

Kenric Li

Inspection 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 location	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	

Overall summary

This service is rated as Good overall (last inspection June 2018, unrated).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Dr Kenric Li (also known as The Group Practice) provides an independent GP service from a clinic in Kensington. The clinic is open Monday to Friday from 9:00am to 5:00pm. The staff team comprises a lead GP, one part-time salaried GP, two part time practice nurses, a practice manager and reception staff.

We carried out an announced comprehensive inspection at The Group Practice on 6 June 2022 as part of our inspection programme.

Our key findings were:

- The lead GP strove to deliver and motivate staff to succeed. There was support across all staff and a common focus on improving quality of care and patient's experiences.
- There was an open culture in which safety incidents were highly valued as integral to learning and improvement. This included analyses of safety incidents to highlight instances where protocols had worked as intended.
- People had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. For example, the provider regularly undertook Infection Prevention and Control Audits.
- There was openness and transparency when dealing with complaints.
- We noted some of the provider's governance documents were not version controlled and so it was unclear if the protocols they referenced were current.
- Safeguarding vulnerable adults, children and young people was given priority.

The areas where the provider **should** make improvements are:

- Take action to ensure that written policies and procedures are regularly reviewed.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

Background to Kenric Li

Background to Dr Kenric Li (also known as The Group Practice)

Dr Kenric Li (also known as The Group Practice) provides an independent GP service from a clinic in Kensington. The service is provided to a registered list of patients and is available to children and adults. The service offers primary care consultations including cervical screening; childhood immunisations and travel health advice and vaccinations.

The staff team comprises a male lead GP, one female part-time salaried GP, two part time female practice nurses, a practice manager and reception staff. The service is located in a converted shop front property with consultation rooms occupying the ground floor and basement.

The lead GP and lead practice nurse are available by mobile telephone when the practice is closed and patients are advised they can call at any time if they experience an emergency. The lead GP and lead practice nurse carry out home visits when appropriate. The clinic is open Monday to Friday from 9:00am to 5:00pm.

Are services safe?

We rated safe as Good because:

- There was an open culture in which safety incidents were integral to learning and improvement. This included analyses of safety incidents to highlight instances where protocols worked as intended.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- Safeguarding vulnerable adults, children and young people was given priority.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. These 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 service had clear systems to keep people safe and safeguarded from abuse (including a designated Safeguarding Lead).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We looked at systems in place to manage infection prevention and control (IPC) risks. Recent audits had taken place and actions undertaken as necessary. Staff had received recent IPC training.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service kept prescription stationery securely and monitored its use.
- We saw evidence the service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, antibiotic prescribing audits.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They also did not prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- We looked at systems and arrangements for managing emergency medicines and equipment; noting for example that appropriate emergency medicines and oxygen were available and routinely checked. However, the provider's Anaphylaxis Policy was not dated and so it was unclear if information it contained regarding the quantity and type of emergency medication held on site was up to date.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Weekly clinical meetings took place to discuss complex cases, share learning from incidents and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to ensure learning and improvement took place when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The lead GP supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. There had not been any significant incidents logged in the previous 12 months but we saw evidence that staff had discussed other incidents which highlighted where protocols had worked as intended and had maintained patient safety.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services safe?

When there were unexpected or unintended safety incidents:

- The service 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team. This entailed the service's lead GP reviewing and cascading relevant alerts to clinicians, as necessary, for discussion at weekly clinical meetings.

Are services effective?

We rated effective as Good because:

- Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- Clinical audits were carried out and all relevant staff were involved.
- Opportunities to participate in peer review were proactively pursued.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- We saw evidence the service made improvements using completed audits and we saw clear evidence of action to resolve concerns and improve quality. For example, findings from a recent swab test audit exercise had led to the provider contracting a new laboratory which offered faster results.
- We were told that the service was part of a local peer review group comprised of similar local *independent* providers of primary care and local hospital consultants. The lead GP spoke positively about how the group shared good practice. For example, one meeting attended by a cardiologist had resulted in the service purchasing an electrocardiogram (ECG) machine to check patients' heart rhythms and electrical activity; and to speed up the process of the cardiologist receiving ECG results. This purchase also eliminated the need for an initial hospital-based ECG test.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Are services effective?

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their NHS GP.
- Patient information was shared appropriately (this included when patients moved to other professional services) and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave patients advice so they could self-care.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received and we noted, for example, that all forty-three of the patients who responded to the service's 2021/22 patient survey were confident in the lead GP's ability to provide appropriate care and treatment.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpreting services were available for patients who did not have English as a first language.
- Patients fed back that 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. For example, respondents to the 2021/22 patient survey rated the lead GP's ability to listen involve them in their care as either "good" or "very good".

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Care and treatment were coordinated with other services and other providers.
- Facilities and premises were appropriate for the services being delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.

Responding to and meeting people's needs

The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.

- The provider understood the preferences and needs of their patients and strove to provide a patient centred and flexible services (for example offering face to face, phone-based and video-based appointments).
- The facilities and premises were appropriate for the services delivered. For example, patients with impaired mobility were seen in the ground floor consultation room as opposed to one of the basement located consultation rooms.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.
- The lead GP and lead practice nurse were available by mobile telephone outside the service's opening times and patients were advised they could call at any time if they experienced an emergency.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- The service had complaints policy and procedures in place.
- Information about how to make a complaint was available on the premises. We noted the provider's website was currently being re-designed.
- We noted 'complaints' was a standing agenda item at weekly clinical meetings.

One complaint had been received in the previous 12 months (regarding fees for phone-based consultation and which had resulted in protocols being amended so that patients were more clearly advised that this service was chargeable).

Are services well-led?

We rated well-led as Good because:

- The lead GP strove to deliver motivate staff to succeed. There was support across all staff and a common focus on improving quality of care and patient's experiences.
- Staff were proud of the organisation as a place to work and spoke highly of the culture.
- We noted some of the provider's governance documents were not version controlled and so it was unclear if the protocols they referenced were current.
- There were effective processes in place to identify, understand, monitor and address current and future risks.
- The lead GP actively shaped a patient centred culture through effective engagement with staff and patients.
- The lead GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The lead GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. These challenges included managing the process of devolving clinical responsibilities to other colleagues.

Vision and strategy

The service had a clear vision to deliver high quality, patient centred care.

- Leaders had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in delivering patient centred care.
- Weekly staff meetings took place so as to scrutinise delivery and ensure regular staff engagement.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Are services well-led?

- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified issues (for example, regarding devolving certain lead GP clinical responsibilities).
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Governance arrangements

We looked at responsibilities, roles and systems of accountability to support good governance and management.

Structures, processes and systems to support good governance and management were generally clearly set out, understood and effective. However, we noted some instances where written protocols were not version controlled and so it was unclear if the protocols they referenced were current.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety although we did not see evidence of a formal risk register allowing staff to proactively monitor risks.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of prescribing and referral decisions. The lead GP had oversight of safety alerts and incidents.
- Clinical audit had a positive impact on quality of care and outcomes for patients and we saw clear evidence of subsequent action taken to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service routinely undertook patient surveys and considered survey findings.
- Staff survey feedback was positive. Staff were proud of the organisation as a place to work and spoke highly of the service's listening culture.
- There were systems to support improvement and innovation work including use of peer review and clinical audit.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service had systems in place to undertake internal reviews of incidents and to ensure that learning was shared and used to make improvements.
- All incidents, including urgent referrals and safeguarding cases were reviewed as necessary at weekly clinical meetings.
- The lead GP encouraged staff to take time out to review individual and team objectives, processes and performance.