

# Dr Yousri El-Gazzar

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Yousri El Gazzar practice on 5 May 2015. Overall the practice is rated as requires improvement.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed with the exception of those relating to the provision of an automated external defibrillator (AED).

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

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

# Summary of findings

Importantly the provider must:

- Ensure staff understand Gillick competences to ensure young people under 16 years of age who have the legal capacity to consent are treated with dignity, privacy and given independence.
- Establish effective governance arrangements to assess, monitor and mitigate risks including a programme of completed cycles of clinical audits and formal clinical and multidisciplinary meetings held on a regular basis and recorded.

In addition the provider should:

- Develop a fully functioning practice website.
- Ensure availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.
- Formalise communications with the Out of Hours service so shared patient information is documented and recorded.

**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.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed with the exception of the availability of an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Staff had received training appropriate to their roles and all staff had received an appraisal. However, there was no evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and internal clinical meetings were not formally or routinely held. Staff were unfamiliar with Gillick competences (used to decide whether a child or young person 16 years and younger is able to consent to their own medical treatment without the need for parental permission or knowledge).

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



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

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and made improvements to services where these were identified. Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. At the time of our inspection the practice website was in the

Good



# Summary of findings

process of being developed however online appointments and repeat prescriptions were available for patients. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement as there are areas where improvements should be made.

It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings. The practice did not undertake completed cycles of clinical audits to ensure positive outcomes for patients. The practice proactively sought feedback from staff and patients, which it acted on. However the practice did not have an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Requires improvement**



# 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 provider was rated as requires improvement for effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice also worked closely with the Primary Care Navigator and referred patients who may require input from social services, housing organisations and other external agencies.

Requires improvement



### People with long term conditions

The provider was rated as requires improvement for effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Nursing staff had lead roles in chronic disease management such as diabetes. Patients at risk of hospital admission were identified as a priority and longer appointments and home visits were available when needed. All these patients had a named GP and were invited to the practice on a regular basis for blood tests and also for structured annual reviews to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

The provider was rated as requires improvement for effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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,

Requires improvement



# Summary of findings

children and young people who had a high number of A&E attendances. Staff we spoke with were unfamiliar with Gillick competencies (used to decide whether a child or young person 16 years and younger is able to consent to their own medical treatment without the need for parental permission or knowledge) and therefore we were not assured that young people were treated in an age appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider was rated as requires improvement for effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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. Patients over 40 years of age were offered an NHS health check. Telephone consultations were available on request. The practice offered extended hours on Mondays however, at the time of our inspection patients could not book appointments or order repeat prescriptions online. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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. It had carried out annual health checks for people with a learning disability and offered longer appointments for these patients.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in

**Requires improvement**



# Summary of findings

vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as requires improvement for effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

People experiencing poor mental health were reviewed regularly and were offered an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Patients with dementia were referred to memory clinics for further help and assessment where necessary.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as MIND. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 78 responses and a response rate of 17%.

- 81% find it easy to get through to this surgery by phone compared with a CCG average of 82% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 82% and a national average of 87%.
- 72% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.

- 91% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 92%.
- 78% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 61% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 56% and a national average of 65%.
- 51% feel they don't normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Patients commented that staff were friendly, helpful and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure staff understand Gillick competences to ensure young people under 16 years of age who have the legal capacity to consent are treated with dignity, privacy and given independence.
- Establish effective governance arrangements to assess, monitor and mitigate risks including a programme of completed cycles of clinical audits and formal clinical and multidisciplinary meetings held on a regular basis and recorded.

### Action the service **SHOULD** take to improve

- Develop a practice website which facilitates online appointments and repeat prescriptions for patients.
- Ensure availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.
- Formalise communications with the Out of Hours service so shared patient information is documented and recorded.

# Dr Yousri El-Gazzar

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector and the team included a GP Specialist Advisor, a Practice Manager Specialist Advisor and an Expert by Experience.

