

Dr Christopher Bark

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 of Dr Christopher Bark Soho Square Surgery on 26 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure the business continuity plan contains up to date staff details.
- Implement extended opening hours to allow working patients to access the surgery at times convenient to them.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for some 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they were able to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- 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 this. Team away days were held every year.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over 75 years had a named GP to co-ordinate their care. One GP specifically focused on older people care and carried out home visits when needed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs
- The practice participated in the avoiding unplanned admissions Direct Enhanced Service (DES). Data confirmed all unplanned care areas (A&E, Non-elective admissions, Walk in Centre, Urgent Care Centre), had decreased in 2015 compared to 2014.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had scored 81.4% on the recent QOF report for diabetes which was above the CCG average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Monthly meetings were held, however health visitors were based in the same building as the practice which allowed them to discuss any concerns they had immediately.

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 practice offered on-line services which included appointment management, email consultations, and repeat prescriptions.
- The practice allowed out of area registrations for people who worked in the area.
- Patients had access to 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.

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.

- The GPs told us that patients whose circumstances may make them vulnerable such as the homeless, those under safeguarding or people with learning disabilities were offered regular health checks and follow-up.
- They offered longer appointments for patients with a learning disability.

Good



Summary of findings

- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with mental health had been reviewed in the last year. The practice employed a part time counsellor whose role included supporting patients with mental illness. We saw they would refer patients to Improving Access to Psychological Therapies (IAPT) or support patients themselves. Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently assessed by a GP if presented.
- 76.9% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is worse than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia as all staff they had received awareness training for both.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 90 responses and a response rate of 22%.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 82% and a national average of 73%.
- 99% found the receptionists at this surgery helpful compared to CCG average of 82% and a national average 87%
- 85% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 82% and a national average 85%
- 100% said the last appointment they got was convenient compared to a CCG average 87% and a national average 92%.

- 87% described their experience of making an appointment as good compared to a CCG average 71% and a national average 73%.
- 56% usually waited 15 minutes or less after their appointment time to be seen (CCG average 56%, national average 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients felt the practice offered an excellent service and staff were considerate and treated them with dignity and respect

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

Dr Christopher Bark

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and another CQC inspector.

Background to Dr Christopher Bark

Dr Christopher Bark provides GP primary care services to approximately 2890 people living in Soho in Westminster and Camden. The practice is staffed by three GPs the owner and two salaried GPs. The GP staff comprises two male and one female doctors who work a combination of full and part time hours. Other staff included a nurse, a counsellor and two administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and maternity and midwifery services.

The practice is open from 9am to 6pm Mondays to Friday. They do not currently offer any extended hours. The telephones were staffed throughout working hours. Between the hours of 8am to 9am and 6pm to 6.30pm the telephone were answered by the 'out of hours' service who contacted the practice GP if patients needed to see a GP. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service

are communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Patients can book appointments and order repeat prescriptions online.

The practice provided a wide range of services for patients with diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening.

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 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 service and asked other organisations such as Healthwatch, to share what they knew about the service. We carried out an announced visit on 26 November 2015. During our visit we:

Detailed findings

- Spoke with a range of staff (doctors, nurse, practice manager and receptionists) and spoke with patients who used the service.
- Reviewed policies and procedures, records and various documentation
- Reviewed Care Quality Commission (CQC) comment cards where patients shared their views and experiences of the service.

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

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

- Is it well-led?

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

- Older people
- People with long term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing mental health problems

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 practice used a range of information to identify risks and improve patient safety.

- They had processes in place for documenting and discussing reported incidents and national patient safety alerts, as well as comments and complaints received from patients. Staff were encouraged to log any significant event or incident and we saw there was a template located on the shared drive for all staff to complete when an incident occurred. Staff we spoke with were aware of their responsibilities to bring them to the attention of the practice manager. These were usually discussed on the day they occurred and at the weekly staff meetings. Emails were sent out to staff not present on the day.
- The practice carried out a thorough analysis of the significant events on a quarterly basis and sent annual reports to the CCG.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw appropriate action was taken to improve safety in the practice. For example, we saw there was an incident where the practice did not receive blood results they were expecting and the hospital said they did not receive the blood samples. The practice had reviewed their processes and implemented a double checking system for all blood samples sent off for testing. Further the pathology had reviewed their processes, admitted responsibility and also implemented new processes.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard patients from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff.

The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The lead GP attended all external safeguarding meetings.

