

Knightsbridge Medical Centre

Quality Report

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Date of inspection visit: 23 September 2015

Date of publication: 14/01/2016

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Knightsbridge Medical Centre on 23 September 2015. Overall the practice is rated as good.

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

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

- There was an open and transparent approach to safety but the system in place was not always effective for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure that breaches of confidential patient information are reported, and patients affected are informed.
- Ensure there are effective systems implemented to monitor the transfer of data from email accounts no longer in use.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, a patient was given the wrong blood results due to reception staff incorrectly identifying them as another patient with the same date of birth. The patient had returned the results and received a verbal apology from the receptionist manager. The practice manager was informed and the event recorded. The reception staff were reminded verbally and by email of the process for giving out patients results, to ensure that confidentiality was not breached. We could see no evidence that the patient whose results had been given out, in error had been informed about the event.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had listened and responded to patient feedback about access to appointments and taken action to improve this.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. Staff had received inductions, regular performance reviews and attended staff meetings.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice carried out proactive care planning with an accountable GP offering continuity of care to patients over the age of 65 and worked closely with district nurses who case managed patients with complex needs. The practice used the BIRT2 and Frailty Index tools to identify patients at risk. Patients categorised as being high risk were managed by the accountable GP who carried out medical reviews and, care plans were agreed with the patients in conjunction with carers where necessary. There was a primary care navigator on site to support vulnerable older patients and facilitate access to a range of services. The practice had monthly multidisciplinary team meetings with social workers, district nurses, all the practice clinical staff and the primary care navigator to discuss at risk patients. The accountable GP was responsible for reviewing any emergency admissions on their case list to see if it was avoidable.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice maintained a long term risks register. Patients were identified for review by the practice nurse team; on a daily basis repeat prescriptions were scrutinised identifying patients with long term conditions (LTC). Patient's notes were reviewed to manage outstanding tests or examinations they needed. Patient's accessed assessments and blood tests in the chronic disease management clinic which was nurse lead. They were reviewed by the relevant Clinical Lead GP in an extended appointment clinic who reviewed the clinical condition, changed medication where necessary and agreed a management plan with the patient on an individual basis

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Arrangements were in place to safeguard children from abuse that reflected relevant legislation and local requirements. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk for example, children who were frequent attenders at A&E. Clinical staff held a monthly multidisciplinary team meeting with health visitors to ensure good professional links and regular discussion of at risk children, families of concern and chronically sick children. There was a weekly on site health visiting clinic, for all children under the age of five. Childhood immunisation rates for the

Good



Summary of findings

vaccinations given were above comparable CCG rates in 2014/15. Appointments were available outside of school hours for older children who were able to access three evening surgeries or at the weekend. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice offered easy access to advice and appointments with urgent problems via a telephone and triage appointment system

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients were able to access late evening commuter surgeries three evenings per week. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. This included a wide range of on-site services such as minor surgery, phlebotomy and smoking cessation appointments for patient convenience and accessibility, and health checks for eligible adults.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Patients were discussed at the weekly clinical meeting; a responsible GP was nominated to review patients who were placed on a case management register for discussion at the multi-disciplinary team (MDT) meeting. The case management plan was entered contemporaneously in the meeting to ensure that it is fully accessible to all healthcare professionals and Out of Hours (OOH) doctors to review. The primary care navigator attached to the practice, acted as the patient care co-ordinator and ensured that the agreed care plan was actioned. Patients and their carers had a single contact number at the practice if they had any questions. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

Summary of findings

regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It Carried out advance care planning for patients with dementia. The practice had good links with the memory assessment services. Eighty seven percent of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. A practice attached local consultant psychiatrist visited the practice annually. Management plans for patients with severe mental health were reviewed, ensuring that shared care prescribing protocols were in place, and patients were complying with their medicines. The practice had regular meetings with the community psychiatric nurse (CPN), who worked with patients referred by the practice in acute crisis. Patients with mild to moderate mental health issues, were referred to local IAPS (Improving Access to Psychological Therapies), and talking therapies, which provided rapid assessment and treatment.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing higher than the local and national averages. There were 463 survey forms distributed and 95 were returned.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 85% and a national average of 74%.
- 89% found the receptionists at this surgery helpful (CCG average 86%, national average 87%).
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 98% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 94% described their experience of making an appointment as good (CCG average 79%, national average 74%).