## Background to Dr Yousri El-Gazzar

Dr Yousri El-Gazzar practice provides GP primary medical services to approximately 3,500 patients living in the London Borough of Westminster. The borough of Westminster has a diverse population with a lower proportion of residents from White British backgrounds compared to other London boroughs. Patients registered with the practice are predominantly from ethnic minority backgrounds including the Middle East and Asia.

The practice team is made up of one male GP, two female GPs, two practice nurses, a phlebotomist, a practice manager and six administrative staff.

The practice opening hours are between 8:30am-3:00pm and 4:00pm-8:00pm on Mondays, 8:30am-3:00pm and 4:00pm-6:30pm Tuesday, Wednesday and Fridays and 8:30am-3:00pm on Thursdays. Appointments were from 9:00am-11:00am, 12:30pm-3:00pm and 4:30pm-8:00pm on Mondays; 9:00am-12:00pm and 4:00pm-6:00pm on Tuesdays and Fridays; 09:00am-11:00am, 1:00pm-3:00pm and 4:00pm-6:00pm on Wednesdays; 9:00am-12:00pm and 1:00pm-3:00pm on Thursdays.

Telephone access is available during core hours and home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice refers patients to the Co-op Out of Hours service provider and the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder and injury.

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

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

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 May 2015. During our visit we spoke with a range of staff, the GPs, practice manager, administrative staff and spoke with patients who used the service. We observed how people were being cared for, talked with patients and reviewed treatment records. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice used a range of information to identify risks and improve patient safety, for example significant events, complaints and national patient safety alerts. Staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. Staff told us they would inform the practice manager of any incidents and there was also a significant event recording form available on the practice's shared drive.

We reviewed minutes of practice meetings where incidents and complaints were discussed during the last 12 months and reviewed incident reports which had been collated for the last six years. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one incident related to test results not being received by the practice and there was a delay in the patient receiving their results as this was not followed up by the practice in a timely way. Staff were made aware of this incident and whilst the practice requests that patients telephone for their test result, this must be followed up by the practice and staff were instructed to frequently update the electronic system with the correct patient contact details.

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

Patients we spoke with during the inspection told us they felt their care and treatment at the practice was safe.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Flowcharts detailing the procedure for escalating safeguarding concerns were posted in consultation rooms and in reception for quick reference

to ensure staff reported any concerns promptly. The practice nurse was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received safeguarding training relevant to their role. Staff had also received training in domestic violence and had access to contact details for support services.

- A notice was displayed in the waiting room, advising patients of the practice chaperone service. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and staff had received training in fire safety. The practice had up to date fire risk assessments and fire evacuation drills had been practised. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and we saw evidence of cleaning schedules and rotas. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control and protective clothing policies in place and a protocol for staff to follow in the event of biological substances incidents. Staff had received annual infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the most recent audit found there were no hand wash posters on all of the hand wash sinks giving instructions about hand washing. The practice arranged for all hand wash sinks to display these instructions and we observed this had been implemented.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

## Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing and security). However we found the rapid access to emergency medicines in the event of an emergencies was compromised by their storage in cupboards in the nurses room. This was discussed with the GP partner and following our inspection arrangements were made to store emergency medicines as part of an emergency bag kit. Medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing however, we found these were incomplete audit cycles. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and all staff received annual basic life support training.

Emergency equipment was available including access to oxygen with adult and children's masks, and a pulse oximeter (used to check the level of oxygen in a patient's bloodstream). All of the staff we spoke with knew the location of this equipment within the practice. The practice did not have a defibrillator (used to attempt to restart a person's heart in an emergency) and the decision to not provide this equipment had not been risk assessed.

Emergency medicines were available in the nurses room and all staff knew of their location. However we observed the emergency medicines were stored in cupboards and drawers of the nurses room which posed a risk to the speed staff would be able to access these in the event of an emergency. We discussed this with the GP partner and following our inspection arrangements were made to introduce emergency bags to contain emergency medicines and equipment to improve the response rates to any emergencies. During our inspection we checked medicines in stock were in date and fit for use. We found one item of adrenaline which was out of date by one month and after highlighting this to clinical staff the medicine was removed.

