

# Parkview Centre for Health & Wellbeing (Dr Canisius & Dr Hasan)

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkview Practice (Dr Canisius & Dr Hasan) 10 February 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Patients did not always receive a verbal and written apology.
- Risks to patients were assessed and well managed, with the exception of those relating to staff recruitment checks.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.

- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- 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.

The areas where the provider must make improvements are:

- Investigate safety incidents thoroughly, ensure lessons learned are communicated widely enough to support improvement and people affected receive reasonable support and a verbal and written apology.

# Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff and these are documented.
- Establish a system to keep all clinical staff up to date with current evidence based guidance and standards to deliver care and treatment that meet peoples' needs.

In addition the provider should:

- Develop a programme of continuous clinical and internal audit and re-audit to monitor quality and to make improvements.
- Develop multidisciplinary team meetings to engage with relevant health and social care professionals to deliver a multidisciplinary package of care for patients with complex needs and ensure records are kept of these meetings.
- Develop a practice policy to follow up patients who did not attend for their cervical screening test.

- Advertise the interpreting service within the practice to inform patients of this service.
- Develop a strategy or business plan to reflect the practice vision and values.
- Establish a patient participation group (PPG) to gather feedback from patients.
- Strengthen governance arrangements for practice meetings including standing agenda items and minuting of all meetings.
- Undertake a regular analysis of the results of the Friends and Family Test survey and communicate with staff and patients any action being taken by the practice in response to this feedback.

**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, as there are areas where improvements must be made.

- 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. People did not always receive a verbal and written apology.
- 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.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements must be made.

- Knowledge of and reference to national guidelines were inconsistent.
- There was little evidence that audit was driving improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similar to the national averages 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.

**Good**



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



# Summary of findings

- 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.
- 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 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 the practice responded quickly to issues raised.

## Are services well-led?

The practice is rated as requires improvement for providing well led services, as there are areas where improvements must be made.

- The practice had a clear vision to deliver high quality care, create peace of mind for patients and address health inequalities however there was no formal strategy or business plan in place to reflect the vision and values.
- There was no programme of continuous clinical and internal audit and re-audit used to monitor quality and to make improvements.
- A comprehensive understanding of the performance of the practice was not maintained.
- Practice meetings including clinical meetings, were not routinely recorded and minuted. There were no standing agenda items for practice meetings to ensure actions raised from previous meetings had been addressed.
- The practice had not proactively sought feedback from patients and did not have a patient participation group.
- Not all staff were aware of or complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents not all affected people were provided with reasonable support and a verbal and written apology.
- There was a clear leadership structure and staff felt supported by management.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Longer appointments were available for older people when needed.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 57% which was below the national average of 73%.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination in the preceding 12 months was 92% and the national average was 88%; the percentage of patients of patients with diabetes on the register whose last measures total cholesterol (measured in the last 12 months) was 5mmol/l or less was 77% and the national average was 81%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was similar to the national average of 84%.
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Cervical screening programme uptake was 67%, which was below the national average of 82% and there was no practice policy in place to offer telephone reminders for patients who did not attend for their cervical screening test.
- Immunisation rates for the standard childhood immunisations were comparable with the national averages.
- 74% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which was similar to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

**Requires improvement**



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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

**Requires improvement**



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of vulnerable people. The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 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.

Requires improvement



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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had received a comprehensive agreed care plan in the last which is above the national average of 88%.
- < > The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement





# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 451 survey forms were distributed and 91 were returned.

- 78% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 73%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received.

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

## Areas for improvement

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

- Investigate safety incidents thoroughly, ensure lessons learned are communicated widely enough to support improvement and people affected receive reasonable support and a verbal and written apology.
- Ensure recruitment arrangements include all necessary employment checks for all staff and these are documented.
- Establish a system to keep all clinical staff up to date with current evidence based guidance and standards to deliver care and treatment that meet peoples' needs.

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

- Develop a programme of continuous clinical and internal audit and re-audit to monitor quality and to make improvements.

- Develop multidisciplinary team meetings to engage with relevant health and social care professionals to deliver a multidisciplinary package of care for patients with complex needs and ensure records are kept of these meetings.
- Develop a practice policy to follow up patients who did not attend for their cervical screening test.
- Advertise the interpreting service within the practice to inform patients of this service.
- Develop a strategy or business plan to reflect the practice vision and values.
- Establish a patient participation group (PPG) to gather feedback from patients.
- Strengthen governance arrangements for practice meetings including standing agenda items and minuting of all meetings.
- Undertake a regular analysis of the results of the Friends and Family Test survey and communicate with staff and patients any action being taken by the practice in response to this feedback.