- 74% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, 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 33 comment cards which were all positive about the service of experienced. Many commented on the caring and professional nature of the doctors, the polite attitude of the reception staff and the respect and dignity they were shown. There were positive comments about the ease of accessing appointments.

We spoke with ten patients including three members of the patient participation group (PPG) during the inspection. Their experiences aligned with that highlighted in the comment cards and they were very satisfied with the care and treatment provided. Patients with children were positive about access for their children to see a GP and the service provided for them. One young person we spoke with felt positive about the advice the doctors gave them, they felt the practice was peaceful and quiet. Another patient told us that they preferred to be seen by more senior doctors, but felt there wasn't enough time during the appointment with the doctor.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure that breaches of confidential patient information are reported, and patients affected are informed.

- Ensure there are effective systems implemented to monitor the transfer of data from email accounts no longer in use.

Knightsbridge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Knightsbridge Medical Centre

The Knightsbridge Medical Centre is a single location surgery which provides a primary medical service through a Personal Medical Services (PMS) contract to approximately 8,500 patients

living in the surrounding areas of Belgravia, Brompton, Knightsbridge and Kensington and Chelsea in South West London. The practice operates in a purpose built building that is accessible to people with mobility needs. Consultation and treatments are provided across the ground and first floor.

The population groups served by the practice included a cross-section of socio-economic and ethnic groups. A relatively low proportion of patients (5.2% of the practice population) were aged over 75. There were also below average numbers of children cared for at the practice (4.9% of under 5s and 11.6% of under 18s). The practice had a higher than average population of working age adults (74.3%). The practice provides care and treatment to approximately 200 families from the local military accommodation.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical

procedures; and Treatment of disease, disorder or injury. At the time of our inspection, there were two GP partners (one male and one female) and a practice manager at the Knightsbridge Medical Centre. The practice also employed three salaried GPs (two male and one female), one GP locum (female), two practice nurses (one male and one female), eight administrative and receptionist staff. In addition the practice is a training practice and two GP registrars (female) were on placement at the time of our visit.

The practice is open 8:15am – 6:15pm Monday and Friday, and 8:15am – 8:00pm on Tuesday, Wednesday and Thursday. A weekend walk in service is available on Saturday and Sunday between 9:00am – 5:00pm. There is a range of appointment options available. Patients can phone on the day from 8.15am, for a same day appointment. Commuter surgeries were held three evenings per week. Patients had the option to book appointments on line up to two weeks in advance.

There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Access to the service is via the national NHS 111 call line. The NHS 111 team will assess the patient's condition over the phone and if clinically appropriate, will refer the case to the out of hour's service.

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

Detailed findings

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 23 September 2015. During our visit we:

- Spoke with a range of 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.
- 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)

During our visit we spoke with ten patients and a range of staff including two GP partners, one registrar, the practice nurse, the practice manager, reception/ administrative staff and a primary care navigator, as well as two district nurses and a health visitor. We reviewed 33 comments cards where patients who visited the practice in the week before the inspection gave us their opinions of the services provided. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We reviewed personal care plans and patient records and looked at how medicines were recorded and stored.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had come into the surgery to collect his blood results; the patient had received another patient's result with the same date of birth. The patient had returned the results and received a verbal apology from the receptionist manager. The practice manager was informed and the event recorded. The reception staff were reminded verbally and by email of the process for giving out patients results, to ensure that confidentiality was not breached. However, we could see no evidence that the patient's results that had been given out, in error had been informed about the event.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again. During the inspection we found that a clinical letter requiring a patient to be followed up dated May 2015 had been left in a GP computer scanned letters inbox, which was no longer being used. The letter had not been reviewed and the patient had not been followed up. This issue was raised with the senior partner on the day of the inspection. The practice submitted an action plan identifying how this event was managed. It included a detailed SEA, learning points from a root cause analysis (RCA) of the event; changes implemented included updating the Document Management Policy to include a new 'fail safe' back up protocol. The practice had followed the Duty of Candour guidelines in informing and supporting the patient whilst also offering an apology. The practice had also reported the event to the National Reporting and Learning System (NRLS).