We observed flowchart posters were displayed in the treatment rooms with the procedure to follow in the event of a patient experiencing anaphylactic shock.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or water damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

We observed the practice kept a NICE folder which kept a log of relevant NICE guidelines for staff to access and staff we spoke with gave us an example of a blood pressure guideline that had been implemented. However, there was no formal system in place to ensure all clinical staff were kept up to date with guidelines and standards as no formal clinical meetings were held.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients and staff we spoke with told us that QOF points were discussed in practice meetings. Current results were 91% of the total number of points available, with 4% exception reporting. Data from 2014 showed;

- Performance for diabetes related indicators was 77% which was 2% below the local CCG average and 12% the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 8% better than the local CCG average and 3% above the national average.
- Performance for mental health related indicators was 91% which was 11% above the local CCG and 1% national average.
- The dementia diagnosis rate was 17% above the local CCG average and 6% above the national average.

The practice showed us examples of clinical audits that had been undertaken over the last year. There had been two medication audits completed in the last 12 months but these were not completed full audit cycles and therefore improvements made were not monitored and could not be demonstrated.

### Effective staffing

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

- The practice had a training programme for all staff including newly appointed non-clinical and clinical members of staff that covered such topics as basic life support, safeguarding, information governance, fire safety, health and safety and infection control.
- The learning needs of staff were identified through a system of appraisals and practice meetings. All staff had had an appraisal within the last 12 months. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work through the use of e-learning training modules and in-house training. The practice encouraged the development and skills of staff. One staff member told us she had developed her role from receptionist to Senior Administrator and practice nurses had undertaken the Warwick University diabetic training course.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice worked closely with the Primary Care Navigator and staff informed us they referred patients they felt might need input from social



# Are services effective?

## (for example, treatment is effective)

services, housing organisations and other external agencies. The role of the Primary Care Navigators is to listen and guide patients to the help and resources they need from local to national services.

The practice met approximately every two weeks with the Health Visitors, the in-house counsellor, and the Community Liaison Nurse however we saw no evidence of any multidisciplinary team meetings.

The practice did not have a formal procedure in place to communicate with the Out of Hours service. The GPs requested the reception team to telephone the OOH service if it was anticipated that a patient may require a visit however there were no forms to document these discussions.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, clinical staff we spoke with were unfamiliar with Gillick and Fraser guidelines (used to decide whether a child or young person 16 years and younger is able to consent to their own medical treatment without the need for parental permission or knowledge) and some of the reception staff were unsure if they would give a child or young person under the age of 16 an appointment without an adult accompanying them.

Staff informed us that parents were given written information about immunisations immunisation and consent was only given verbally and this was recorded as a 'tick box' on the electronic system. This was raised with the GP partner and following our inspection, arrangements have been made for written consent forms to be taken for childhood immunisations.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were then signposted to the relevant service. The practice had also recognised that migrants were particularly vulnerable to abuse. In response to this risk, the practice had trained staff in recognising signs of domestic violence and signposting patients to organisations for support.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 74%, which was 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.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 92% and five year olds from 66% to 88%. CCG and national comparative data was not available. Flu vaccination rates for the over 65s were 85% which was above the national average of 73%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us when patients wanted to discuss sensitive issues or appeared distressed they could offer to take them to a private room to discuss their needs in private.

All of the 31 patient CQC 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 76% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 77% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.

- 91% said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and the majority of patients stated they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. Some staff members were able to speak additional languages to English including French, Arabic and Urdu. We saw notices in the reception areas in English and Arabic informing patients how to arrange their prescription label language changed.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Staff told us they endeavoured to be flexible with appointment times for them to accommodate their commitments. We observed information for carers of various avenues of support available to them was located



## Are services caring?

in one of the corridors of the practice. We discussed this with the practice manager and arrangements were made to re-locate this information resource to the main waiting area to improve accessibility for patients.

