

# Dr Michael McKeown

## 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Michael McKeown on 9 July 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2015 inspection can be found by selecting the 'all reports' link for Dr Michael McKeown on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to check the provider had taken the action we said they must and should take and was an announced comprehensive inspection on 8 June 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice had taken the action we said it must take at our July 2015 inspection to ensure safety incidents were recorded, reviewed and shared with staff.
- The practice now had clearly defined and embedded systems to minimise risks to patient safety. It had

taken the action we said it must take at our July 2015 inspection to ensure staff had access to medical oxygen in the event of a medical emergency and confidential patient records were stored securely.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The practice had taken the action we said it must take at our July 2015 inspection to ensure staff received up to date training relevant to their roles.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and, in response to action we said it should take at our July 2015 inspection, the complaints procedure was now easily accessible to patients. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

# Summary of findings

- The practice had adequate 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 was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Consider including external safeguarding contact details within the practice's safeguarding policy documents.
- Continue action to improve QOF performance in areas where performance has been below CCG and national averages.

- Monitor understanding of Gillick and Fraser guidelines to ensure staff knowledge remains up to date.
- Continue to monitor uptake of cervical screening and childhood immunisations to secure improved uptake performance.
- Promote the system for identifying and supporting carers to ensure it is fully embedded and maintained within the practice.
- Consider the introduction of a more structured, planned programme of clinical audit to drive improvement in patient outcomes.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 2015/16 data from the Quality and Outcomes Framework was mixed showing eight clinical indicators where performance was above and eleven below average. Indicators where performance was significantly below average included: depression, diabetes, heart failure and stroke and transient ischaemic attack. Unpublished 2016/17 data showed some improvement in performance in three of four of these indicators.
- Procedures to were now in place to monitor or recall patients who required cervical screening or childhood immunisations. Improvement in performance of screening and immunisations uptake was anticipated with the appointment of a nurse to actively oversee monitoring and recall.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- End of life care was coordinated with other services involved.

## 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 higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found initially the practice had not taken action to set up alerts to GPs on the computer system if a patient was also a carer, and was unable to say readily how many patients on the practice list had been identified as a carer. However, immediately after the inspection the practice provided evidence that it had addressed this and now had alerts in place and a carers register. However, further work would be necessary to ensure the carers register and its maintenance was fully embedded within the practice.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The principal GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- The practice undertook clinical audit to drive quality improvement. However, there was no formal audit programme in place.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

# 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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- A community pharmacist was attached to the practice who could offer medicines reviews, in the home where necessary, for patients on multiple medications in order to optimise safety and compliance.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Referrals to other services including physiotherapy, a falls clinic, and the memory clinic were made to support this group of patients.

### People with long term conditions

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

Good



- The nursing had a lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for Diabetes related indicators was lower than average: 75% compared to the CCG average of 85% and national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

# Summary of findings

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.

## Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation uptake rates for the standard childhood immunisations were mixed. For example, performance against national targets was above standard for two of the age two and under targets but below standard for two others. For five year olds, for MMR doses 1 and 2, uptake rates were below CCG and National averages.
- Patients told us, on the day of inspection, 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.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal and post-natal and child health surveillance clinics.

Good



## 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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours one day a week.
- 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.
- The practice offered women's and men's health clinics.

Good



## 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 housebound patients, carers, those with a learning disability, and patients receiving end of life care.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. This included opportunistic screening which was routinely offered to high risk patients. The practice worked with the community matron in the support and care of these patients, with family involvement.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health need.
- QOF performance was above CCG and National averages for mental health related indicators.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment. This included referral to a local memory service.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed 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 most recent national GP patient survey results published at the time of the inspection (July 2016) showed the practice was performing in line with and often above local and national averages. Of 325 survey forms distributed 102 were returned. This represented just under 5% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the May and June 2017 NHS Friends and Family Test showed 100% of the 22 patients who responded were either extremely likely or likely to recommend the practice to friends or family.

## Areas for improvement

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

- Consider including external safeguarding contact details within the practice's safeguarding policy documents.
- Continue action to improve QOF performance in areas where performance has been below CCG and national averages.
- Monitor understanding of Gillick and Fraser guidelines to ensure staff knowledge remains up to date.