Overview of safety systems and processes

The practice had clearly defined and embedded 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. There were two designated GPs safeguarding leads, one for children and one for vulnerable adults. 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 and the practice nurse had Level 3 child protection training, reception and administration staff had level 1.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw an external infection control audit dated November 2014, with an overall compliance rate of 99%.
- 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 carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and

Are services safe?

there were 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. There was a process in place to ensure that medicines were kept at the required temperature. We saw that checks of fridge temperatures was carried out twice daily and recorded. There was also appropriate arrangements in place for the storage of controlled drugs.

- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills, the fire alarm was tested weekly. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella which was last tested in March 2014.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for non-clinical staff. The practice had a buddy system in place; if a GP was away then their workload would be covered.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 GPs we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.
- The practice attended monthly Clinical Commissioning Group (CCG) led Clinical Learning Sets (CLS), where local practices met to discuss current clinical and organisational performance such as prescribing and emergency admissions. We saw evidence of this in the minutes of CLS meetings we looked at.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice used the BIRT2 and Frailty Index tools to identify patients at risk; they had identified 90 patients stratified as high risk. Patients categorised as being high risk were managed by an accountable GP who carried out medical reviews, care plans were agreed with the patients in conjunction with carers where necessary. The new Enhanced Service recommending care plans for 2% of at risk population had been met, with 180 patients identified on 'avoiding unplanned hospital admissions'

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 95.7% of the total number of points available, with 3.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average. Practice 96.7% and national 93.4%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. Practice 80.6% and national 83.1%.
- Performance for mental health related indicators was high than the national average. Practice 95.1% and national 86%.
- The dementia diagnosis rate was comparable to the CCG and national average.
- The practice used QOF data for patients with long term conditions and cancer diagnosis admitted to hospital. They looked at what GPs' did for patients before admission and diagnosis; findings were discussed at clinical meetings. As the practice manages the patients with LTC care in the practice this led to a reduction in outpatient referrals.

QOF indicators in the data pack that are highlighted for further enquiry included seasonal flu vaccinations, the GP we spoke with indicated this had been a long term problem for the practice and across the West London CCG. The practice offer the vaccination but a number of patients' declined the invitation.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits conducted in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included better identification and management of patients on Methotrexate and the introduction of new practice guidelines for prescribing their treatment. This included initiating blood monitoring before issuing a four week supply of the drug. When there was no up to date blood

Are services effective?

(for example, treatment is effective)

monitoring results, only a seven day supply would be issued until the patient's blood results were followed up. The practice participated in applicable local audits, such as a CCG prescribing incentive scheme.

Information about patients' outcomes was used to make improvements such as; The practice used QOF data for patients with long term conditions and cancer diagnosis admitted to hospital. They looked at what GPs' did for patients before admission and diagnosis; findings were discussed at clinical meetings. As a result emergency admissions for ambulatory care sensitive conditions were low; these conditions were effectively managed in the practice.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- The practice was a GP training practice, staff we spoke with told us they were well supported. GP trainees were able to access weekly tutorials, as well as daily debriefing opportunities with their trainer.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. 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.
- Patients who were identified as in a higher risk group were discussed at a monthly multi-disciplinary team and included district nurses and a health visitor.
- There were systems in place for sharing information with the out of hour's service. The practice used an IT care planning programme to share information; the letters went straight onto the practice's computer system. For patients who had been admitted to hospital or attended outpatients, letters were sent electronically.
- The referral system 'Choose and Book' was used by the practice, to electronically complete referrals. Administration staff follow up referrals to ensure that patients were seen within the two week referral period.
- 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The GP we spoke with told us that they would liaise with the community paediatrician or child psychiatrist if needed.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. For example, we were told of one patient that the GP had discussed their concerns with a social worker.
- There were written consent forms for patients having intrauterine contraceptive devices (coils) fitted, but this was not audited.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, obese patients were seen by the practice nurse to discuss weight management and could refer to a dietician if appropriate. Patients were then signposted to the relevant service.

- Smoking cessation clinic provided at the practice on Monday mornings, facilitated by a 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 81.6%, which was comparable to the national average of 81.8%. There was a policy of letters being sent out to patients as 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.5% to 94.1% and five year olds from 65.7% to 93.9%. Flu vaccination rates for the over 65s were 57.4%, and at risk groups 37.1%. These were also below to CCG and national averages. .