Staff told us that if families had suffered bereavement, patients were signposted to bereavement services, the

in-house counsellor and the Improving Access to Psychological Therapies (IAPT) programme for treatment of depression, anxiety, phobias and post traumatic stress disorder.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG and external agencies to plan services and to improve outcomes for patients in the area. For example, the practice engaged with the Westminster Support team and arranged two weekly sessions in the practice to cater for patients requiring housing support.

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

- The practice offered appointments until 8:00pm on Monday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with learning disabilities and mental health conditions.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The waiting area was large enough to accommodate patients with pushchairs.
- The treatment room and toilet doors throughout the practice were labelled with signs in braille format for patients registered blind.

At the time of inspection the practice was in the process of implementing the 'Electronic Prescription Service.' This service allows GPs to send a prescription electronically to a dispenser or pharmacy of the patient's choice rather than having to visit their practice to collect their paper prescription. At the time of our inspection the practice did not have a fully functioning website and were in the process of developing this with an external agency however, online appointment booking services were available for patients.

### Access to the service

The practice opening hours are between 8:30am-3:00pm and 4:00pm-8:00pm on Mondays, 8:30am-3:00pm and 4:00pm-6:30pm Tuesday, Wednesday and Fridays and 8:30am-3:00pm on Thursdays.

Appointments were from 9:00am-11:00am, 12:30pm-3:00pm and 4:30pm-8:00pm on Mondays; 9:00am-12:00pm and 4:00pm-6:00pm on Tuesdays and Fridays; 09:00am-11:00am, 1:00pm-3:00pm and 4:00pm-6:00pm on Wednesdays; 9:00am-12:00pm and 1:00pm-3:00pm on Thursdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were also available for patients on request.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone compared to the CCG average of 82% and national average of 73%.
- 78% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 61% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 56% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system in the practice leaflet and a poster explaining the procedure was displayed in the waiting area.

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

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw evidence of complaints being discussed as part of the monthly team meetings.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff told us that one complaint related

to staff attitude. The complaint was discussed with the receptionists and it was agreed that if staff were feeling pressured with the demand on reception during busy periods, they were instructed to call colleagues undertaking administrative duties or the practice manager for assistance.

# Are services well-led?

Requires improvement 

(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 a high standard of treatment for all patients. We saw this vision was detailed in the practice leaflet. We spoke with a cross section of staff and they all knew and understood the vision and values of the practice.

### 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 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.

However, we found there was a lack of completed audit cycles undertaken to monitor and drive improvement in patient care and formal clinical and multidisciplinary meetings were not being held on a regular basis or documented.

### Leadership, openness and transparency

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

Staff told us that regular team meetings were held each month. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice and our review of staff files indicated there was a low

turnover of staff. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the practice survey and complaints received. Some of the patients we spoke with told us they had completed some of the practice questionnaires. As a result of feedback from a practice survey, reception staff actively informed patients in the waiting area if the GP's were running late with appointments. We also saw evidence of a 'Complaints Evaluation Form' which was given to patients who had made a complaint to the practice. The evaluation form asked patients if they felt the practice had listened to them, if their complaint was dealt with promptly and how easy they found the practice complaints process.

The practice had experienced difficulties in recruiting patients for a Patient Participation Group and the group was not yet active.

The practice had also gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, in order to counterbalance the demands of the reception desk and managing administrative work; staff had requested that administrative duties to be moved to the back office and we observed that this had been implemented. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. We saw evidence of forward thinking for the practice. For example, the practice had developed a comprehensive training matrix which ensured all staff received appropriate training at induction and existing staff had refresher training at appropriate intervals which was arranged well in advance.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect  <b>How the regulation was not being met:</b>  The provider was unfamiliar with Gillick competences and staff were not clear regarding appointment access for patients under the age of 16 without an adult being present.  Regulation 10(1)(2)(a)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>How the regulation was not being met:</b>  The provider did not have effective governance arrangements in place to assess, monitor and mitigate risks including a programme of completed cycles of clinical audits and formal clinical and multidisciplinary meetings.  Regulation 17 (1)(2)(b)