- Continue to monitor uptake of cervical screening and childhood immunisations to secure improved uptake performance.
- Promote the system for identifying and supporting carers to ensure it is fully embedded and maintained within the practice.
- Consider the introduction of a more structured, planned programme of clinical audit to drive improvement in patient outcomes.

# Dr Michael McKeown

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, and an Expert by Experience.

## Background to Dr Michael McKeown

Dr Michael McKeown, also known as Kynance Practice, provides GP led primary care services through a General Medical Services (GMS) contract to around 2,100 patients. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS West London (Kensington and Chelsea, Queen's Park and Paddington) Clinical Commissioning Group (CCG).

The practice staff comprise a male GP principal; a part-time practice business manager; a part-time practice nurse; a personal assistant to the principal GP; a part-time senior administrator; and two part time receptionists/administrative staff. The principal GP provides ten clinical sessions a week. At the time of the inspection, the practice had initiated action to recruit a salaried GP.

The practice is located in a converted residential property with one consulting room on the ground floor, and a treatment room on the first floor.

The practice is open between 8am and 6.30pm Monday to Friday. Walk-in appointments are available from 9am to 10.45am Monday to Friday. Pre-booked appointments are available from 11am to 12.45pm every weekday, and 2pm

to 6pm Monday, Tuesday and Thursday; and 2pm to 6.15pm on Fridays. Extended hours are offered on Thursday evening between 6.30pm and 8pm. Urgent appointments are also available for people that needed them.

Appointments can be booked in advance over the telephone, online or in person. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to an out-of-hours GP, or the NHS 111 service.

The practice has a higher percentage when compared to national averages of patients aged 65 and over (25% compared with 17%); aged 75 and over (13% compared with 8%); and aged 85 and over (4.7% compared with 2.3%). The practice has a lower percentage when compared to national averages of patients under the age of 18 (9% compared with 21%); aged 5 to 14 (5% compared to 12%) and aged 0 to 4 (2.4% compared to 5.8%).

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

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Michael McKeown on 9 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services and we identified action the provider must and should take to improve the quality and safety of services provided.

We also issued requirement notices to the provider in respect of safe care and treatment; good governance; and

# Detailed findings

staffing. We undertook a further announced comprehensive inspection of Dr Michael McKeown on 8 June 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the July 2015 inspection can be found by selecting the 'all reports' link for Dr Michael McKeown on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 8 June 2017. During our visit we:

- Spoke with a range of staff (the principal GP, a locum GP, the practice business manager, practice nurse, PA to the principal GP, and a receptionist) and spoke with patients who used the service, including two members of the Patient Participation Group.
- Observed how patients were being cared for in the reception area 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.

- Visited the single practice location.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 9 July 2015, we rated the practice as requires improvement for providing safe services as there were deficiencies in the arrangements for reporting and recording significant events, incidents, and near misses; accessing medical oxygen in an emergency; ensuring cleaning in the practice was performed to appropriate standards; and the completion of staff training such as safeguarding, infection control, and health and safety.

These arrangements had significantly improved when we undertook a follow up inspection on 8 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our July 2015 inspection we found there was a system in place for reporting and recording

incidents, near misses and significant events, however this was not being followed as staff had not documented significant events reviews since 2010. We said the provider must take action to ensure safety incidents are recorded, reviewed and shared with staff.

At our latest inspection we found significant events that had occurred in the last year had been documented in the practice's significant events folder and we saw evidence from minutes that these were shared with staff and were now a standing item on the agenda of regular practice meetings.

