

# Kincora Surgery

## Quality Report

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Date of inspection visit: 3 November 2015

Date of publication: 18/02/2016

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?

Requires improvement



Are services effective?

Good



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 Kincora Surgery on 3 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, there was no documentation of review and shared learning when unintended or unexpected safety incidents occurred.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks and emergency medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the knowledge and experience to deliver effective care and treatment.
- Patients said they felt the practice offered a very good service and staff were helpful, caring, professional, approachable and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand. However, we did not see evidence that the practice learned from and made improvements as a result of complaints received.
- Patients said they found it easy to make an appointment with a named GP 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.
- The practice had a number of policies and procedures to govern activity, but we did not see evidence that all policies were followed, for example significant events and infection control monitoring.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

# Summary of findings

- Investigate and record safety incidents thoroughly including evidence of shared learning and ensure that people affected receive reasonable support and a verbal and written apology.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including locum staff used by the practice.
- Review emergency medicines held at the practice and ensure they are following best practice guidelines with evidence of a risk assessment for medicines not routinely kept.
- Ensure that staff receive annual appraisals as part of their professional development.
- Ensure there is a robust process for recording, reviewing and circulation of minutes from all practice led meetings and complaints received and that all procedures and guidance reflect up to date information.

The areas where the provider should make improvement are:

- Ensure there is a system in place for monitoring distribution of prescription pads.
- Ensure formal annual infection control audits are completed.
- Review the practice business continuity plan to ensure details are relevant and up to date.
- Ensure clinical staff complete Mental Capacity Act training.

**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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we did not see evidence that the practice significant events policy was followed and there was no documentation of review and shared learning when unintended or unexpected safety incidents occurred.
- The practice had a named lead for safeguarding vulnerable children and adults. Staff were aware of their responsibilities to raise and report concerns.
- The practice had a chaperone policy but some staff who may act as chaperone had not received appropriate training.
- The practice maintained appropriate standards of cleanliness and hygiene however there was no evidence to support that infection control audits were undertaken annually.
- The practice did not have robust recruitment processes in place and could not demonstrate that appropriate pre-employment checks had been undertaken for all staff.
- The practice had procedures in place to manage medical emergencies and staff had received appropriate training, however some medicines that may be needed in a medical emergency were not available.

The practice had a business continuity plan in place for major incidents but this had not been reviewed since 2008.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- The practice could demonstrate they used national best practice guidelines to plan care for their patients and they used clinical audit to drive improvements in service.
- The practice offered childhood immunisations and cervical screening in line with national guidance and uptake rates were comparable to the national averages. Quality and Outcomes Framework (QOF) data for 2014/2015 showed the practice was performing mostly in line with local and national averages. However, there were areas such as performance in diabetes and palliative care related indicators where the practice was below local and national averages.

**Good**



# Summary of findings

- There was no formal induction program for newly appointed staff and staff did not receive formal annual appraisal. Training was available online for mandatory topics such as safe guarding and infection control, however role specific training identified as a result of appraisal and personal development plans was not demonstrated by training records.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the 2015 National GP Patient Survey was mostly in line with CCG and national averages for its satisfaction scores on consultations with doctors and nurses.
- Patients said they felt the practice offered a very good service and staff were helpful, caring, professional, approachable and treated them with dignity and respect.
- Patients said they were involved in decisions about their care and treatment and this feedback was also reflected in the national GP patient survey results.
- 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 engaged with the NHS London Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Data from the national GP patient survey on the appointment system was mostly in line with local and national averages.
- 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 there was a designated person who handled all complaints. However, we did not see evidence that the practice learned from and made improvements as a result of complaints received, as there was no documentation to support this.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



# Summary of findings

- The practice did not have a statement of purpose. They had a vision to provide high quality emergency and patient-focused care that was responsive and accessible.
- There was a clear leadership structure and staff felt supported by management.
- There was a governance framework which supported the delivery good quality care. This included a clear staffing structure and monitoring performance with local data and internal audit. However, we did not see evidence all practice procedures to govern activity were followed, for example when reporting significant events and monitoring infection control.
- There was no effective or structured system for the recording, retrieval and circulation of minutes and actions from all practice led meetings.
- The practice proactively sought feedback from staff and patients. The patient participation group was active and we saw evidence of improvements to the service as a result of patient feedback.
- There was no annual appraisal for staff to drive continual personal and professional development and 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 practice is rated as requires improvement for delivery of safe and well led services. These ratings affect all population groups.

