded daily. However, the practice had not considered the recommendations of Public Health England's Protocol for ordering, storing and handling vaccines (March 2014) which states all vaccine fridges should ideally have two thermometers, one of which is a maximum and minimum thermometer independent of mains power. If only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate. We noted calibration was undertaken annually.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. This included referral and liaison with community pharmacies for patients on polypharmacy (the concurrent use of multiple medications by a patient) and regarding dosette boxes (a pill container and organiser for storing scheduled doses of a patient's medication).

## Track record on safety

The practice had a good safety record.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There were comprehensive risk assessments in relation to safety issues.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice had reported four significant events in the past 12 months. The practice learned and took action to improve safety in the practice. For example, the practice reviewed and revised its system to monitor two-week wait referrals as a result of a delayed referral.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for 1 July 2016 to 30 June 2017 showed that the practice was lower than the England average for the number of antibacterial prescription items prescribed per Specific Therapeutic group (practice average 0.63; England average 0.98).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- The practice participated in the locally funded My Care, My Way (MCMW) initiative, an integrated care service for patients aged 65 and over to assess health and social care needs and care planning. The practice had a full-time case manager and health and social care assistant allocated to the practice. Patients were assessed using the Frailty Index, a method to identify and predict adverse outcomes for older patients in primary care, for example unplanned hospital admissions. Patients identified were then managed by the appropriate team which could include input from a geriatrician, pharmacist, social worker and face-to-face consultation with the practice's case manager. Patient outcomes were shared with the practice GPs through a weekly multi-disciplinary team meeting. We met with the practice's MCMW team who shared with us some case studies of patients who have benefitted from the scheme. The practice told us that since their participation they had seen a reduction in their emergency hospital admission rate from 15 per 1,000 to 12 per 1,000.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. We noted that 197 health checks had been undertaken since 1 April 2017.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Performance for diabetes-related indicators from data published for the 2016/17 Quality Outcome Framework (QOF) showed the practice was statistically comparable to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 82% (CCG average 77%; national average 79%) with a practice exception reporting of 10% (CCG average 11%; national 12%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 88% (CCG average 78%; national average 80%) with a practice exception reporting of 7% (CCG average 12%; national average 13%).
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 87% which was above the CCG average of 78% and the national average of 77% with a practice exception reporting of 4% (CCG average 4%; national average 8%).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the dyspnoea scale in the preceding 12 months was 95% (CCG average 89%; national average 91%) with a practice exception reporting of 5% (CCG average 10%; national average 11%).

#### Families, children and young people:



# Are services effective?

## (for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

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

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients who have recently retired, over the age of 65, were assessed as part of the My Care, My Way initiative with a view to keeping them active and offering health advice in retirement through the practice's allocated health and social care assistant.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is statistically comparable to the local average of 87% and national average of 84%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a

comprehensive, agreed care plan documented in the previous 12 months. This is statistically comparable to the local average of 89% and the national average of 90%.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption in the preceding 12 months was 97% (local average 91%; national average 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 97% (local average 94%; national average 95%).

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement and activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice presented two two-cycle audits. Where appropriate clinicians took part in local improvement initiatives and benchmarking with the CCG, for example, audit of prescribing with the medicine optimisation team and secondary care referrals.

The practice used information about care and treatment to make improvements. For example, one audit was to review that renal (kidney) function blood test monitoring had been undertaken in line with guidance on patients who had been prescribed the medicines angiotensin converting enzyme (ACE), angiotensin receptor blockers (ARBs) and diuretics (medicines commonly used in the treatment of hypertension and heart failure). Data collected in August 2017 showed that 1559 patients had been prescribed the medicines of which 47 had not had a renal function blood test. A repeat audit in November 2017 showed that 1621 patients had been prescribed the medicines of which one had not had a renal blood test.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and the England average of 96%. The overall exception reporting rate was 7% compared with the CCG average of 10% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is



