Dr Jasjeet Dua

Quality Report

75 Russell Road,
London W14 8HW
Tel: 0207 471 3210
Website:

Date of inspection visit: 13 December 2017
Date of publication: 26/02/2018

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 8 July 2015 – Good)

The key questions are rated as:

Are services safe – Good

Are services effective – Good

Are services caring – Good

Are services responsive – Good

Are services well-led - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Dr Jasjeet Dua Surgery on 13 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Continue to implement processes to increase their numbers of identified carers in order for them to receive appropriate care and support.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Dr Jasjeet Dua

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 another inspector and a GP specialist adviser.

Background to Dr Jasjeet Dua

Dr Jasjeet Dua, 75 Russell Road, London W14 8HW, http://www.kensingtonpark.co.uk provides primary medical services through a General Medical Services (GMS) contract within the London Borough of Kensington Chelsea. The services are provided from a single location to around 7000 patients. The local population is diverse in terms of levels of deprivation and affluence, ethnicity and household income with overall average life expectancy being higher than the national average. The practice population is young with a high proportion of 20-49 year olds.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. They had a number of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role, clinicians were trained to level 3 and non-administrative staff were trained to level 1. All clinicians had also received FGM (Female Genital Mutilation) training. All staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The nurse was the infection control lead and we saw the practice carried out annual infection control audits. The most recent one was carried out in August 2017 and we saw that the practice had completed the actions that had been identified.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste as it was collected weekly.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Good

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. There was a pharmacist attached to the practice to review patients on multiple medications.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, they carried out annual fire risk assessments, portable appliance testing (PAT) and calibration of all medical equipment.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when the practice found patients with certain diagnoses were not being prioritised by reception when making appointments, the practice reviewed its clinical system to ensure icons were placed on these patient's records to alert reception staff.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. All patients over 65 identified as being frail had a clinical review including a review of medication. Their clinical system provided a measure of the elderly frailty index (looking at 36 areas such as long-term conditions, polypharmacy and dependency). Those patients considered at risk of being moderately or severely frail were allocated to a named GP and offered care planning. The level of risk and those at high-risk are discussed at monthly MDT meetings with a District nurse and social worker. The practice also took part in the 'my care my way' programme.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice manager provided peer learning for the CCG learning set on pro-active management of Primary Immunisations and Pre-School Boosters as they were recognised as high performers. They provided advice and guidance on effective call/recall and DNA follow-up.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 83%, which was above the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These patients have a named GP and are actively case managed. We saw the practice had paper lists of these patients and computerised coded lists.

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

Good

Are services effective?

(for example, treatment is effective)

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the national average.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is higher than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 94%; CCG 91%; national 91%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had carried out an audit in relation to renal function for patients in receipt of an antibiotic used to treat bladder infections. On first audit they found of the 15 patients in receipt of the drug, 10 had low renal function. The practice then reviewed it protocol for prescribing this particular medication, specifically the contra-indicators in relation to patients. They then re-audited and found that of the 13 patients in receipt of the drug only 4 had low renal function.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. The overall exception reporting rate was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example the practice piloted a suite of templates, documents, protocols and safety alerts. They disseminated the information to all CCG practices within the area. They then held three workshops, which were well attended, to demonstrate the benefits of this to all practices.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 392 surveys were sent out and 82 were returned. This represented about 1.2% of the practice population. The practice was in line with most of its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 79% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 86%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; (CCG) - 86%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 88%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 87%; national average - 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The practice had appointed Farsi speaking councillors to cater for the needs of their local population.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. Reception staff were trained to encourage carers to self-identify when registering and there were posters in reception. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers (0.6% of the practice list). The practice was aware these figures were low and were working with the CCG to devise strategies to improve this. However, due to the local population culture they were finding it difficult to get some patients to define themselves as carers.

- There were information leaflets in the waiting room advising carers of various services that supported carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Good

Are services caring?

them a sympathy card. 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.

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

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 84%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.)
- The practice improved services where possible in response to unmet needs. For example, they provide enhanced health checks for homeless people including TB screening.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice promoted referrals to community clinics for cardiology, respiratory medicine, ophthalmology, musculoskeletal services - to provide a more rapid service than having to wait for hospital outpatient clinics.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice made use of OPRAC (Older persons rapid access service) which allowed patients to be assessed by an elderly care consultant without having to attend A&E. The OPRAC team also had access to pathology, imaging, physiotherapy and occupational therapy , to allow patient to be cared for and discharged home without a formal admission.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had created an asthma dashboard and made use of the CCG diabetes dashboard which gave them patient level data and highlighted the need for improvement or review for specific aspects of the patient's care, for example missing blood testing. They had achieved the highest target for diabetes management in the CCG in the last year.

Families, children and young people:

- We found there were systems 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group 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 and evening /Saturday appointments were available at the hub.
- Telephone and web consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- These patients were also offered services within the new "my care my way" service. They therefore had assigned case managers and Health and Social Care assistants to support them. They were also offered longer appointments within the MDT hub setting. Patients who were unable to attend were visited at home.
- We saw that homeless patients had longer appointments when needed and received enhanced health checks.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There was a primary care psychiatric liaison nurse on site to deal with more complex mental health needs.
- Some receptionists and HCAs had attended mental health awareness courses to allow them to recognise needs when seeing a patient at the desk with mental health issues.
- The practice had created a "mental health dashboard" which provided patient level data about their care, plans and tests to ensure that missing items were identified and dealt with.
- Patients with dementia were on a register and this was identified on a patient's homepage.
- Alerts also appeared on the home page to remind clinician's to consider assessment for dementia for those patients at risk.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 67% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 74%.
- 73% of patients who responded said they could get through easily to the practice by phone; CCG – 84%; national average - 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 75% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 66% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 58% of patients who responded said they don't normally have to wait too long to be seen; CCG - 59%; national average - 58%.

The practice was aware of their score for making an appointment and had recently changed their appointment system.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Sixteen complaints were received in the last year. We reviewed three complaints and found they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, we saw that when the practice received complaints from patients in relation to not receiving their repeat medication at the pharmacy, the practice reviewed it's systems to ensure that text messages were appropriately sent out to remind patients when they needed to attend reviews before any more medication could be issued.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- The practice held monthly staff events, dinners and lunchtime Fridays and staff stated they felt respected, supported and valued and were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

Good

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

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Constructive challenge from patients was welcomed and actively encouraged. There was an active patient participation group which met every three months. They submitted proposals for improvements to the practice management team , took part in staff recruitment panels and carried out and analysed patient surveys. We also saw they had an information table in reception that covered different topics every week such as shingles, flu or cancer care. Members of the PPG were present to provided verbal information to patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. They attended monthly learning sets facilitated by the CCG and the GPs and practice manager were CCG board members.
- They had an educational program within the practice where some of the GPs gave talks at the clinical meeting to update other clinicians on certain guidelines or treatment measures. In addition they had visiting consultant from various specialties who also attended these meetings on occasions for to provide lectures or informal case discussions.
- The practice had an extensive clinical teaching programme. They were a GP training practice and at the time of our visit there were two full time GP trainees and four medical students on attachment from Imperial college.The practice also provided training for physicians associates and practice nurses.
- The lead GP was involved in the development and testing of all new templates and electronic referral forms for accuracy (for example. a new dementia form and pathway) before being rolled out to all practices in North West London.
- Staff knew about improvement methods and had the skills to use them. The practice was piloting a new asthma template for a proposed service in developmentas part of the practice managers work with the Primary Care Commissioning Intentions Group (working with the CCG)
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Are services well-led?

Good

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.