There were, however, some areas of good practice:

- There was named lead for safeguarding vulnerable adults and staff were aware of their roles and responsibilities to report and raise concerns.
- Vulnerable patients had alerts placed on their electronic records to highlight to staff any special requirements such as longer appointments.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- The practice held monthly multi-disciplinary team meetings to discuss the needs of frail elderly patients attended by a range of health professionals, including district nurses, palliative care team and primary care navigator employed by Age UK.
- The practice engaged in local enhanced services to identify patients at risk of hospital admission and invite them to attend for review to create care plans aimed at reducing this risk. The practice had achieved the target of more than 2% of care plans completed.

The practice offered flu immunisation in line with national guidance and uptake rates were in line with national averages.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for delivery of safe and well led services. These ratings affect all population groups.

There were, however, some areas of good practice:

- All patients had a named GP and vulnerable patients had alerts placed on their electronic records to highlight any special requirements, for example on the day appointments.
- The practice engaged in local enhanced services to identify patients with long-term conditions at risk of hospital admission and create integrated care plans aimed at avoiding admissions.
- The practice offered GP and nurse-led chronic disease management including asthma/Chronic Obstructive Pulmonary Disease (COPD) and diabetes clinic.

**Requires improvement**



# Summary of findings

- Monthly multi-disciplinary team meetings were held to discuss and manage the needs of patients with complex medical needs attended by a range of health professionals including district nurses, health visitors and community palliative care team.
- There was a weekly in-house physiotherapist that the GPs referred patients with long-term conditions, such as musculo-skeletal problems, who may benefit from physiotherapy sessions.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- The practice offered patients at risk flu immunisation in line with national guidance and uptake rates were comparable to national averages.

QOF data from 2014/2015 showed the practice were achieving the minimum standards for the majority of long-term conditions such as asthma, COPD, atrial fibrillation and epilepsy. However, performance for diabetes related indicators was below the local and national averages.

## Families, children and young people

The practice is rated as requires improvement for delivery of safe and well led services. These ratings affect all population groups.

There were, however, some areas of good practice:

- Same day appointments were available for children and those with serious medical conditions.
- The practice ran twice weekly nurse-led baby clinics providing child health surveillance and childhood immunisations. Uptake rates for childhood immunisations were comparable to local and national averages. The practice had extended appointment slots for childhood immunisations to allow sufficient time to explain the benefits of recently added vaccinations to the immunisation program to parents.

Weekly well women and family planning clinics were held offering GP and nurse-led contraceptive advice, including insertion of Intra-Uterine Contraceptive Devices (IUCD) and cervical screening. Cervical screening uptake rates were in keeping with national averages.

**Requires improvement**



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

The practice is rated as requires improvement for delivery of safe and well led services. These ratings affect all population groups.

There were, however, some areas of good practice:

**Requires improvement**





# Summary of findings

- The practice offered extended hour appointments three evenings a week for patients unable to attend the practice during normal working hours. Telephone consultations were also available with the duty doctor on a daily basis.
- There was the facility to request repeat prescriptions and book appointments online.

The practice offered new patient health checks and routine NHS Health Checks to patients aged 40-74 years and any issues identified were promptly followed up on.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for delivery of safe and well led services. These ratings affect all population groups.

There were, however, some areas of good practice:

- There were disabled facilities and translation services available.
- The practice maintained a register of patients with learning disabilities and these patients were invited to annual health checks.
- Vulnerable patients were identified and had alerts placed on their electronic records to highlight any special requirements, for example same day appointments.
- There was a named lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.

**Requires improvement**



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

The practice is rated as requires improvement for delivery of safe and well led services. These ratings affect all population groups.

There were, however, some areas of good practice:

- There was a weekly in-house counselling service available for GPs to refer to who could provide support for patients suffering with anxiety and depression.
- Dementia screening was offered opportunistically to patients at risk patients via prompts on the electronic records with onward referral to local memory services if required.

The practice maintained a register of patients experiencing poor mental health and these patients were offered annual health checks and review of care plans.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was below the local and national averages in some areas. 379 survey forms were distributed and 96 were returned. This represented 3% of the practice's patient list.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 75% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 68% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 75% said the last appointment they got was convenient (CCG average 88%, national average 92%).

- 54% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 65% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. The comments received described staff as helpful, caring, professional and respectful. Patients felt the environment was safe and hygienic and they felt they were listened to by all staff. The majority of comment cards described the service overall as very good.

We spoke with 13 patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

# Kincora Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Kincora Surgery

The Kincora Surgery is a well-established GP practice located in Hayes within the London Borough of Hillingdon and is part of the NHS Hillingdon Clinical Commissioning Group (CCG) which is made up of 48 GP practices. The practice provides primary medical services to approximately 3,200 patients. The practice holds a Personal Medical Services contract and is a teaching practice for medical students. The GP father and daughter partnership owns and manages the premises which have recently been extensively refurbished.

