

# Millbank Medical Centre

## Quality Report

20 Page Street,  
London  
SW1P 4EN  
Tel: 020 7834 5502  
Website: [www.millbankmedicalcentre.co.uk](http://www.millbankmedicalcentre.co.uk)

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Millbank Medical Centre on 26 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients who used services were assessed and well managed in most respects. There were some deficiencies in the documentation relating to the practice's recruitment processes and, whilst there was an evacuation plan in place, no fire drills had been undertaken in the last six months.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Consider the introduction of a practice specific policy on safeguarding of vulnerable adults and arrange training in this area for any staff who have not received such training.
- Ensure all appropriate pre-employment identity and reference checks are documented in staff records.

# Summary of findings

- Ensure the completion of any outstanding staff appraisals.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Continue to review measures to improve patient access to appointments.
- Advertise in the reception area that translation services are available.
- Arrange for weekly clinical meetings to be minuted to provide an audit trail of discussion and agreed decisions and actions. Consider making minutes of fortnightly practice team meetings more informative to identify more clearly agreed decisions and action.
- Consider displaying the practice's mission statement to patients in waiting areas and on the practice's website.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed in most respects. On the day of the inspection we identified some deficiencies in medicines management and prescription security but the practice addressed these immediately after the inspection and provided supporting evidence for this.
- There were recruitment policies and procedures in place including arrangements for pre-employment checks. However, we found that there were no identity checks recorded on three staff files and no written references on one file.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care but below others in some areas. However the practice had taken action to address these below average ratings and was confident in achieving improved results in future surveys.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a system in place to identify and support carers. However, less than one percent of the practice list had been identified as carers and offered support.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Some patients said they found it difficult to make routine and urgent appointments. However, the practice was taking steps to address this including increasing the appointments available to pre-book to eight weeks; by encouraging use of the on-line booking system; and through the introduction of a 24 hour appointment service which allowed patients to book, change and cancel appointments using their telephone keypad.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The practice had a mission statement but this was not on display to patients at the practice or on its website.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients in this group had a care plan and a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of older patients' needs and to assess and plan ongoing care and treatment.
- The practice worked closely with the CCG to improve the support for older people. It reviewed hospital admissions and A&E attendances as part of its locality audits.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was above the CCG and national average for 2014/15.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 74% but below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The practice worked with paediatric consultants at a local NHS acute trust to run a regular paediatric hub clinic attended by paediatricians, mental health workers, dieticians, health visitors, local GPs and school nurses.
- The practice was currently involved in a large paediatric asthma review project with medical students and paediatric registrars.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- GPs worked with a local substance misuse charity to support people reducing their dependence on medicines such as benzodiazepines.
- 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.

Good





# Summary of findings

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average.
- Performance for QOF mental health related indicators was above the CCG but below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had been certified as 'dementia friendly' following external assessment, and all staff had received dementia awareness training.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing broadly in line with local and national averages. Of 396 survey forms distributed 111 were returned. This represented just under two percent of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Several people told us on the day of the inspection that they experienced difficulty in getting appointments when they needed them, on the day slots available went quickly, first thing in the morning and there was a wait for non-urgent appointments.

# Millbank 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, a practice manager specialist adviser and an Expert by Experience.

## Background to Millbank Medical Centre

Millbank Medical Centre provides primary medical services through a Personal Medical Services (PMS) contract within the London Borough of Westminster. The practice is part of NHS Central London (Westminster) Clinical Commissioning Group. The services are provided from a single location to around 7000 patients. The practice serves a wide ethnic, cultural, demographic and socio-economic mix and has higher than average numbers of patients in the 25-39 age groups. The practice serves a substantial Bangladeshi, Arabic, African and Southern Mediterranean population and in the last decade has seen a significant increase in patients from China and Eastern Europe.

At the time of our inspection, there were three permanent GPs (2.75 whole time equivalent - all female) employed at the practice who normally provide 22 clinical sessions per week. The practice is a teaching practice and there were three ST2 trainee GPs (two female and one male) and one ST3 trainee GP (male) assigned to the practice, providing 23 clinical sessions per week. The practice also employed a practice manager (0.96WTE), a practice nurse (0.4 WTE), a healthcare assistant (1 WTE), two practice secretaries (1 WTE), a senior receptionist (0.96 WTE) and four reception staff (2.57 WTE).

