

# Pimlico Health @ The Marven

## 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		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 Pimlico Health @ The Marven on 9 December 2015. The practice was rated requires improvement for safe, with the overall rating for the practice being good. The full comprehensive report can be found by selecting the 'all reports' link for Pimlico Health @ The Marven on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this announced follow up comprehensive inspection on 24 October 2017. Overall the practice is now rated as good in all key questions.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and 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.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

# Summary of findings

- Continue to identify and support patients with caring responsibilities so their needs can be met.
- Review patient feedback including the results of the national GP patient survey with a view to improving the service.

**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



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above the national average in most cases.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice had identified less than 1% of their patients as carers
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was 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.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients we spoke with said they found it easy to make an appointment with a named GP and 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.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

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

Good



- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

# 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. .

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management of patients with long term conditions.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was 100%, which was 16% above the CCG average and 9% above national averages. However, the exception reporting rate average was 18% for all the separate diabetic indicators.

### Families, children and young people

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

Good



- Systems were 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 accident and emergency (A&E) attendances.
- Immunisation rates were comparable to the CCG rates for childhood immunisations.

# Summary of findings

- Patients told us, on the day of inspection, that children and 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.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

## **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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects 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 homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 156 out of 165 had been reviewed in the last 12 months.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing comparable to the local and national averages. There were 348 survey forms distributed and 110 were returned. This represented 32% response rate and 0.8% of the practice's patient list.

- 71% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients felt the staff were understanding and helpful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Continue to identify and support patients with caring responsibilities so their needs can be met.

- Review patient feedback including the results of the national GP patient survey with a view to improving the service.

# Pimlico Health @ The Marven

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist advisor.

## Background to Pimlico Health @ The Marven

Pimlico Health @ The Marven provides GP primary care services to approximately 13655 people living in Westminster. The practice is staffed by three full time GP partners and six salaried GPs, (three female and three male) who work a combination of full and part time hours totalling 65 sessions. The practice also employs a full time business manager, operations manager, patient referral manager, a brand manager, a nurse, an HCA and 15 reception and administration staff. They are registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice was open between 8.30am and 8pm Monday to Friday and 10am – 6pm on Saturdays and Sundays. The telephones were staffed throughout working hours and a recorded message was available at all other times.

Appointment slots were available throughout the opening hours, except between 1pm and 2pm daily. Longer appointments were available for patients who needed them and those with long-term conditions. 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. Out of hours

primary care is contracted to a local out of hours care provider. The practice provides patients with information about how to access urgent care when the practice is closed on its website, answerphone and on the practice door, primarily informing patients to telephone the 111 service.

The practice provides a wide range of services for child health care and smoking cessation. The practice also provides health promotion services including a flu vaccination programme, travel vaccinations and cervical screening.

## 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. When we inspected this practice on 9 December 2015 the practice was rated as requires improvement for providing safe services and was rated good overall. We served a requirement notice for regulation 12 (Safe Care) HSCA 2008. The full comprehensive report can be found by selecting the ‘all reports’ link for Pimlico Health @ The Marven on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this inspection on 24 October 2017 to check that action had been taken to comply with legal requirements.

## 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.

# Detailed findings

During our visit we:

- Spoke with a range of staff including GPs, nurse and reception staff. We also 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

At our previous inspection on 9 December 2015, we rated the practice as requires improvement for providing safe services as the provider did not fully assess, monitor and mitigate risks in relation to clinical waste, medicines management, emergency equipment and environmental risks. We issued a requirement notice in respect of these issues and found these arrangements had significantly improved when we undertook this inspection. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the lead GP of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported 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).
- From the sample of 12 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice needed to use the emergency equipment, it was found that not all of the equipment was located in the same bag, and staff took additional time to assemble it all. The practice purchased a new emergency bag and placed all the equipment in one bag. The bag was then put in a new place and all staff were informed.
- The practice also monitored trends in significant events and evaluated any action taken.

