

Newton Medical Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
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 Newton Medical Centre on 14 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, the practice recognised that clinical meetings needed to be minuted to provide documentary evidence of discussion of lessons learned and agreed decisions and action.
- Risks to patients who used services were assessed and managed. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There were some shortfalls in safeguarding training and in the practice's recruitment processes.

- 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 appropriate facilities and equipment 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 complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure all GP and nursing staff are trained in safeguarding children to the appropriate level in accordance with national guidance and address gaps in training in the safeguarding of vulnerable adults.
- Ensure all appropriate pre-employment reference checks are carried out and recorded in staff records.

In addition, the areas where the provider should make improvements are:

- Ensure clinical meetings are minuted to provide an audit trail of discussion and agreed decisions and actions.

- Produce a written cleaning schedule to show work completed and record monitoring checks.
- Organise and document regular fire drills.
- Display information in the patient waiting area about:

How to complain; and

The practice's vision and values.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. There was an incident investigation form but at the time of the inspection a written protocol for the handling of incidents was planned but not completed. The form included the date of the clinical meeting where the incident was discussed but no minutes were taken of these meetings to reflect these discussions.
- 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.
- Staff demonstrated they understood their responsibilities for safeguarding and we were told all had received safeguarding training. However, not all clinical staff had been trained to the level required in national guidance and there were gaps in the information about training undertaken by some staff.
- The practice maintained appropriate standards of cleanliness and hygiene. There was no written cleaning schedule but the practice was in the throes of producing one.
- The practice had up to date fire risk assessments, however there was no record of regular fire drills.
- There were recruitment policies and procedures in place including arrangements for pre-employment checks. However, we found that there were no written references on file for two recently appointed staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average in several areas.
- 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.

Summary of findings

- 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 patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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. For example, in partnership with the CCG the practice was organising a carers' event which would focus on carers of patients with a mental health condition.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and equipment to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However, the complaints notice and suggestion box in the reception area were not clearly visible behind the check in screen. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients was underpinned by its statement of purpose which set out the

Summary of findings

aims and objectives of the service. However, not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients at the practice.

- 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 not fully aware of the requirements of the Duty of Candour when we initially raised this but undertook to familiarise themselves with this immediately following the inspection. The partners nevertheless complied with these requirements and 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 but steps were being taken to increase membership and hand leadership of the group to the patient representatives.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Flu vaccinations were provided to older people in at-risk groups.
- The practice had monthly multidisciplinary meetings which involved social services, mental health, and nursing and pharmacy staff to allow a thorough review. A community primary care navigator also attended to help co-ordinate the care for any elderly patients who needed more support.
- The practice aimed to provide as many in-house services as possible including a falls clinic.
- The practice provided continuous care for nursing home patients and had a close relationship both with them and with the staff at the homes.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance for the majority of 2014/15 QOF indicators for long-term conditions was above average. Performance for diabetes related indicators was below the CCG and national average but the practice had addressed this and in the current year to date was the third best performing practice within the CCG area.
- Longer appointments and home visits were available when needed.
- All these patients saw the same GP and nurse practitioner had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Flu vaccinations were offered to all eligible and at risk patients.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 79% patients with asthma, on the register, have had an asthma review in the last 12 months that includes an assessment of asthma control. This was comparable with the national average of 75%.
- The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 68% and the national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The weekly baby clinic was combined with antenatal and post-natal reviews.
- Nursing staff ran a well woman clinic twice a month on Wednesday evenings by appointment.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- 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.
- If someone is too ill to work they were able to be seen on the same day if they attended the walk-in clinic available daily.
- 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. It was in the process of redesigning its website to further improve access.
- Services included advice on smoking cessation, weight loss and alcohol and drug advice. The practice nurse had recently won an award as one of the most successful stop smoking advisers in Central London.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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)

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

- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Performance for QOF mental health related indicators was below the CCG and national average. However, these had been reviewed and we were told had been low primarily due to coding issues. The practice anticipated higher scores for the current year.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- There were close links with the local mental health team, including regular meetings with a local psychiatrist and discussions with local personality disorder and drug services.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It provided an in house counsellor, cognitive behaviour therapist and a community psychiatric nurse.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing in line and above local and national averages. 462 survey forms were distributed and 89 were returned. This represented a response rate of 19% and just under 1% of the practice's patient list.