The practice team comprises of one male senior GP partner, one female GP partner who both work seven sessions a week and a regular female locum GP who works one session a week. There are three part-time practice nurses, a phlebotomist, a physiotherapist, a practice manager and four administration/reception staff.

The practice opening hours are 8.00am to 1.00pm and 2.00pm to 7.00pm Monday, Tuesday, Thursday and Friday and 8.00am to 1.00pm on Wednesday. Consultations are available from 9.00am to 11.30am Monday to Friday and from 3.00pm to 7.00pm Monday, Tuesday and Friday and 3.00pm to 6.30pm on Thursday. The out of hours services

are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

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

## How we carried out this inspection

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 3 November 2015. During our visit we:

- Spoke with a range of staff, including GP's, practice nurses, practice manager and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

# Detailed findings

- 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 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)

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice did not have an effective system in place for reporting and recording significant events.

- The practice had a significant events policy available for all staff to access, however we did not see evidence that this was being followed by the practice. There was a recording form available on the practice's computer system for reporting significant events, but the practice had no examples of completed forms to confirm these were used to record adverse events.
- The practice provided us with three significant events that had occurred in the last 16 months which had been submitted as part of the GP's annual appraisal. These included a description of the event, roles of those involved, what went well, what could have been done better and the learning from them. However, there was no record to evidence discussion of these events with practice staff or if learning from them had been shared. They had not been documented on the reporting form the practice had in place and no formal log had been kept of them. There was no evidence that an annual review of all significant events had occurred.
- We were told by staff that when there are unintended or unexpected safety incidents, patients would be contacted to discuss the event, offer support and a verbal or written apology and to inform them about any actions to improve processes to prevent the same thing happening again. However, we did not see documentation to support that this had occurred following a recent significant event that we were shown.
- We were told National Safety Patient Alerts received by the practice were disseminated to the appropriate staff electronically. However, we did not see evidence that alerts were discussed in staff meetings as minutes were not available to confirm this.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults 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. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three.

- The practice had a chaperone policy and aimed to use clinical staff to act as chaperones. Non-clinical staff had received e-learning chaperone training although completed DBS checks had not been undertaken for all administration staff. However, we were shown evidence to support that these DBS checks were in progress. (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. 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 was an infection control protocol in place and staff had received up to date training. A general inspection of the premises had been undertaken by an external company in November 2012 prior to refurbishment of the premises, which included an infection control risk assessment. We observed that most of the required actions highlighted from this had been implemented by the practice. We were told that since the completion of the refurbishment the practice had completed a self-assessment infection control audit in 2014 but they were unable to provide the documentation to support this.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice held quarterly reviews with the CCG pharmacist to review prescribing practices and carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

## Are services safe?

Prescription pads were securely stored, but there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice did not have robust recruitment processes in place and could not demonstrate that appropriate pre-employment checks had been undertaken for all staff. Recruitment records were not in place for two newly appointed members of the administration team. There was no evidence that references had been sought for them or records to demonstrate pre-employment checks undertaken, although DBS checks were in process. We were advised that most of the staff

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was an up to date health and safety policy available. The practice had arranged an external health and safety assessment in 2012 and all action points highlighted by the assessment had been completed. The practice had up to date fire risk assessments and carried out regular fire drills. All clinical equipment was checked annually to ensure it was working properly, however checks of electrical equipment to ensure it was safe to use had not been undertaken since 2012. Following the inspection we were advised that electrical checks of equipment had been completed and we were provided evidence to support this. A legionella survey had been completed in 2012.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. One of the practice nurses was due to retire and recruitment of another was in

progress. We were told administration staff had the skill mix to cover for one another during leave or absence. If required, the practice aimed to use the same locum GP, however there was no formal induction for locums.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a policy for responding to medical emergencies that was available in reception.
- All staff received annual basic life support training and there were emergency medicines available in each treatment room. However, the practice did not keep a stock of atropine which is advisable for a practice offering intra uterine contraception device insertion or diazepam used to manage seizures. We did not see evidence that a risk assessment had been completed to exclude the need to stock these medicines.
- The practice had a defibrillator available on the premises, however at the time of inspection there was no portable oxygen supply for use in a medical emergency. Following the inspection we were provided with evidence that it was now in place. There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents which included a buddy arrangement with a neighbouring GP practice. However, this document had not been reviewed since 2008.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care 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 systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through internal peer review, appraisal and engagement with the CCG.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 87.7% of the total number of points available, with 5% exception reporting. Data from 2014/2015 showed;

- Performance for diabetes related indicators was worse than the CCG and national average with the practice with the practice achieving 67.4% compared to CCG average of 86.2% and national average of 89.2%
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 83% which was comparable to the CCG and national averages.
- Performance for mental health related indicators was 88.5% which was similar to the CCG average of 93.6% and national average of 92.8%.
- The dementia diagnosis rate was comparable to the CCG and national average.