### Overview of safety systems and process

The practice now had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies did not include who to contact for further guidance if staff had concerns about a patient's welfare. However, contact details were readily accessible to staff and were displayed in all rooms in the practice and at reception. The practice nevertheless undertook to include these details within

the safeguarding policy documents. The Principal GP was the lead member of staff for safeguarding. He attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- At our July 2015 inspection we found gaps in staff safeguarding training. At our latest inspection, staff interviewed demonstrated they understood their responsibilities regarding safeguarding and all had now received up to date training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses to level two and administrative staff to level 1.
- In response to action we said the provider should take at our July 2015 inspection, a notice in the waiting room now advised patients that chaperones were available if required. All staff who may need to act as chaperones were now trained for this role and had received a Disclosure and Barring Service (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. In response to our July 2015 inspection, there were now cleaning schedules and monitoring systems in place. The principal GP was the infection prevention and control (IPC) clinical lead, supported by the practice nurse who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and gaps in training identified at our July 2015 inspection had been addressed. All staff had now received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The majority of actions identified in a comprehensive September 2016 audit led by the practice nurse had been implemented and the practice had plans in place to address other areas in order to comply with infection control guidelines.

## Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. On the day of the inspection we found that only partial records of prescription serial numbers were kept which did not ensure full monitoring. However, the practice addressed this immediately after the inspection and put in place a system to ensure every prescription number in each printer was logged. 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 example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment, carried out regular fire drills and had a fire evacuation plan in place. In response to our July 2015 inspection, staff had now received up to date fire safety training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order and we saw the latest certificates for these checks.

- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- At our July 2015 inspection we found patients' paper records were stored on open shelves behind the reception desk and were therefore not secure. At our inspection of 8 June 2017 this had been addressed and these records were now stored securely off-site.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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, in response to action we said the provider must take at our inspection of July 2015, oxygen with adult and children's masks was now available. 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. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 9 July 2015, we rated the practice as good for providing effective services. However, we said there were areas where the provider should take action to improve in relation to further staff training appropriate to their roles and by putting in place procedures to monitor or recall patients who required cervical screening or childhood immunisations.

These deficiencies had been addressed when we undertook a follow up inspection on 8 June 2017. The provider is now rated good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' needs.
- The practice monitored that these guidelines were followed and used this information to develop how care and treatment was delivered to meet needs.

### 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 77% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 92%.

Exception rates for the following clinical indicators were significantly higher than the CCG or national averages. (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):

- Dementia: 22% compared to the CCG average of 14% and national average of 13%.

- Mental Health: 23% compared to the CCG average of 9% and national average of 11%.

We discussed this data with the practice who were unable to offer any explanation for these exception rates.

Data from 2015/16 showed eight clinical indicators where performance was above and eleven below average.

- Performance for mental health related indicators was higher than the CCG and national averages: 100% compared to the CCG average of 88% and national average of 93%.

Indicators where performance was significantly below average included:

- Depression related indicators: 0% compared to the CCG average of 79% and national average of 96%.
- Diabetes related indicators: 75% compared to the CCG average of 85% and national average of 90%.
- Heart Failure related indicators: 35% compared to the CCG average of 93% and national average of 99%.
- Stroke and transient ischaemic attack: 69% compared to the CCG average of 93% and national average of 96%.

We discussed these results with the practice who suggested that the especially low figures related to coding issues which they undertook to review. The lack of a practice nurse had impacted more generally on QOF, in particular in the management and support of long term conditions. However, the practice had made some improvement in QOF outcomes. Unpublished data for 2016/17 showed performance for depression at 14%; diabetes at 69%; heart failure at 69% and stroke and transient ischaemic attack at 71%. The practice anticipated further improvement in 2017/18 following the appointment within the last year of a practice nurse, employed to offer a wide range of additional clinical services directly from the practice.

The following was identified by CQC prior to the inspection as a significant variation from local or national averages for further enquiry:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016). Practice 59%, CCG 74% and National 78%.

# Are services effective?

## (for example, treatment is effective)

We discussed this variation with the practice but the principal GP was unable to offer any explanation other than the impact of not having a nurse at the practice during this period to support the management of diabetes recalls and follow up.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years. One of these 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 a recent audit, the practice had taken action to improve the processing of two week waiting cancer referrals to ensure all such referrals were emailed or faxed to the designated hospital department within 24 hours of the referral decision.