- 86% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 71%, national average 73%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The majority of the 16 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. A small number of less positive comments were received, for example about the lack of bookable appointments; discomfort experienced by older patients having to stand and wait in a queue for the walk in clinic; and a lack of sympathy shown by a doctor.

We spoke with eight patients during the inspection. The majority said they were happy with the care they received and thought staff were approachable, committed and caring. In response to the ongoing NHS Friends and Family Test, 89% of patients (of 96 who responded) would recommend the practice.

Newton 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 adviser, a practice manager specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Newton Medical Centre

Newton Medical Centre provides primary medical services through a Personal Medical Services (PMS) contract within the London Borough of Westminster. The practice is part of NHS West London Clinical Commissioning Group. The services are provided from a single location to around 9,400 patients. The practice has higher than average numbers of patients in the 25-39 age groups. Nine percent of registered patients are under the age of 16. Over half the practice population is white British and the rest of patients are a mix of ethnic backgrounds including Caribbean, African, Asian and Arab.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; and Treatment of disease, disorder or injury. The practice was planning to become a training practice.

At the time of our inspection, there were four permanent GPs (two male and two female) employed at the practice who normally provide 29 clinical sessions per week. However, two of the GPs were on maternity leave and their work was being covered by four locum GPs (three female

and one male) providing 15 clinical sessions per week. The practice also employed a practice manager (1 whole time equivalent (WTE)), two nurse practitioners (1.8 WTE), a practice nurse (1 WTE), a phlebotomist (0.3 WTE) a reception manager (1 WTE) and five administrative/reception staff (4.5 WTE).

The practice reception is open between 9:00am to 1:00pm Monday to Friday; 2:00pm to 7:15pm Monday to Wednesday; and 2:00pm to 6:30pm Friday. The practice is closed on Thursday afternoon. Appointments are from 3:00pm to 8:00pm Monday and Wednesday; 3:00pm to 7:30pm Wednesday; and 3:00pm to 6:30pm Friday. There is a daily walk in clinic from 9:00am until full. Extended surgery hours are offered for booked appointments up to 8:00pm on Monday and Wednesday. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that needed them. If patients wish to speak to a doctor telephone advice is also available.

There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The service was inspected previously in December 2013 under our former inspection arrangements when it was found to be compliant with the regulations inspected.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2016.

During our visit we:

- Spoke with a range of staff (three partner GPs, two of the maternity cover GPs, the practice nurse, a nurse practitioner, the practice manager, reception manager and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However, there was no written protocol for the handling of incidents. The practice manager was preparing to draft this and submitted the document to us shortly after the inspection.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports where lessons learned and action taken to improve safety in the practice were shared and recorded. The reports also included the date of the clinical meeting where these were discussed but no minutes were taken of these meetings to reflect the discussions. A recent example of a reported incident related to an internal lapse in the process of following up a patient referral where the expected timescales were exceeded. In investigating the incident the practice discussed the importance of adhering firmly to the practice referral protocol and reviewed the systems for scanning and saving documents. The practice also provided the patient with the full details of the investigation and follow up action taken.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients 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. Staff had ready access to details of who to contact for further guidance if they had concerns about a patient's welfare. However, these details were not included within the safeguarding policies and the

practice manager undertook to consider this. There were separate lead members of staff for safeguarding of children and 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 we were told all had received safeguarding training. However, the senior partner GP and two of the four locum GPs were not trained to safeguarding children level 3 as required and none of the nursing staff to level 2 as required. In addition details were not available at the inspection of the safeguarding children training undertaken by one of the locum GPs, one of the nurses, and the phlebotomist. We were told clinical staff had received training in safeguarding vulnerable adults but details of the training completed were not available for all staff.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received appropriate instruction 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. There was no written cleaning schedule but the practice was in the throes of producing one. One of the nurse practitioners was the infection control clinical lead and the practice manager was the non-clinical lead. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place which included the process to follow in the event of a needlestick injury. The infection control leads had undertaken update training and we were told had provided in-house cascade training for the rest of the practice team. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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

Are services safe?

the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment for some of the staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found that there were no written references on file for two recently appointed staff, a nurse and a GP. We were told the nurse had come straight from nurse training and verbal references were taken for the GP.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 which identified local health and safety representatives. The practice had up to date fire risk assessments, however there was no record of regular fire drills. 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager closely monitored staffing levels with the GP partners and produced a staffing rota two months in advance for all the different staffing groups to ensure that enough staff were on duty.

