

# Practice Plus Group - North West London

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced, focused inspection at Practice Plus Group - North West London on 7 December 2023. The service had notified us of a significant event which raised potential concerns about safety systems at the service and which triggered this inspection. This service was previously inspected at its former address (Unit 1, Square One, Navigator Park, Southall Lane, Southall, Ealing, UB2 5NH). This is the first inspection of the service at its current location.

## **This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Not inspected

Are services responsive? – Not inspected

Are services well-led? – Good

At this inspection we found:

- The service 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 service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- 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:

- Take action to further improve performance data in line with the national quality requirements and targets for out of hours primary care services.
- Work with the office landlord to secure a consistently, comfortable working environment for staff.
- Encourage staff to make use of available opportunities to discuss and raise concerns including anonymous feedback mechanisms.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health and Care

## Our inspection team

Our inspection team was led by a CQC inspector. The team included a CQC operations manager, and a GP specialist adviser.

## Background to Practice Plus Group - North West London

Practice Plus Group - North West London, provides out-of-hours (OOH) primary medical services primarily when people's usual GP practices are closed. The out-of-hours service covers a population of over a million people across the outer boroughs of North West London. The provider is contracted by the Northwest London NHS Integrated Commissioning Board to provide the service across Brent, Harrow and Hillingdon and with individual surgeries in Ealing, Hounslow and Barnet.

The base hub operates from an office located at Stockley Park, Hillingdon

Most patients access the service via the NHS 111 telephone service. The call is triaged by a Practice Plus clinician once the call has been transferred to the out of hours service. Patients may be seen by a GP in a primary care clinic; receive a telephone consultation, video consultation or a home visit from a GP, depending on their assessed needs. The service operates three out-of-hours primary care clinics which run from the premises of host organisations. These are located at:

- Northwick Park Hospital, Watford Road, Harrow, HA1 3UJ (evenings and weekends)
- Hillingdon Hospital, Pield Heath Road, Uxbridge UB8 3NN (evenings and weekends)
- Skyways Medical Centre, 2 Shelly Crescent, Hounslow TW5 9BJ (weekends only)

The service has a pool of contracted and employed clinicians to provide the service across the week. It employs clinical staff, either based at the main hub or working from home who are responsible for assessing and triaging calls as appropriate. There are administrative teams, also based at the office who are responsible for filling the rotas and handling and monitoring calls and call waits. The service has its own fleet of cars and employs drivers who drive the clinicians attending home visits.

The service employs managers to oversee various aspects of the service including clinical and medical leads; a quality manager; and a patient engagement and stakeholder lead. Overall leadership is provided by the service delivery manager locally, the service medical lead, the London regional manager and the London regional medical director.

The service has recently been awarded the contract to provide the out-of-hours service for North West London as part of an alliance until 2029 by the NHS integrated care board through a competitive process.

The provider is registered to provide the regulated activities: treatment of disease, disorder or injury; and transport services, triage and medical advice provided remotely.

# Are services safe?

**We rated the service as good for providing safe services.**

## **Safety systems and processes**

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. The provider operated a national safeguarding hub to provide rapid support and advice for local teams with safeguarding referrals.
- The service worked with other agencies to support patients and protect them from neglect and abuse. There were clear systems in place to safeguard patients at risk of abuse. The service maintained up-to-date safeguarding records and had processes in place to escalate and respond to any concerns. Staff were confident on safeguarding procedures and how to escalate concerns. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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 (for example, in the primary care clinics) were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The premises were clinically suitable for the assessment and treatment of patients. Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## **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 risk mitigation system in place for dealing with surges in demand. Senior staff were easily identifiable and available for staff to escalate their concerns.
- There was an effective induction system for new and contracted staff tailored to their role. Clinical staff were required to complete the clinician 'onboarding' before being allowed to provide shifts. Onboarding is the process by which staff are inducted and receive training about the provider's policies and processes.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They were trained on how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits or who had been inappropriately streamed into the service.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.

## **Information to deliver safe care and treatment**

# Are services safe?

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

- 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately and out of sight.
- Medicines were kept in cassettes which were sealed at the point of packaging. A third-party provider monitored use of the cassettes and changed them on a weekly basis or as required. Cassettes carried an appropriate range of medicines based on the needs of patients using the service. Additional medicines were accessed through local pharmacies by patients if required.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service monitored antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear and accurate picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local 111 providers.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The provider used the Datix system to report incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers encouraged staff to report incidents and supported them when they did so.
- We reviewed and discussed recent incidents with managers, clinicians and staff who were able to describe examples and actions taken to improve. For example, a clinician found it difficult to contact the district nursing team and raised this as an incident. The team realised that their contact details were out of date and checked and updated the contact information sheets with up to date details.

# Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The service held weekly 'Datix' calls to review incidents and outcomes.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to relevant members of the team including sessional staff.
- The provider took part in end to end reviews with other organisations. It had a policy and protocol for investigating serious incidents (for example, asking an external, independent reviewer to investigate) and notifying the relevant agencies as required. Learning was used to make improvements to the service.