### Effective staffing

At our July 2015 inspection we found some staff required further training appropriate to their roles. At our latest inspection the practice had addressed gaps in training. Evidence reviewed showed that all staff now had up to date skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This 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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. With the exception of the principal GP, all staff due one had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- We found that 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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 regarding the Mental Capacity Act 2005.
- Not all clinical staff we spoke with were fully familiar with Gillick and Fraser guidelines (used to decide whether a child or young person 16 years and younger is able to consent to their own medical treatment without



# Are services effective?

## (for example, treatment is effective)

the need for parental permission or knowledge).

However, the practice addressed this immediately after the inspection by reference to the Gillick Competency Assessment protocol they had in place.

- Where a patient's mental capacity to consent to care or treatment was unclear the principal GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, 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, patients with learning disabilities and mental health problems.
- Patients requiring dietary advice were referred to local dietician services. Of 150 patients identified as obese, all had been offered support. The practice hosted a weekly smoking cessation clinic provided by a local support service. A total of 257 smokers had been identified and 207 (80%) had been offered cessation advice. Four smokers had quit smoking in the last 12 months.
- The practice's uptake for the cervical screening programme was 52% in 2015/16, which was below the CCG average of 75% and the national average of 81%. The practice were aware their performance was low and recognised they had long had difficulties achieving screening targets due in large part to a transient population who had received part of their care in foreign health care systems. They told us they were making concerted efforts through an increasingly robust registration and follow-up process to improve this. Having recruited a nurse to assist with cervical screening, they anticipated an improvement in uptake performance. Unpublished data for 2016/17 showed uptake had improved to 63%. To date in the current year the practice had achieved an uptake of 62%.
- Childhood immunisations were carried out in line with the national childhood vaccination programme.

Performance in 2015/16 for meeting 90% targets for childhood immunisation rates for the vaccinations given was below standard at 64% for children aged 1 with a full course of recommended vaccines; and at 67% for children aged 2. However, it was above standard at 100% for children aged 2 with pneumococcal conjugate booster vaccine; with Haemophilus influenzae type b and Meningitis C booster vaccine; and with Measles, Mumps and Rubella vaccine. For 5 year olds for both MMR doses 1 and 2 performance was below average at 72% compared to the CCG at 83% and 94% nationally; and 42% compared to the CCG at 63% and 88% nationally, respectively. The practice told us that the number of eligible children on the register was low and this impacted on the data as well as some mothers being against childhood vaccination. Immunisation performance was also due in part to a transient population who had received part of their care in foreign health care systems. Again, the practice anticipated an improvement in uptake performance now that a practice nurse was in post.

At our July 2015 inspection we said the provider should put in place systems to monitor and recall patients who require cervical screening or childhood immunisations. With the appointment of the practice nurse it was expected that monitoring and recall would improve now that the nurse was proactively managing these processes. For cervical screening, there was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 31% of eligible patients) and NHS health checks for patients aged 40–74 (completed for 28% 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

At our previous inspection on 9 July 2015, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 8 June 2017, we found that whilst a carers policy and support package were in place, alerts that a patient was also a carer had not been set up on the practice's computer system. The practice addressed this immediately after the inspection and produced a carers register to enable such patients to be offered additional support. However, only 11 carers had been identified on the register (less than 1% of the practice list) and further work would be necessary to ensure the carers register and its maintenance is fully embedded within the practice and all carers are appropriately identified and offered support. The practice is again rated good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 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.

We spoke with 11 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the principal GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 95% of patients said the principal GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 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 from the comment cards we received was also positive and aligned with these views.

## Are services caring?

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:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

Shortly before our inspection on 8 June 2017, the practice had introduced an updated carers policy setting out the procedures for identifying carers to ensure they were appropriately referred for a carers assessment to adult care services. This was supported by a 'toolkit' to assess and keep under review the needs of carers. The practice had also updated its carers support package which contained posters for patients setting out the practice's carers policy and relevant contact details; a carers identification and referral form; and a letter to patients seeking to identify patients who were carers and facilitate access to appropriate support. In addition, the practice new patient form contained information to help identify carers on registration. However, the practice's computer system had not been set up to alert GPs if a patient was also a carer. The practice did not therefore have a register of carers and was unable to say readily on the day of the inspection how many patients on the practice list had been identified as a carer.