- A chaperone policy was in place and there were visible notices on the waiting room noticeboard and in consulting rooms. If the practice nursing staff were not available to act as a chaperone, administration staff had been asked to carry out this role on occasions. The practice nurse provided chaperone training to the administrative staff members. All staff we spoke with understood their responsibility when acting as chaperones, including where to stand to be able to observe an examination. All staff providing these duties had been Disclosure and Barring Service checked. (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).
- Appropriate standards of cleanliness and hygiene were followed. There was an infection control policy and protocols in place. We observed the premises to be clean and tidy. The lead GP and the practice nurse shared the infection control clinical lead role and had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff had received training. The practice completed annual audits and we saw evidence that action was taken to address any improvements identified as a result. Cleaning records were kept which showed that all areas in the practice were cleaned daily, and the toilets were also checked regularly throughout the day and cleaned when needed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Some medicines were stored in medicine refrigerators in the nurse's treatment rooms. There was a clear policy for ensuring medicines were kept at the required temperatures. We saw records to confirm that temperature checks of the fridges were carried out daily to ensure that vaccinations were stored within the correct temperature range. There was a clear procedure to follow if temperatures were outside the recommended range and staff were able to describe what action they would take in the event of a potential

Are services safe?

failure of the fridge. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

- The GPs and nurses shared latest guidance on medication and prescribing practice at weekly clinical meetings, for example the prescribing of antibiotics. The practice regularly liaised with the clinical support unit pharmacist for prescribing advice and support and we saw their prescribing levels were comparable to other local practices. 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.
- Recruitment checks were carried out and the six files we reviewed showed that appropriate employment checks had been carried out prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy which staff were required to read as part of their induction. This was accessible on all computer desktops for staff. There was a fire risk assessment in place, all fire equipment had been serviced in August 2015 and a fire drill had taken place in September 2015. There was a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told

us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Portable electrical equipment testing (PAT) had been carried out in November 2015. We saw evidence of calibration of relevant equipment; for example, blood pressure monitors, ECG, weighing scales and pulse oximeter which had been carried out at the same time.

- The lead GP Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. For example, the administrator provided cover for the receptionist for all absences and the lead GP told us they would provide cover on reception when necessary.

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 child masks. There was also a first aid kit and a spill kit available at reception.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, however we noted that this had not been updated as it contained contact numbers of staff that had left and did not include all current staff at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance and accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw the practice had direct computer links to clinical guidelines and had developed protocols and templates for long term conditions. We saw the practice had monthly clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed.

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 96% of the total number of points available, with 13.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. The QOF data from showed;

- Performance for diabetes related indicators was 81% which was 1.6% above the CCG but 7.8% below national average.
- The percentage of patients with hypertension having regular blood pressure tests was 84.6% which was 8.6% below the CCG average and 13.2% below national average.
- Performance for mental health related indicators was 100% which was 17.2% above the CCG average and 7.2% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes.

- There had been two clinical audits carried out in the last year. One was completed where the improvements made were implemented and monitored. For example the practice had carried an audit to ascertain whether all patients diagnosed with Atrial Fibrillation (AF) a cardiac condition were on an appropriate anticoagulant, had an up to date international normalised ratio (INR) result and had had a medication review within the last year. They found some patients in this group needed changes made to their medication or did not have up to date INR tests. On re-audit they found all AF patients had up to date complete reviews on record.
- The practice attended a monthly benchmarking groups run by the CCG. Performance data from the practice was evaluated and compared to similar surgeries in the area.

Effective staffing

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

- The practice had an induction programme which covered a wide range of topics such as health and safety, infection control, safeguarding and fire safety.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months. The nurse who administered vaccinations and took samples for the cervical screening programme had received specific training which had included an assessment of competence. They had attended refresher training and accessed on line resources to ensure they stayed up to date with changes to the immunisation programmes.
- Staff also completed regular mandatory courses such as annual basic life support, health and safety training, fire procedures and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The lead GP kept a training matrix and was therefore aware of when staff needed to complete refresher training in these topics.

Are services effective?

(for example, treatment is effective)

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 test results.
- All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. All patients deemed vulnerable or with complex needs had care plans which they had been involved in drafting. They included information about how to manage their conditions. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The district nursing team and health visitors were based in the same building as the practice and they confirmed they met regularly with the GP's to discuss care planning concerns and often had ad hoc discussions when they had serious concerns about patients.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 (MCA). All staff at the practice had attended training. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We saw evidence of this in patient's records.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

- The practice also documented in patients notes if they had refused a chaperone when offered.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice.

- 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. We saw a number of patients had been referred to local exercise classes.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was above to the CCG average of 72% and the national average of 81%. There was a policy of sending a first letter, followed by a text, then a second and third letter to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62% to 87% and five year olds from 71% to 100%. Flu vaccination rates for the over 65s were 79%, and at risk groups 75%. These were also above the CCG and national averages.

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

A wide range of information was displayed in the waiting area of the practice and on the practice website to raise awareness of health issues including information on cancer, fever in children and influenza. There was also information about local health and community resources.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 33 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 considerate and treated them with dignity and respect.