# Are services effective?

**We rated the service as good for providing effective services.**

## **Effective needs assessment, care and treatment**

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included use of a structured tool.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, clinicians had access to patients' summary medical records and any special patient notes (for patients with complex needs). The GPs could access to this information securely from the office, the primary care clinics or whilst carrying out home visits.
- We saw no evidence of discrimination when making care and treatment decisions.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, the service had introduced video-consultation software which patients could use without the need to download an app. The service ensured staff were using the latest version of triage software, including NHS pathways.
- Staff assessed and managed patients' pain where appropriate.
- The service produced a monthly newsletter which included useful reference information for staff, including a recent focus on sepsis. Information about sepsis was also included on posters at the hub office.

## **Monitoring care and treatment**

- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their NHS integrated commissioning board on their performance against the standards which includes: audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.

In October 2023:

- The service had triaged 87% of patients within 1 hour (national target 95%).
- 83% of patients referred urgently to a primary care clinic had been seen within 2 hours (national target 95%).
- 97% of patients referred routinely to a primary care clinic had been seen within 6 hours (national target 95%).
- 66% of patients received an urgent home visit within 2 hours (national target 95%).
- 90% of patients received a routine home visit within 6 hours (national target 95%).
- The service was performing below target for several indicators. However, performance for all indicators in October 2023 showed improvement over the previous 12 months. The provider was aware of these areas and we saw evidence that attempts were being made to address them.
- The service made improvements through the use of completed audits. The service carried out prescription monitoring audits and individual clinician audits. There was clear evidence of action to resolve concerns and improve quality.
- The service was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

# Are services effective?

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The managers held a weekly compliance meeting which included monitoring completion of required training such as basic life support training.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by regular individual-level audit and feedback of their clinical decision making, including non-medical prescribing and record keeping.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Measures included direct staff feedback, mentoring and supervision.

## Coordinating care and treatment

Staff worked together and worked with other organisations 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 care. This included when they moved between services or when they were referred. Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Staff communicated promptly with patient's registered GPs so that the GP was aware of the need for further action.
- There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The staff were able to use an interpreting service for patients whose first language was not English.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

## Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence where appropriate.
- The service identified patients who may need extra support, such as through alerts on the computer system.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.



# Are services effective?

## Consent to care and treatment

The service 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.
- The provider monitored the process for seeking consent appropriately.

# Are services well-led?

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

## **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 service 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.
- Senior management were accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

The service 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 service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## **Culture**

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

- Staff we spoke with felt respected, supported and valued. They told us that the provider emphasised the importance of safety and supported staff to manage risks. We were consistently told there were enough staff to provide the service. Staff told us that they enjoyed working for the service.
- The service 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.
- We received mixed feedback from staff about the ease with which they were able to raise concerns and were encouraged to do so. The provider had various mechanisms by which staff could raise concerns, for example, team meetings, quality meetings, a staff survey and one-to-one meetings. The staff survey was anonymous. We saw examples from the quality meetings of issues openly raised by team representatives. Staff we spoke with said they had confidence that issues raised would be addressed. There remained ongoing problems with environmental comfort at the hub office which was a source of staff concern. The provider had identified this as a challenge as they had limited control over the building but were keen to work with the landlord to address the problem.

# Are services well-led?

- There were processes for providing all staff with development opportunities. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff were supported when they were involved in a traumatic incident, complaint or investigation.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

## 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.
- 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.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service maintained a detailed risk register which took account of internal and external risk factors. The managers were able to describe the steps they had taken to ensure they provided a safe service in relation to specific risks, for example, when industrial action was affecting other parts of the NHS.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local integrated care board as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

# Are services well-led?

- The service 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 service used information technology systems to monitor and improve the quality of care.
- The service 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.
- Information systems facilitated shared access to key clinical information although the main system/platform (Aadastra) was not fully integrated with SystmOne or EMISweb the systems used in local GP surgeries.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- A 50% sample of patients who used the service were asked to feedback about their experience through an electronic survey. From September 2023, patients were given the option to complete the survey in a range of languages other than English. Patients with critical views were given the option to make a complaint through the feedback system. The most recent results (based on 1221 responses between 1 November 2022 to 31 October 2023) showed that 79% of patients described their experience as good. The service tracked responses (for example, for trends) over time and routinely analysed the reasons that people gave for positive or critical reviews and the proportion of reviews that were converted to complaints.
- The service encouraged complaints where patients described their experience as poor. Patients responding negatively to the survey were automatically asked if they wished to make a formal complaint.
- The service was exploring ways to increase patient engagement, for example, by recently introducing translation facilities to the feedback survey.
- Staff were able to describe to us the systems in place to give feedback. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance. Stakeholders we spoke with were positive about the service and the responsiveness of managers to questions or other issues. For example, the service had worked closely with other providers during the COVID-19 pandemic to provide a mobile 'hot' service, that is visiting people in their own homes to provide tests, advice and onward referral or signposting. More recently, the service was able to provide evidence of effective joint working with the ambulance service.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. Staff were able to describe examples. For example, the computer system had recently been updated to include a safeguarding prompt enabling staff to alert the safeguarding hub about an issue with one click. This had been introduced following staff feedback about potential improvements.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. There was a clinical newsletter which included the outcomes of recent learning incidents.

## Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. There was a focus on staff mental health wellbeing.
- There were systems to support improvement and innovation work. The service had leads for quality and improvement work with clear structures and a reporting framework.