# Parkview Centre for Health & Wellbeing (Dr Canisius & Dr Hasan)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

## Background to Parkview Centre for Health & Wellbeing (Dr Canisius & Dr Hasan)

Parkview Practice provides GP primary medical services to approximately 5,000 patients living in the London borough of Hammersmith and Fulham. The patient population groups served by the practice include a cross-section of socio-economic and ethnic groups.

The practice team is made up of two female and two male GPs providing 21 sessions, two practice nurses, two Health Care Assistants, a practice manager and six administrative staff.

The practice opening hours are between 8:00am – 8:00pm Monday to Friday and 9:00am -12:00pm on Saturdays. Appointments were from 9:00am – 6:30pm on Monday, Wednesday and Friday; 9:00am-8:00pm on Tuesday and Thursdays; 9:00am-12:00pm on Saturdays. Home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice refers patients to the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services; surgical procedures; diagnostic and screening procedures; treatment of disease, disorder or injury.

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

In February 2016 the practice had received an award from Imperial College London's Faculty of Medicine as an Academic Flagship Practice in recognition of the practice's contribution to teaching, training, research and service development.

## 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 February 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice nurse, practice manager and administrative 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

The system in place for reporting and recording significant events required improvement.

- 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.
- The practice did not carry out a thorough, documented analysis of significant events and there was no lead identified within the practice for the management of these.

We were provided with one example of a significant event which occurred in 2015, however there was no evidence provided to demonstrate significant events being consistently recorded and learned from over time. However, the significant event we discussed with staff which occurred in 2015 demonstrated lessons were learned to prevent reoccurrence of a similar incident. For example, as a result of the significant event which related to a prescribing error, staff were reminded of the necessity to utilise a quiet room within the practice and not receive any interruptions whilst completing prescribing administration work.

The partners encouraged a culture of openness and honesty however not all staff were aware of or complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents not all affected people were provided with 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 systems and processes in place to keep patients safe and safeguarded from abuse, required improvement:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities

and all had received training relevant to their role. GPs were trained to Safeguarding level 3. The practice was participating in the 'Connecting Care for Children' (CC4C) scheme which addresses the high rates of paediatric A&E use and paediatric outpatient attendance across North West London. The scheme is led by paediatricians at Imperial College Healthcare NHS Trust who support GPs to facilitate advice and care for children within home and community settings.

- A notice at reception and within the treatment rooms advised patients that chaperones were available 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. One of the Health Care Assistants was the infection control clinical lead. 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.
- 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 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 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.
- We reviewed nine personnel files and found documentation to demonstrate appropriate recruitment checks had been undertaken prior to employment was incomplete. For example, references, qualifications and registration with the appropriate professional body were documented however, proof of identification and the appropriate checks through the Disclosure and Barring Service (DBS) were not available

# Are services safe?

within the staff files. We discussed this with one of the GP partners and were told the identification of staff was checked but not recorded and the DBS checks were sent directly to staff home addresses.

- There were failsafe 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 and the practice had up to date fire risk assessments and carried out 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. There was a rota system in place 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 was 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 was in the process of developing a business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We were not assured that 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.

- There was no system in place to keep all clinical staff up to date to deliver care and treatment that met peoples' needs. Clinical meetings were not routinely minuted or recorded and there was no standing agenda for these meetings to ensure staff are updated with clinical guidance as necessary.
- There was no evidence 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 94% of the total number of points available, with 22% 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). We asked clinical staff about the high exception reporting rate but staff we spoke with were unable to account for this figure. Data from 2015 showed;

- Performance for diabetes related indicators was similar to the national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination in the preceding 12 months was 92% and the national average was 88%; the percentage of patients of patients with diabetes on the register whose last measures total cholesterol (measured in the last 12 months) was 5mmol/l or less was 77% and the national average was 81%.

- The percentage of patients with hypertension having regular blood pressure tests was 83% which was similar to the national average of 84%.
- Performance for mental health related indicators was similar to the national averages. For example, the percentage of patients with schizophrenia, bipolar effective disorder and other psychoses who have received a comprehensive agreed care plan in the preceding 12 months was 100% and the national average was 88%; the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face consultation was 80% and the national average was 84%.

There was little evidence that audit was driving improvement in performance to improve patient outcomes.

- There was one clinical audit undertaken in the twelve months which was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, as a result of the audit of 2015 relating to cervical smear testing, the practice had reduced its percentage of inadequate smear tests requiring another sample to be taken by 2%. Learning from the audit included further training for clinicians with high rates of inadequate smears and all abnormal smear results to be conveyed to patients by a clinician and ensure a follow up colposcopy appointment is arranged.