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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice carried out weekly checks on these medicines and all the medicines we checked during the inspection 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 and details of a local 'buddy' practice to whom the practice could turn to for support in the event of service disruption.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available (above the CCG and just below the national average) with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed.

- Performance for diabetes related indicators was below the CCG and national average: 70% compared to 80% and 89% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and just below the national average: 77% compared to 75% and 80% respectively.
- Performance for mental health related indicators was below the CCG and national average: 65% compared to 83% and 93% respectively.
- Performance for depression was significantly below the CCG and national average: 10% compared to 79% and 92% respectively.

Performance for the majority of clinical indicators was above CCG and national averages, including 10 at 100%. However, we discussed the performance for diabetes, mental health and depression with the practice. The practice had taken action to address these areas and improve performance. For diabetes the practice was now the third best performing practice within the CCG area. The scores for mental health and depression had been reviewed and we were told had been low primarily due to coding issues. The practice anticipated higher scores for the current year which fully reflected their performance now these issues were being addressed.

The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones reported in Health and Social Care Information Centre (HSCIC), Hospital Episode Statistics (HES) (01/01/2014 to 31/12/2014), was 5.25% above the national average. This was identified by CQC prior to the inspection as a 'very large variation for further enquiry'. We discussed this with the practice who had carried out a prescribing audit of antibiotics, including these medicines, in 2015. The practice found that prescribing for these medicines had decreased, although they were still significantly above CCG targets and prescribing of antibiotics as a whole had increased. Action was ongoing to focus on and keep under review antibiotic prescribing with a view to improving prescribing rates. This included clearer patient education about the use of antibiotics and prescribing targets.

The following was also identified by CQC prior to the inspection as a 'very large variation for further enquiry':

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) - Practice 70% National 90%.

The practice was now focusing greater attention on these patients to achieve higher rates of recording and we saw on patient records that alcohol consumption was flagged in patient notes.

Clinical audits demonstrated quality improvement.

- The practice provided evidence of eight clinical audits completed in the last two years; of these were three completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, as a result of an audit of antipsychotics prescribing for 16 patients suffering from dementia the prescribing was completely stopped for eight patients, reduced for two and medicines changed for one other. Work was ongoing to review six other patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as key policies and procedures, familiarisation with the staff handbook, IT systems, health and safety, emergency equipment and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The majority of staff had had an appraisal within the last 12 months and arrangements were in hand for those staff still due an appraisal.
- Staff received training that included: safeguarding, health and safety, 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 computer 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We saw an example of an assessment in patient records we reviewed.
- The process for seeking consent was recorded in patient records.

Supporting patients to live healthier lives

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 and those in at risk groups including vulnerable children and adults,

Are services effective?

(for example, treatment is effective)

patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service. For example, patients identified as obese were offered an exercise programme at a local leisure centre; their weight was monitored and advice on modifying diet was also given; blood tests were carried out to rule out risk of diabetes, high cholesterol, and cardiovascular disease.

- A dietician was available on the premises once a week and smoking cessation advice was provided by the practice nurse. A total of 1126 smokers had been identified and just over 87% had been offered cessation advice. 67 smokers had quit smoking in the last 12 months. The practice nurse had recently won an award as one of the most successful stop smoking advisers in Central London.

The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 68% and the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were appropriate follow up arrangements in place 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 generally above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 86% and five year olds from 59% to 85%.

Flu vaccination rates for the over 65s were 59%, and at risk groups 46%. The rates for over 65s were identified by CQC as a significant variation from national rates for further enquiry. The practice had attempted to address this opportunistically (for example during annual checks for patients with long term conditions) and by advertising the availability of the vaccinations, including text message reminders to eligible patients. The rates had also been affected by patients receiving vaccination at pharmacists, although figures for this were not available. Rates for at risk groups were comparable national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (10% completed) and NHS health checks for people aged 40–74 (completed for 24% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

The majority of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. A small number of less positive comments were received, for example about the lack of bookable appointments; discomfort experienced by older patients having to stand and wait in a queue for the walk in clinic; and a lack of sympathy shown by a doctor.