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. In 2014/2015 461 NHS health checks were completed which was 18% of patients, this was above the 15% national average.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms 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 confidential or sensitive issues they could offer them a private room to discuss their needs. The practice had confidentiality slips, allowing patients to write information down if they did not want to be overheard speaking with staff.

All of the 33 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said that 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 in line with CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 85%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. GPs clinical and diagnostic skills were admired and valued. 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 in line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw there were no notices in the reception areas informing patients this service was available. The translation service could be accessed by telephone during consultations, or patients were accompanied by people they knew who could interpret for them during consultations with clinicians.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. A primary care navigator (PCN) worked with the practice to support patients. We were shown an example of how the PCN supported an older patient who wanted to remain independent and remain living at home. There was a review of the patient's care package; they were supported to remain independent which was the outcome they wanted to achieve.

The practice followed the Gold Standards Framework for end of life care, working closely with the district nursing and palliative care teams to support patients and their families. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a card. This call was either followed by a patient consultation at a flexible time and to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. A planned merger with another local practice had resulted in Knightsbridge Medical Centre applying for an improvement grant with NHS England to remodel the premises to increase consulting rooms. A salaried GP works with the CCG as a mental health lead.

- The practice offered a 'Commuter's Clinic' on a Tuesday, Wednesday and Thursday evening until 8.15pm for working patients who could not attend during normal opening hours.
- There were longer (double) appointments available for carers (to carry out health checks) people with long term conditions and complex needs, and vulnerable patients, including those with a learning disability, and mental health problems.
- Home visits were available for older patients and patients who would benefit from these, including those discharged from hospital. There was a trigger alert on the practice's computer system for housebound patients.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities available on the ground floor, hearing loop and translation services available at the request of the patients.
- The practice had a lift that patients could use to access the first floor.
- The practice carried out proactive care planning with an accountable doctor offering continuity of care to patients over 65, and worked closely with district nurses who case managed patients with complex needs.
- The practice had a weekly on-site health visitor clinic. Any parent telephoning the practice with a sick child under two years could be seen in the clinic, or at the end of clinic.
- The practice offered a weekly anti-coagulation clinic that patients could access. There was also a phlebotomy clinic that was accessible Tuesday-Friday 9:00 to 5:00pm.

Access to the service

The practice was open between 8:15am – 6:15pm Monday and Friday, and 8:15am – 8:00pm on Tuesday, Wednesday and Thursday. A weekend walk in service is available on Saturday and Sunday between 9:00am – 5:00pm. There is a range of appointment options available. Patients can phone on the day from 8:15am, for a same day appointment. Commuter surgeries were held three evenings a week Tuesday, Wednesday and Thursday, up until 8pm. Patients had the option to book appointments on line up to two weeks in advance.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 74%).
- 95% patients described their experience of making an appointment as good (CCG average 80%, national average 74%).
- 74% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. The practice manager had oversight of the complaints process, speaking with patients face-to-face to discuss complaints and to facilitate prompt resolutions of concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system on the practice website. There was also detailed information in the practice leaflet about how to make a complaint, the management process and responses.

We looked at six complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way, there was openness and transparency in

dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, there was written evidence of discussions and actions taken when a complaint came in; as well as learning points from the complaint. We saw one example of feedback to staff ensuring there was clear communication to patients if carrying out procedures.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff that we spoke with knew and understood the values of the practice. The practice leaflet had a patient's charter that underpinned the values of delivering high quality care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff; patients could access policies on the website.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice used the quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed that it was performing broadly in line with national standards across the majority of indicators. QOF performance was reviewed to ensure quality of patient care was kept under scrutiny and enable improvement action to be taken.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had improved the number of clinics for the convenience

Are services well-led?

Good 

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

of patients. They now offered three evening clinics for patients who could not access the service during working hours. There had been discussion about the merger with another local practice, how this would be managed and incorporated into the practice.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were told the practice manager had an open door policy. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice would be merging with another local practice in December 2015; there was a planning strategy in place. From the 1 December 2015 the practice would be participating in the North West London (NWL) Whole Systems Integrated Care model of Care for all patients over 65 years.