The practice was an outlier for the QOF targets in palliative care as they were not holding regular multi-disciplinary team (MDT) meetings to discuss patients receiving end of life treatment at the time of data publication. However, we were informed by the practice they had recently initiated MDT meetings with

community support teams including palliative care and this would be reflected in QOF data for 2015/16. The practice was also performing below local and CCG averages for diabetes related indicators. The practice manager informed us they had identified this as an area for improvement and were pro-actively identifying patients due for review of diabetes management.

Clinical audit demonstrated quality improvement.

- There had been one complete clinical audit performed in the last two years. The audit monitored blood level testing for patients receiving vitamin D supplements. Initial data showed the practice was not achieving recommended standards of blood test monitoring for these patients, but following intervention with clinical education subsequent re-audit demonstrated that the practice had improved.
- The practice participated in national benchmarking and CCG led local peer review with other practices, for example monthly referral review meetings to monitor and improve practice referral rates and medicines management to ensure the practice was prescribing in line with local CCG guidelines.

Information about patients' outcomes was used to make improvements. For example, the practice took part in local enhanced services and used risk stratification tools to identify patients at risk of hospital admission and invited them for review to create integrated care plans aimed at avoiding hospital admissions. The practice had completed above the required 2% target for care plan completion.

### Effective staffing

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

- The practice did not have a formal induction programme for newly appointed members of staff. We were told that for the most recently appointed members of staff an informal induction had taken place with the practice manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, family planning, administering vaccinations and taking samples for the cervical screening programme.
- The practice did not have a system of annual appraisal for nursing and non-clinical staff. We were told learning



# Are services effective?

## (for example, treatment is effective)

needs were identified through discussion with individual staff members and they had access to online training. The GP's were up to date with required annual professional development and appraisal.

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

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice had recently initiated a programme of monthly multi-disciplinary team meetings to discuss and manage care plans for patients with complex medical needs, however we did not see minutes from these meetings to confirm this.

### 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. However, staff had not received formal training on the Mental Capacity Act. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

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

### Health promotion and prevention

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

- These included patient carers, those at risk of developing a long-term condition and those requiring advice on smoking. Patients were then signposted to the relevant service.
- A smoking cessation clinic was held at the practice led by a local smoking cessation advisor.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82.7%, which was comparable to the national average of 81.8%. 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 were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.6% to 100% and five year olds from 90.9% to 96.4%. The practice nurse told us they had extended appointment times for childhood immunisations with the recent addition of new vaccines to the immunisation schedule. This allowed for sufficient time to explain the expected benefits of immunisation and aimed to improve uptake rates. Flu vaccination rates for patients over 65 years of age were 76.1% which were at CCG average, and at risk groups 71.4% which were above national average.

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 that members of staff were courteous and very helpful to patients and treated people dignity and respect.

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

All of the 48 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring, professional, approachable and treated them with dignity and respect.

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

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

- 79% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 74% said the GP gave them enough time (CCG average 81%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 72% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 75% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

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

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%)

Staff told us that translation 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.

### 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. The practice identified patients who were carers at registration and these patients would be offered support and referral to the local carer's association if required. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their GP contacted them to offer support and/or referral to

## Are services caring?

counselling or local support services if required. We were told that as the practice was small the GPs knew their patients well and had in the past attended funerals to provide support for bereaved families.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS London Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice attended network meetings with other practices to discuss local needs and plan service improvements that needed to be prioritised. The practice reviewed referral rates and prescribing data to identify areas for improvement and ensure local guidelines were being followed.

- All patients had a named GP and vulnerable patients had alerts placed on their electronic records to highlight any special requirements, for example on the day appointments or longer appointments.
- The practice engaged in local enhanced services to identify patients at risk of hospital admission and create integrated care plans aimed at avoiding admissions.
- The practice offered GP and nurse-led chronic disease management including asthma/Chronic Obstructive Pulmonary Disease (COPD) and diabetes clinic.
- The practice had access to weekly in-house physiotherapy sessions that GPs could refer patients to as required, for example those with chronic musculo-skeletal problems.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Monthly multi-disciplinary team meetings were held to discuss and manage the needs of frail elderly patients and patients with complex medical needs. These were attended by a range of health professionals including district nurses, health visitors, community palliative care team, primary care navigator employed by Age UK and community mental health nurse.
- The practice ran twice weekly nurse-led baby clinics providing child health surveillance and childhood immunisations. The GP's also provided routine antenatal and postnatal care.
- Weekly well women and family planning clinics were held offering GP and nurse-led contraceptive advice, including insertion of Intra-Uterine Contraceptive Devices (IUCD) and cervical screening.