### 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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an



# Are services effective?

## (for example, treatment is effective)

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.

- 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. All staff were in the process of receiving appraisals with the newly appointed practice manager.
- Staff received training that included: safeguarding, fire procedures, 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 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. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent. Staff told us some of the multidisciplinary meetings had not been held since October 2015 but these were to recommence with the recent employment of a new practice manager.

### 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not monitored however through records audits.

### 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. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice nurse.
- Patients requiring diet and weight management advice were referred where appropriate to 'Foundations UK' which delivers services related to obesity, weight management and wellbeing in the community.

The practice's uptake for the cervical screening programme was 67%, which was below the national average of 82% and there was no practice policy in place to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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 63% to 89% and five year olds from 53% to 85%.



# Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 57%, which was below the national average of 73%. We asked clinical staff about the low flu vaccination rates however staff we spoke with were unable to account for this.

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 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.

All of the 29 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.

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 comparable to the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 83%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).

- 84% 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 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 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:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%)
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, 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 areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the practice foyer told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients of the practice list as carers. The practice had appointed the senior receptionist as the 'Carers Champion' who provided patients with written information to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and this call was either followed by a patient consultation 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. The GP partners had analysed the Joint Strategic Needs Assessment data and had identified the priorities to meet the needs of the practice population which included childhood poverty and obesity, End of Life care, dementia and physical activity.

The partners had recognised the practice location was within the most deprived ward in Hammersmith and Fulham. The practice was working in collaboration with the 'White City Enterprise' which aims to improve and transform community engagement to make a difference to quality of life and life chances for all sections of the community.

- The practice offered appointments 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 with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice website had a translation function for patients to be able to read all the information about the practice in their preferred language.

### Access to the service

The practice was open between 8:00am – 8:00pm Monday to Friday and 9:00am -12:00pm on Saturdays. Appointments were from 9:00am – 6:30pm on Monday, Wednesday and Friday; 9:00am-8:00pm on Tuesday and Thursdays; 9:00am-12:00pm on Saturdays. Extended

surgery hours were offered from 9:00am-12:00pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 78% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 53% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, 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.
- One of the GP partners managed clinical complaints and the practice manager was the designated responsible person who handled all non-clinical complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice leaflet and on the practice website.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of complaints received relating to appointments the practice had reviewed the appointments system to improve access for patients.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and create peace of mind for patients.

- The practice had a mission statement which included addressing health inequalities and staff knew and understood the values, however this was not advertised to patients.
- The practice did not have a formal strategy or business plan in place to reflect the vision and values.

### Governance arrangements

The practice governance framework to support the delivery of good quality care required improvement.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was no programme of continuous clinical and internal audit and re-audit used to monitor quality and to make improvements.
- A comprehensive understanding of the performance of the practice was not maintained.
- Practice meetings including clinical meetings, were not routinely recorded and minuted. There were no standing agenda items for practice meetings to ensure actions raised from previous meetings had been addressed.

### Leadership and culture

The partners in the practice had 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 they were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty however not all staff were aware of or complied

with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents not all affected people were provided with reasonable support and a verbal and written apology.

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

- 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. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged 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 processes for seeking patient feedback and engaging patients in the delivery of the service were in development.

- The practice did not have a patient participation group (PPG) to gather feedback from patients. The practice manager told us the practice were in the process of developing a 'virtual' PPG to gain patient feedback via email. The practice was seeking feedback through the 'Friends and Family Test' survey and we observed this was available for patients to complete on the practice website. However, there was no formal analysis of the results of this survey or communication with staff or patients on action being taken by the practice in response to the feedback.
- The practice had gathered feedback from staff generally 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. For example, staff told us they had requested the reception area to be manned by two members of staff at all times to effectively manage patient telephone calls and administrative functions and this suggestion had been implemented by management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Significant events were not routinely recorded and learning from incidents was not widely communicated with staff. People affected did not always receive a verbal and written apology.</p> <p>Incidents that affect the health, safety and welfare of people using services must be reported internally and to relevant external authorities/bodies.</p> <p>They must be reviewed and thoroughly investigated by competent staff, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result.</p> <p>Outcomes of investigations into incidents must be shared with the person concerned and, where relevant, their families, carers and advocates. This is in keeping with Regulation 20, Duty of candour.</p> <p>This was in breach of regulation 12 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Requirement notices

Knowledge of and reference to national guidelines were inconsistent. There was no system in place to keep all clinical staff up to date with current evidence based guidance and standards to deliver care and treatment that meet peoples' needs.

Providers should read and implement relevant nationally recognised guidance and be aware that quality and safety standards change over time when new practices are introduced, or because of technological development or other factors.

This was in breach of regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.