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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. The practice had one lead for adults and another for children. Both attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. All clinicians were trained in child protection or child safeguarding level three and non-clinicians to level two. All staff had also completed Female Genital Mutilation (FGM) and Prevent training. (The aim of Prevent is to reduce the threat of terrorism by stopping people becoming terrorists or supporting terrorism)
- There were notices in the waiting room and in treatment rooms advising patients that chaperones were available if required. All staff who acted as chaperones was trained for the 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. The practice carried out an annual and quarterly check of premises. We saw evidence that action was taken to address any improvements identified as a result. At the last inspection we found the practice failed to manage their

### Overview of safety systems and processes

# Are services safe?

clinical waste in line with current guidance and legislation. However at this inspection we found appropriate arrangements were in place for the disposal and collection of clinical waste.

At our last inspection in December 2015 we found the processes in place to ensure the safe management of medicines were not robust. There were some expired vaccine in the fridge and there was no Patient Specific Directions (PSD) in place. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). At this inspection we saw the arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice had appointed a pharmacist who was responsible for the prescribing processes and carrying out reviews of medication. Checks of fridge temperatures were carried out daily and recorded.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

## Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patients and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. At the last inspection we found the practice had not carried out a Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, at this inspection we found one in place and the practice had been carrying out regular checks to the water.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- At the last inspection we found that non - clinical staff had not received defibrillator training. At this inspection we saw evidence to confirm that all staff received annual basic life support training and were trained in the safe operation of emergency equipment. There were emergency medicines available in the treatment room.
- At the last inspection we found the defibrillator was not fit for purpose. At this inspection we found the practice had a working defibrillator available on the premises. There was also 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.
- At the last inspection we found the provider's contingency policy was not specific to the practice. At

## Are services safe?

this inspection we saw the practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 95% with 10.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice were aware of their high level of exception reporting and had systems in place to ensure they were exception reporting only where necessary. For example, the practice had a recall system in place where each member of the administration team had a list of patients to call to make a minimum of three contacts and a maximum of six contacts over the 12 month period.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was 100%, which was 16% above the CCG average and 9% above national averages. However, the exception reporting rate average was 18% for all the separate diabetic indicators.

- Performance for mental health related indicators was 100%, which was 15% above the CCG and 6% above national averages. The exception reporting rate average was 8%.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice undertook an audit of patients on Methotrexate, to ensure they were attending for regular blood tests. In the first audit they found 72% of patients on this medication had up to date blood results in their records. The practice then carried out a number of actions including the business manager and the recall manager working closely to ensure all patients were invited for blood tests and those that did not attend were followed up immediately. When a second audit was carried out a year later they found that 98% of these patients had up to date blood results recorded.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, 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.
- 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 and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- 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.
- From the sample of three documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

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

### 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 monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and alcohol cessation.
- Smoking cessation advice was provided at the practice and they had achieved CCG awards in 2014, 2015 and 2016 for helping the most patients quit.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 73% and comparable the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 78% to 89% and five year olds from 79% to 94%. The practice was aware of their performance and had devised a strategy to improve them which included liaising with health visitors to ensure they inform parents of the timing of the initial baby vaccinations and writing and ringing parents if their baby's vaccinations were overdue.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. However, privacy at the reception desk was still an issue as highlighted in our inspection carried out in December 2015. We noted that although the design of the building did not allow for any fundamental changes, since the last inspection the practice had tried to address it and had introduced a ticket system so patients could take tickets then sit away from the reception desk until their number was called.
- Patients could be treated by a clinician of the same sex.

All of the 19 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 four patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice. Comments highlighted that staff responded compassionately when they needed help and provided support when required. However, they also mentioned the lack of privacy at the reception desk.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scores were mixed in relation to satisfaction on consultations with GPs and nurses in most areas. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 81% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 81% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared with 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.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, the GPs told us they would see young people on their own and would assess whether they were competent to understand what the GP discussed with them.

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

## Are services caring?

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 78% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%

The practice have had a high turn-over of nurses in the last three year i.e. six nurses that time.