The practice is open between 8.00am and 6.00pm Monday to Friday. Appointments are available between these times. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them. There are also GP telephone appointments available morning and afternoon. These are used for problems which could be dealt with over the telephone, for example to discuss test results.

There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call. The practice also provided patients with information on local practices they could attend or book an appointment if they needed to see a GP on Saturday or Sunday.

The practice is registered to carry on the following regulated activities:

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

# Detailed findings

The provider has not been inspected before by the Care Quality Commission.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff (two partner GPs, a trainee GP, the practice nurse, the practice manager, a practice secretary, the senior receptionist and one receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form did not make specific reference to the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the practice was aware of incident notification and enacted the duty of candour principles.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following the failure of a two week waiting referral to reach the hospital selected, the practice reviewed its referral protocol and put in place a tracking system to check referrals had been received. The tracker was used to audit the receipt of referrals twice-monthly and those that had not resulted in an appointment would be followed up by the practice secretaries.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a comprehensive policy on safeguarding of children which was accessible to all staff. The policy clearly outlined who to contact for further guidance if

staff had concerns about a patient's welfare. There was no equivalent policy on safeguarding of vulnerable adults but the practice followed Westminster safeguarding adults multi agency policy and procedures which included details of local safeguarding contacts. A GP partner was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children relevant to their role. GPs were trained to child protection or child safeguarding level 3. The majority of staff had also received training in safeguarding of and vulnerable adults, although two administrative staff had not had this training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had been appropriately briefed for and understood their role and had received a Disclosure and Barring Service (DBS) check. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. No

## Are services safe?

record was kept of serial numbers of batch numbers to ensure full monitoring. However, immediately after the inspection the practice submitted evidence of action taken to address this issue. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment in most respects. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the record of the identity check was not on three of the files and references had not been filed on one file.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, although one was overdue for the current year. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to 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. A first aid kit and accident book were 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 stored securely. One of the medicines recommended in national guidance, for epileptic fits, was not kept in the emergency kit and there was no documented risk assessment of the reasons for not stocking the medicine excluded. However, immediately after the inspection the practice submitted evidence of action taken to address this issue.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available.

Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average. 95% compared to 89%.
- Performance for mental health related indicators was below the national average 85% compared to 93%.

The following was identified by CQC prior to the inspection as a 'very large variation for further enquiry':

- The percentage of patients with atrial fibrillation with an estimated high risk of stroke, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2014 to 31/03/2015) - practice 83%, national 98%.

The practice had recognised that it needed to improve the coding of these patients and we saw it was in the process of reviewing summarising information and clinical coding to improve the accuracy of the data.

There was evidence of quality improvement including clinical audit.

- The practice submitted evidence of four clinical audits it had undertaken since December 2015, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following an audit of the use of benzodiazepines (used to treat anxiety) and related drugs, the practice contacted all patients who had been issued these medications in the past year by letter with a view to reducing their use. This caused a lot of patients to reflect on their use and discuss a reduction with their GP. There was a 12% decrease in use of drugs with this intervention and the practice. The practice decided to avoid initiating the prescribing of these medicines. GPs also worked with a local substance misuse charity to support people reducing their dependence.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as key policies and procedures, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice had proactively reviewed its team and skill mix and addressed training needs to meet patient needs. Examples included formal training in mental health, ring pessary fitting, spirometry, ambulatory blood pressure monitoring (ABPM) and near patient testing.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate



# Are services effective?

## (for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All but one member of staff had received an appraisal within the last 12 months. Arrangements were in hand to complete the one outstanding.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was documented in patient records.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- A health trainer was available on the premises to help patients lead a healthier life style, including help to stop smoking, eat more healthily, become more active, drink less and reduce stress levels. The healthcare assistant provided smoking cessation in weekly clinics and there was also a smoking cessation advisor who attended the practice to advise on all aspects of smoking cessation. A total of 981 smokers had been identified and 64% had been offered cessation advice. Two hundred and seven smokers had quit smoking in the last 12 months.
- The practice hosted a weekly service by the Citizens Advice Bureau giving patients extra practical and social support.