- The practice offered extended hour appointments three evenings a week for patients unable to attend the practice during normal working hours. Telephone consultations were also available with the duty doctor and there was the facility to request repeat prescriptions and book appointments online.
- There were disabled facilities and translation services available, however there was no hearing loop available in reception.
- The practice maintained a register of patients with learning disabilities and these patients were invited to annual health checks.
- GP's could refer to an in-house counselling service which ran once weekly at the practice for patients suffering with depression and anxiety.
- Dementia screening was offered opportunistically to patients at risk patients via prompts on the electronic records with onward referral to local memory services if required.
- The practice maintained a register of patients experiencing poor mental health and these patients were offered annual health checks and review of care plans. The practice had access to a community mental health nurse who attended the practice multidisciplinary team meetings. Patients were referred to local counselling services as required.

### Access to the service

The practice was open between 8.00am and 1.00pm and 2.00pm to 7.00pm Monday, Tuesday, Thursday and Friday and between 8.00am and 1.00pm on Wednesday. Consultations were from 9.00am to 11.30am Monday to Friday, from 3.00pm to 7.00pm Monday, Tuesday and Friday and 3.00pm to 6.30pm on Thursday. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments and telephone consultations were also available on the day for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mostly comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 65% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 54% patients described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 65% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64%, national average 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, on the practice website and through the practice complaints procedure leaflet.

The practice did not keep a log of complaints received and there were no examples of recent complaints available for us to review on the day of inspection. We were told complaints were discussed at the time they were raised, however there was no evidence to confirm these discussions took place or that learning was shared with staff to improve services.

# 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 did not have a statement of purpose which listed the current aims and objectives of the service. The practice had a vision to provide high quality emergency and patient-focused care that was responsive and accessible. This vision was displayed on the practice website and staff knew and understood this. The senior GP partner explained the plans for the future were to become a GP training practice and to expand the current services provided. The practice was part of a GP network federation which was exploring opportunities to expand service provision within the local community.

### Governance arrangements

The practice had a governance framework although some governance arrangements were not effectively managed in some areas.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff, however there was no formal schedule of review. We did not see evidence that all policies were followed, for example in reporting and reviewing significant events and infection control monitoring.
- There was an understanding of the performance of the practice through QOF data and local peer review.
- Internal audits were conducted and completed to monitor service and identify areas of improvement. The practice had undertaken one completed audit cycle in the last year.
- There was no effective or structured system for the recording, retrieval and circulation of minutes and actions from all practice led meetings. There was no evidence that information was shared with the wider practice team if they were not in attendance at practice meetings.

### Leadership, openness and transparency

The partners in the practice have the experience and capability to run the practice and ensure high quality care. They prioritise high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable.

The provider was aware of the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. However, we did not see documented evidence that the practice provided reasonable support and a verbal or written apology to people affected by unexpected or unintended safety incidents.

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

- Staff told us that the practice held weekly team meetings, although not all staff were able to attend due to part time working hours. Minutes of meetings were not formally recorded or circulated.
- 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.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and the Friend and Family Test. There was an active PPG which met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients feedback suggested the waiting area could be improved and as a result of this feedback the practice had the waiting area re-decorated. The PPG had also been involved in arranging disabled parking spaces for the practice with the local council.
- The practice gathered feedback from staff through weekly staff meetings and face to face discussion. Staff told us they would not hesitate to discuss any issues or concerns and that they felt involved and engaged to improve how the practice was run.

### Continuous improvement

The practice took part in peer review of referrals and unplanned admissions with local GP practices to ensure they were following best practice guidelines and to identify areas for improvement.

This section is primarily information for the provider

## 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 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>How the regulation was not being met:</b>  The registered person did not have suitable arrangements in place for assessing, reviewing and mitigating risks relating to the health and safety of patients.  12(1)(2)(a)(b)(c)(f).

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 registered person had not always maintained records which are necessary to be kept in relation to the management of the regulated activity.  17(1)(2)(a)(b)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>The registered person did not operate robust recruitment procedures including undertaking any relevant checks and maintaining up to date staff employment records.</b>  19(1)(a)(b)(2)(a)(3)(a)(b)