# Are services effective?

## (for example, treatment is effective)

the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, we saw that a member of the administration team was being mentored by the practice manager to assume more responsibility in an assistant practice manager role.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation. Staff we spoke with told us they had recently completed their pre-appraisal paperwork ahead of their annual appraisal. We saw that all appraisals for 2018 had been scheduled.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 50%, which was statistically comparable to the CCG average of 54% and the national average of 50%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Our findings

**We rated the practice as good for providing caring services and across all population groups.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The latest national GP patient survey showed that 98% of patients found the receptionists at the surgery helpful which was above the CCG average of 88% and the national average of 87%.
- We received 23 patient Care Quality Commission comment cards, all of which were positive about the service. Patients said they felt the practice offered an excellent service, staff were very friendly, helpful and caring.
- The practice actively sought patient feedback through the NHS Friends and Family Test. Results for the period May to October 2017, based on 62 responses, showed that 84% of patients would be extremely likely or likely to recommend the service. Similarly the latest national GP survey showed that 90% of patients would recommend the surgery to someone new to the area (CCG average 81%; national average 77%).
- Three members of the patient participation group (PPG) we spoke with said they received very good clinical care, felt involved in their treatment and care and were treated with dignity and respect.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventy-one surveys were sent out and 113 were returned. This represented about 2.4% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 90% of patients who responded said the GP gave them enough time (CCG average 84%; national average 86%).
- 100% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 95%; national average 95%).
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 86%; national average 86%).
- 93% of patients who responded said the nurse was good at listening to them (CCG average 86%; national average 91%).
- 93% of patients who responded said the nurse gave them enough time (CCG average 88%; national average 92%).
- 96% of patients who responded said they had confidence and trust in the last nurse they saw (CCG average 94%; national average 97%).
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%; national average 91%).

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (AIS) (a requirement to make sure that patients and their carers can access and understand the information they are given). We saw some staff had received training in the requirements of the AIS:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## Are services caring?

- The practice sent text messages to advertise health campaigns, for example the annual influenza immunisation.

The practice proactively identified patients who were carers. For example, through the My Care, My Way initiative and posters and leaflets in the waiting room. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (1.5% of the practice list). The practice offered annual influenza immunisation and health checks to identified carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 96% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 83%; national average 82%).
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 84%; national average 90%).
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%; national average 85%).

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice as good for providing responsive services and across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice worked with the CCG to improve outcomes for patients in the area. For example, it was participating in the North West London Whole Systems Integrated Care (WSIC) programme dashboard which linked patient data from acute, mental health and community trusts and GP practices to generate an integrated care record to provide a 'joined-up' care history. The practice were utilising the tool to improve outcomes for patients with diabetes and mental health.
- The practice told us they operated a personal list system and each patient had a named GP. The GPs told us this system enabled the development of a better knowledge of each patient's medical history and helped consistency of care. We were told patients still had the choice to see other doctors if they wished. Patients we spoke with were very happy with this system and the consistency of care they received. All patients we talked with spoke highly of the clinical staff.
- The facilities and premises were fully accessible and appropriate for the services delivered. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms and was visible from reception. There was enough seating for the number of patients who attended on the day of inspection.
- There was a multilingual check-in touch screen in languages which aligned to the practice demographic. We saw that the practice website included a translation facility and the ability to change the size of the print for the visually impaired. The practice leaflet was available in a large or different font. There was no hearing loop, however the practice had access to a sign language interpreter if required.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, it offered extended opening hours appointments from 7.30am to 8am Monday to Friday and from 6.30pm to 8.30pm on Thursday.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice was located within the catchment area of Grenfell Tower, a 24-storey block of public housing flats