However, we were told they had recently recruited two very experienced senior nurses and patients feedback was reported as good.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital)

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (0.75% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Patients over 75 years had a named GP to co-ordinate their care. Patients identified as needing extra time were flagged on the computer system and provided with a double appointment with on the day or planned home visits when required. All over 75 year old patients were offered a detailed annual assessment including dementia screening by the practice nurses. The practice identified their vulnerable over 65 year old patients and completed care plans with a view to avoiding hospital admissions.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. They were invited for an annual review and patients that did not attend were chased and encouraged to engage with their care. Patients in these groups had a care plan and would be allocated longer appointment times when needed.
- One GP, a nurse and the HCA had had additional training in diabetes and ran weekly dedicated clinics for diabetic patients. They also started patients on insulin and were fully engaged with Community Diabetes Team. They were also awarded the 'Diabetes Team Initiative of the Year' Award 2017 for transforming diabetes care in North West London.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed. The practice triaged all requests for appointments on the day for all children under two when their parent or carer requested the child be seen for urgent medical matters. They ran weekly mother and baby clinics with GPs. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice offered working age patients access to extended appointments two mornings, including Saturday's, a week. They also offered on-line services for repeat prescriptions, booking appointments and access to medical records. Daily phone consultations were also available.
- The GPs told us that patients whose circumstances may make them vulnerable such as those under safeguarding or people with learning disabilities were offered regular health checks and follow-up. They were coded on appropriate registers. Pop up alerts were placed on all computer notes to alert all members of staff to vulnerable patients to allow them to meet their specific additional needs such as double appointments. Patients with learning disabilities were invited annually for a specific review. We saw there were 45 patients on the register and 37 had been reviewed in the last 12 months.
- Patients experiencing poor mental health were invited to attend annual physical health checks and 156 out of 165 had been reviewed in the last 12 months. The GP lead for mental health ran a bi-weekly mental health clinic. Further, they worked closely with Primary Care Plus (PCP), Improving access to psychological therapies (IAPT) and Cognitive Behavioural Therapists (CBT) who all attended the practice weekly to support patients. The practice had also recruited a practice counsellor who worked 2 days a week.
- The practice had achieved 100% of the latest QOF points for patients with dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. All dementia patients had a care plan which both they and carers had been involved in drafting.
- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice.

### Access to the service

The practice was open between 8.30am to 8pm Monday to Friday and 10am – 6pm on Saturdays and Sundays. The telephones were staffed throughout working hours and a recorded message was available at all other times. Appointment slots were available throughout the opening

# Are services responsive to people's needs?

(for example, to feedback?)

hours, except between 1pm and 2pm daily. Longer appointments were available for patients who needed them and those with long-term conditions. 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. Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information about how to access urgent care when the practice is closed on its website, answerphone and on the practice door, primarily informing patients to telephone the 111 service.

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

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 83% and the national average of 71%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.

- 66% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

## 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, for example posters were displayed in reception and, summary leaflet were available.

We looked at the three complaints received in the last 12 months and found they were all dealt with in a timely way, in line with the complaints policy. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# 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 vision and values was to deliver high quality healthcare for all their patients. They said their philosophy was to treat people as they would wish to be treated themselves.
- The practice had a clear strategy and supporting business plans 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as safeguarding and long term conditions.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw they carried out an environmental risk assessment on an annual basis.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### 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 were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held monthly team meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the management team 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 and staff. It proactively sought feedback from:

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had met every three months. They analysed the results from

# Are services well-led?

Good 

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

patient surveys and submitted proposals for improvements to the practice management team. The practice had been awarded the 'iWantGreatCare' Certificate of Excellence 2017 as a result of the feedback from the friends and family test.

- There were high levels of staff satisfaction. The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns. All staff we spoke with told us they

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.

## Continuous improvement

We found the practice had a culture of learning and teaching, which was a core part of their work. 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. They attended quarterly 'we learn' sessions facilitated by the CCG and one GP was a trainer for registrars.