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

We reviewed the most recent data available for the practice about patient satisfaction. This included information from the national GP patient survey from 2015, the practices internal patient survey and the results from the NHS Friends and Family Test where 90% patients said they would recommend this practice.

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% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.

- 100% said they had confidence and trust in the last GP they saw compared to the CCG average 94% and national average 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 82% and national average 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 86% and national average 91%.
- 99% said they found the receptionists at the practice helpful compared to the CCG average 84%, 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:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 90%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average 82%.
- 77% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average 85%

Staff told us that translation 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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. We also noted the practice had carried out a carers quality survey and held an information event facilitated by Westminster carers which was attended by 20 carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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. For example the practice attended a monthly locality meeting with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised such as A&E attendances and prescribing.

- Patients over 75 years had a named GP to co-ordinate their care. One GP specifically focused on older people care and carried out home visits when needed.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. Patients in these groups had a care plan and would be allocated longer appointment times when needed. Reception staff supported clinicians in ensuring annual reviews were completed for all patients in this group.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed.
- The practice offered appointments on the day for all children under 5 when their parent requested the child be seen for urgent medical matters. and told us they promoted sexual health screening.
- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and those of 'no fixed abode' were coded on appropriate registers. Learning Disability patients were given care plans that met their needs. They worked within a multi-disciplinary team that met monthly to plan the care and management of vulnerable patients.
- The practice offered on-line services which included appointment management, email consultations and repeat prescriptions. The practice also allowed out of

area registrations which meant that people who worked in the area but lived elsewhere could also register with the practice. However, the practice did not offer any extended hours.

- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 100% had been reviewed in the past year. The practice employed a part time counsellor whose role included supporting patients with mental illness. We saw they would refer patients to Improving Access to Psychological Therapies (IAPT) or support patients themselves. Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently assessed by a GP if presented.
- The practice had achieved 76% of the latest QOF points for patients with Dementia which was below both CCG and national averages. However, all dementia patients had a care plan which both they and carers had been involved in drafting. Dementia friendly training had been arranged for all staff at the practice.
- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The practice was open from 9am to 5pm Mondays to Friday. They do not currently offer any extended hours. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider Between the hours of 8am to 9am and 6pm to 6.30pm the telephones were answered by the 'out of hours' service who contacted the practice GP if patients needed to see someone. The details of the 'out of hours' service are communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments

Are services responsive to people's needs?

(for example, to feedback?)

with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them. The practice also offered email consultations.

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.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 82% and national average of 73%.
- 75% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 59% and national average of 59%.

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 a 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. All verbal complaints were recorded.

- The lead GP who was also the practice manager, handled all complaints in the practice. We saw that these were analysed on a quarterly basis and the outcome and actions were sent to all members of staff.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at a sample of complaints received in the last 12 months and found these were dealt with in a timely way, in line with the complaints policy and there were no themes emerging. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that where delays to referrals had occurred when they were sent electronically the practice reviewed their procedures and implemented a new process where referrals were made manually and followed up with checks to ensure they had arrived to the relevant department.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice vision and values was maintain a significant presence in this area for the local community and commuter patients working in the locality. Also to maintain the highest level of patient care whilst ensuring their long term future.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were monitored at their annual away day.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. We spoke with five members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as safeguarding, health and safety and infection control as part of their induction. All five policies and procedures we looked at had been reviewed and were up to date.
- The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing above national standards. They had scored 771 out of 900 in 2014 and 526 out of 559 in 2015 which was 7.4% above the CCG average and 0.6% above England average. We saw QOF data was regularly reviewed and discussed at the weekly clinical and monthly practices meetings. The practice also took part in a peer reviewing system with neighbouring GP practices in Westminster.
- There was a programme of continuous clinical and internal audit used to monitor quality and to make

improvements. The practice had carried out clinical audits in relation to cervical cytology, arterial fibrillation (AF) and systems audits in relation to transferring blood samples to the local hospitals.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, .

Leadership, openness and transparency

The lead GP who was also the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always take the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings. We saw from minutes that practice meetings were held monthly. Staff told us they also have daily 'huddle meetings' which was attended by all practice staff on site. Action points were then circulated immediately to all staff.
- Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. TWe noted that team away days were held every year.
- Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff

Are services well-led?

Good 

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

were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to

the practice management team. For example, the last survey had identified that patients wanted more availability to a female GP. As a result the female GP's sessions were increased.

- The practice had gathered feedback from staff through staff away days and 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 we saw that reception staff had raised concerns around confidentiality in relation to sharing the reception area with another practice. The lead GP had therefore repositioned the computers and installed screen guards. Staff told us they felt involved and engaged to improve how the practice was run.