The practice undertook to address these issues and immediately after the inspection submitted evidence that they had set up alerts on the computer system and produced a carers register which identified 11 patients on the list (less than 1%) who were carers. Further work would be necessary to ensure the carers register and its maintenance is fully embedded within the practice and all carers are appropriately identified and offered support.

If families had experienced bereavement, the principal GP contacted them to offer support and gave them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 9 July 2015, we rated the practice as good for providing responsive services. At our follow up inspection on 8 June 2017 we found the practice remained responsive to meeting people's needs and the practice is again rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability those with mental health conditions, and for patients having an annual review.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS.
- There were facilities such as interpretation services available.
- The premises was constructed prior to any compliance towards the Disability and Discrimination Act (DDA), and therefore the premises did not fully meet the needs of people with disabilities. For example, the patient toilet was not spacious enough to turn a wheelchair.
- The practice was planning a refurbishment to develop an additional ground floor consulting room to address, in particular, the needs of patients with mobility problems.

- Patients were able to access a wide range of services at the practice, enabling them to be treated nearer their home, such as phlebotomy, spirometry, ECG, anticoagulation, management of chronic disease, a women's health clinic, and a baby clinic.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Walk-in appointments were available from 9am to 10.45am Monday to Friday. Pre-booked appointments were available from

11am to 12.45pm every weekday, and 2pm to 6pm Monday, Tuesday and Thursday; and 2pm to 6.15pm on Fridays. Extended hours were offered on Thursday evening between 6.30pm and

8pm. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 76%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

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

The practice had a system to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were asked to call before 10.30am if they wished to request a home visit to enable the doctor to plan and prioritise visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- In response to action we said the practice should take at our inspection of 9 July 2015 we saw that information was now on display to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the principal GP reviewed the way in which medical advice was provided to ensure patients were clear about the advice given to enable them to make fully informed treatment decisions.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 9 July 2015, we rated the practice as requires improvement for providing well-led services as there deficiencies in the arrangements for monitoring and improving quality and identifying risk, some policies and procedures to govern activity, were not dated to provide assurance that they reflected current practice; improvements were required in dealing with medical emergencies and the secure storage of patients' paper records. There was no system to monitor staff training; and no checks were carried out to ensure cleaning in the practice was performed to appropriate standards.

We issued requirement notices in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 8 June 2017. The practice is now rated as good for being well-led.

### Vision and strategy

- The practice had a mission statement which was set out in the practice's statement of purpose, displayed in the reception area, and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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. At our July 2015 we found some policies were not dated to provide assurance they reflected current practice. In response the practice adopted a 'toolkit' which provided a systematic basis for ensuring policies and procedures were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

- Clinical and internal audit was used to monitor quality and to make improvements. However, the practice would benefit from a more structured, planned programme of clinical audit to drive improvement in patient outcomes.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had addressed deficiencies in these arrangements identified at our July 2015 inspection. The practice now documented significant events, the risks associated with dealing with medical emergencies had been mitigated now that medical oxygen was now in place, and there were now cleaning schedules and checks to ensure cleaning was being done to appropriate standards.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the clinical and administrative teams in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP and managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The principal GP encouraged a culture of openness and honesty. From the sample of six documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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



# Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- 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 and supported in doing so. Minutes recorded key discussions and were available for practice staff to view.
- Staff said they felt respected, valued and supported, by the principal GP and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and were encouraged 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG, which was in the relatively early stages of development, met regularly, carried out patient surveys and submitted proposals for improvements to the practice

management team. For example, the practice had initiated a recruitment exercise to appoint a salaried GP in response to concerns raised by the PPG about the GP staffing levels at the practice.

- the NHS Friends and Family test, complaints and compliments received.
- 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, for example, one of the administrative team put forward a suggestion for improving filing and access to practice documentation, which was adopted. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had participated in the local whole systems integrated care initiative to improve outcomes for patients in the area.

At our July 2015 inspection we found training completed by staff was not monitored and was inconsistent. At our inspection of 8 June 2017 the practice had addressed gaps in training and now had a monitoring system in place to ensure all staff received up to date training relevant to their roles and foster continuous improvement.