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

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

- 84% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 81%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 92%)

- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86, national average 90%).
- 83% said they found the receptionists at the practice helpful (CCG average 82%, national average 87%)

Care planning and involvement in decisions about care and treatment

Most patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also mostly 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:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%)
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. At the time of the inspection the practice was conducting a survey of patients with carers to improve the identification of carers. Survey forms were available in

Are services caring?

reception and the survey was advertised in the practice newsletter. Written information was available to direct carers to the various avenues of support available to them. They were also signposted to support services. In partnership with the CCG the practice was organising a carers' event which would focus on carers of patients with a mental health condition.

Staff told us that if families had suffered bereavement, the practice provided support to meet the family's needs including them advice on how to find a support service. There was also on site counselling provided to whom patients could be referred or could self-refer.

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.

- The practice offered extended hours clinics on a Monday and Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, for example patients with complex needs and those with a learning disability and mental health problems.
- There were close links with the local mental health team, including regular meetings with a local psychiatrist and discussions with local personality disorder and drug services.
- Home visits were available for older patients and patients who would benefit from these.
- For children and mothers both morning walk-in clinics and a weekly baby clinic were available. The baby clinic was combined with antenatal and post-natal reviews with health visitors, a practice nurse and GPs available at the same time.
- There were disabled facilities, a hearing loop and translation services available.
- There was a monthly falls clinic on Fridays by appointment only. A clinical falls specialist offered advice on the exercise regime needed for rehabilitation of patients who had had a fall.
- Patients with long term conditions such as diabetes, asthma and COPD, were called in at least once a year for reviews.

Access to the service

The practice reception was open between 9:00am to 1:00pm Monday to Friday; 2:00pm to 7:15pm Monday to Wednesday; and 2:00pm to 6:30pm Friday. The practice was closed on Thursday afternoon. Appointments were from 3:00pm to 8:00pm Monday and Wednesday; 3:00pm to 7:30pm Wednesday; and 3:00pm to 6:30pm Friday. There was a daily walk in clinic from 9:00am until full. Extended surgery hours were offered for booked appointments up to 8:00pm on Monday and Wednesday. In addition to

pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. If patients wished to speak to a doctor telephone advice was also available.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice leaflet and on the website. However, the complaints notice and suggestion box in the reception area were not clearly visible behind the check in screen.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned and action was taken to as a result to improve the quality of care. For example, following a complaint about the availability of appointments during the daily walk in clinic, the practice recognised that better communication was

Are services responsive to people's needs?

(for example, to feedback?)

necessary about the operation of the clinic. Patients were informed that because of high demand the clinic opened at 9:00am and now operated until all appointments were taken, with the exception of emergencies.

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.

- As stated in the practice's statement of purpose which set out the aims and objectives of the service, the practice was committed to providing the best possible quality service for patients within a confidential and safe environment. Not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients at the practice. However, the practice manager told us she was developing a patient charter which would be discussed and agreed with the PPG and practice staff before being communicated to patients.
- The practice had a robust strategy and supporting business plans which reflected its 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was 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 had taken steps recently to strengthen governance arrangements. However, the practice recognised that weekly clinical meetings needed to be minuted to provide documentary evidence of discussion and agreed decisions and actions.

Leadership and culture

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

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

The provider was not fully aware of the requirements of the Duty of Candour when we initially raised this but undertook to familiarise themselves with this immediately following the inspection. The partners nevertheless complied with these requirements and 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 gave 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 the practice held regular team meetings and we saw records of the meetings held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice scored 4.5 stars on the NHS choices for comments posted about the service received and responded on the website to feedback received. There was an active PPG which met regularly, carried out patient surveys

Are services well-led?

Good 

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

and discussed proposals for improvements with the practice management team. For example, it was agreed that the practice would to organise two educational events for its patients covering medicines management and physiotherapy and falls prevention.

- The practice had recognised the PPG was practice led and had a small and transient membership. It was taking action to address these issues which included forming a PPG committee and identifying a PPG chairperson and continuing to advertise the PPG to encourage new membership.
- The practice had 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. 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 continuously seeking to improve outcomes for patients within the area it served. The practice was proud of the folder produced with input from the PPG of services available for patients with mental health conditions which was available in the waiting area.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have adequate arrangements in place to ensure care and treatment to patients was provided in a safe way. In particular safeguarding training was insufficient to meet national guidance and ensure staff had the competence and skills to protect patients against risks in this area.</p> <p>Regulation 12 (1), (2) (c)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>People who use services were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment reference checks are carried out and recorded prior to a staff member taking up post.</p> <p>Regulation 19 (1)(a), (2)(a) and 3(a)</p>