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 74% but below the national average of 82%. 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 66% to 95% and five year olds from 75% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 97% of eligible patients) and NHS health



## Are services effective?

(for example, treatment is effective)

checks for people aged 40–74 (completed for 10% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was broadly in line with the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local but below national averages. For example:

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

We discussed these results with the practice who felt the change of staffing at the time of the survey had had a negative impact. With a new salaried GP and nurse now established in the practice, they anticipated an improvement in results in the next survey. In addition, there had been no negative comments about these issues in the responses to the NHS friends and family test over the past year or so.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However, we saw no notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in other languages.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (less than 1% of the practice list). The practice attended a regular meeting of local practices attended by

district nurses, social workers, environmental health, pharmacy, occupational therapy, physiotherapy, and community matrons. This allowed for co-ordinated care of people with complex needs and their carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer condolences and sent them a letter offering advice about what to do following a bereavement. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them further advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice encouraged the use of email and online booking systems, and electronic prescribing. The practice had developed health care assistant and nurse led clinics for reviews, stopping smoking and out of hospital services.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice worked with paediatric consultants to run a regular paediatric hub clinic attended by paediatricians, mental health workers, dieticians, health visitors, local GPs and school nurses.
- There was an in house counsellor in the surgery and the practice encouraged referrals to local psychological support services through the Improving Access to Psychological Therapies (IAPT) programme. In addition, patients could be referred or self refer to a mental health charity for support, information, advice and guidance to assist them with stress related and/or mental health conditions to retain their current employment or access work opportunities.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday. Appointments were available between these times. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. There

were also GP telephone appointments available morning and afternoon. These were used for problems which could be dealt with over the telephone, for example to discuss test results.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was broadly comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Several people told us on the day of the inspection that they experienced difficulty in getting appointments when they needed them, on the day slots available went quickly, first thing in the morning and there was a wait for non-urgent appointments. The practice had received similar views through the NHS friends and family test and had taken a number of steps to improve access. These included reviewing appointment availability and increasing the appointments available to pre-book to eight weeks; looking at ways to decrease the 8.00am phone rush, for example by encouraging use of the on-line booking system; by re-balancing the number of pre-book and book on day appointments; making changes to the lengths of appointments in the short term; by making some alterations to the appointments schedule at very busy times of year, such as January; and through the introduction of a 24 hour appointment service which allowed patients to book, change and cancel appointments using their telephone keypad.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

If patients needed a home visit they were asked to contact the surgery before 9.00am, if possible. A doctor would then call them back to discuss their request to help to judge whether a home visit was appropriate and the urgency of the patient's needs. In cases where the urgency of need was so great that it would be inappropriate for the patient

# Are services responsive to people's needs?

(for example, to feedback?)

to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system including a leaflet available in the reception area and details in the practice booklet and on the website.

We looked at seven complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about the way the prescribing process was explained, resulting in a misunderstanding by the patient, the GP team reflected on lessons learned and agreed that explanations to patients needed to be clearer and it should not be assumed patients know about prescribing systems.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement but this was not displayed for patients within the practice waiting areas or on its website. Staff knew and understood the practice values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The governance arrangements included weekly clinical meetings which were not minuted to provide documentary evidence of discussion and agreed decisions and actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff.

The provider had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that

providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular fortnightly team meetings. These were minuted but only recorded brief information and did not clearly identify agreed decisions and action.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, larger, named photographs of all practice team members in reception and the running of a dementia awareness of day for patients.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

# Are services well-led?

Good 

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. For example, the practice participated in the in the whole system integrated care pilot being developed to support frail or vulnerable people over age 65. In addition, one of the partner GPs was the paediatric lead for the CCG, working on the pan London Children and Young People programme. The practice was currently involved in a large paediatric asthma review project with medical students and paediatric registrars.