# Are services responsive to people's needs?

## (for example, to feedback?)

which was destroyed by fire in June 2017 with the tragic loss of many lives. The practice responded in the immediate aftermath by identifying all patients on its practice list who were a resident in the tower and living nearby and alerted its reception team to facilitate immediate access to GP appointments. The practice had continued to support its patients through referral to appropriate counselling services for adults, adolescents and children and in conjunction with the CCG to undertake assessments for post-traumatic stress disorder. The practice shared with us an article written by their current Foundation Year Two doctor which had been featured on the British Medical Journal (BMJ) Opinion website which is an on-line portal for articles and comments from BMJ's readers, authors and editors. This reflected on the personal and practice experience of caring for those patients traumatised by the event and the continued support for displaced residents awaiting accommodation.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice participated in the Whole Systems Integrated Care (WSIC) programme which included improving outcomes for patients with common complex mental health and severe mental health. Many of its patients were treated at the local psychiatric unit at a nearby hospital. Patients with common complex mental health were seen by the practice twice a year and complex mental health patients four times a year. The reviews included physical health check, medicines review and blood tests, as appropriate.
- We saw evidence that the practice held multi-disciplinary team meetings where patients with mental health and dementia were discussed. Patients who failed to attend for appointments were proactively followed up by a phone call from a GP.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. There were longer appointments available for patients with a learning disability, those requiring an interpreter and those with complex health needs.
- The appointment system was easy to use. The practice sent text message reminders of appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. Three hundred and seventy-one surveys were sent out and 113 were returned. This represented about 2.4% of the practice population. For example:

- 94% of patients who responded said they could get through easily to the practice by phone (CCG average 84%; national average 71%).
- 87% of patients who responded described their experience of making an appointment as good (CCG average 77%; national average 73%).
- 89% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 84%; national average 84%).
- 87% of patients who responded said their last appointment was convenient (CCG average 81%; national average 81%).
- 72% of patients usually get to see or speak to their preferred GP (CCG average 59%; national average 56%).
- 76% of patients who responded said they don't normally have to wait too long to be seen (CCG average 59%; national average 58%).

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received

## Are services responsive to people's needs? (for example, to feedback?)

in the last year. We reviewed one complaint in detail and found that they were satisfactorily handled in a timely way. The practice recorded verbal complaints and responded to all comments on NHS Choices.

- The practice learned lessons from individual concerns and complaints and took action. For example, the

practice had procured a new telephone system following patient feedback. This new telephone system provided management information relating to peak periods which had enabled the practice to adjust its staffing at busy times.



# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff told us they felt they were treated equally.
- There were positive relationships between staff and teams. Staff we spoke with told us they felt supported by the GP partners and manager and felt the practice worked well together as a team.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.



# Are services well-led?

Good 

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. The practice told us that they had seen a reduction in their emergency hospital admission rate and secondary care referrals since participation in the My Care, My Way initiative and monitoring patient outcomes through the Whole Systems Integrated Care (WSIC) programme.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had a patient participation group (PPG) which was established in 2013 and had 20 members. The PPG had not met for a year but maintained its presence through a virtual PPG (an on-line group). We spoke with three members at our inspection who told us the practice acted on feedback. For example, one member of the PPG we spoke with told us the practice had responded to recommendations to make adjustments to the practice website to make it easier for patients to navigate.
- The practice had organised two open days in the past four months to encourage patients to engage with the practice and meet staff.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice actively participated in CCG-led initiatives. For example, it was one of the first wave practices to participate in the My Care, My Way integrated care service for patients aged 65 and over. The practice was also engaged in the Whole Systems Integrated Care (WSIC) programme to improve patient outcomes for patients with diabetes and mental health.
- The practice had participated in Productive General Practice (PGP), an organisation-wide change programme, developed by the NHS Institute for Innovation and Improvement which supports general practices to promote internal efficiencies and build resilience, while maintaining quality of care. The practice had focussed on internal communication and best use of time. The outcome was the consolidation all practice-related meetings into one weekly meeting which included a practice meeting and MDT meeting.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice was a teaching practice for Foundation Year Two (FY2) trainee doctors and the clinical staff had roles in clinical and educational supervision.