

Crawford Street Surgery

Quality Report

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Date of inspection visit: 26 September 2017

Date of publication: 07/11/2017

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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 Crawford Street Surgery on 11 February 2016. The practice was rated as good for providing effective, caring, responsive and well-led services, and requires improvement for providing safe services. Overall the practice was rated as good. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Crawford Street Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive follow up inspection on 26 September 2017 to check for improvements since our previous inspection. The practice is now rated as requires improvement for providing effective and caring services, and good for providing safe, responsive and well-led services. Overall the practice is now rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to checking uncollected repeat prescriptions and the monitoring of patients taking azathioprine.
- 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.
- Data from the Quality and Outcomes Framework showed patient outcomes were below average compared to the national average.
- There was evidence of quality improvement activity including clinical audit.
- Results from the national GP patient survey 2017 showed patients rated the practice below average for satisfaction scores on consultations with the GPs and for several other aspects of care.

Summary of findings

- 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.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 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 should make improvements.

Importantly, the provider must:

- Ensure that all patients' needs are identified and care and treatment meets their needs.

The provider should:

- Review the systems for monitoring patients on high risk medicines, and checking uncollected blank prescriptions.
- Consider ways to improve performance against national screening programmes.
- Review ways to improve patient satisfaction with consultations, and the availability and punctuality of appointments.
- Continue to identify and support patients who are carers.

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 a 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 or verbal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Most risks to patients were assessed and well managed, with the exception of those relating to uncollected repeat prescriptions and the monitoring of patients taking azathioprine.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.
- Staff demonstrated that they understood their responsibilities and 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 requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were below average compared to the national average. For example, for diabetes and mental health related indicators.
- Uptake rates for national screening programmes was low compared to the national average. For example, childhood vaccinations and cervical screening.
- 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 staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

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

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients we spoke with provided positive feedback. Patients reported being treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- However, data from the national GP patient 2017 showed patients rated the practice below local and national averages for satisfaction scores on consultations with the GPs and other aspects of care.
- Information for patients about the services available was accessible. For example, in leaflets, posters and on the website.
- The practice held a register for patients identified as carers, although the current number of patients identified was low.

Requires improvement



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. However, two written comment cards from patients referred to difficulties with the availability of appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and patients.

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 partners encouraged a culture of openness and honesty.
- 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.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.
- Clinical staff who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- 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 also worked with community healthcare teams to support the patient at home.
- 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.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, patients could be referred to a care navigator service where their health and social needs were assessed and further support arranged.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- Clinical staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients

Requires improvement



Summary of findings

(QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 72% of the total number of points available (CCG average 88%, national average 95%). Unpublished and unverified data from the QOF 2016/17 showed results were 85% of the total number of points available. However, performance for some clinical indicators such as diabetes and asthma remained low.

- 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.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. For example, rescue medication packs for patients with chronic obstructive pulmonary disease.
- Patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- From the sample of documented examples we reviewed we found 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.
- Data from 2015/16 showed immunisation uptake rates for the standard childhood immunisations were comparable to CCG averages and below national averages. For example, rates for the vaccines given to under two year olds averaged 74% compared to the national standard of 90%. Uptake for five year olds ranged from 59% to 82% (CCG 62% to 80%; national 88% to 94%).
- 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.

Requires improvement



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- 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 on Wednesday from 7am to 8am and 6.30pm to 8pm.
- The practice could remotely book appointments for patients to access the local primary care 'hub' in the evenings and at weekends.
- The practice offered online services to book appointments and order repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice planned to introduce virtual consultations as a result of patient feedback.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including patients who were housebound, elderly and vulnerable, and those who were at high risk due to their conditions. This list was shared with all staff and reviewed monthly at the practice meeting.

Requires improvement



Summary of findings

- 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 had information available for 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 requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- 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.
- The practice carried out advance care planning for patients living with dementia. Although in 2015/16, 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which was below the CCG average of 87% and the national average 84%.
- Performance for mental health related indicators was lower than the CCG and national averages. For example in 2015/16, 52% of patients with a diagnosed psychosis had a comprehensive care plan in their records compared to the CCG average of 87% and national average of 89%.
- The practice had assessments and systems to follow up patients who may be at risk of experiencing poor mental health. For example, women attending post-natal checks were screened for post-natal depression and monitored.

Requires improvement



Summary of findings

- Patients could be referred to the primary care plus service and be seen by a community psychiatric nurse who offered a weekly clinic at the practice.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing below local and national averages for several aspects of care. Three hundred and eighty seven survey forms were distributed and 86 were returned. This represented 2% of the practice's patient list.

- 63% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with CCG average of 74% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, 29 of which were positive and three which were partially positive about the standard of care received. The partially positive comments referred to the availability of appointments and communication with a GP.

We spoke with four patients during the inspection and received feedback from two members of the patient participation group. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the NHS Friends and Family test (January to August 2017) showed 73% of patients would recommend the service to others.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all patients' needs are identified and care and treatment meets their needs.

Action the service **SHOULD** take to improve

- Review the systems for monitoring patients on high risk medicines, and checking uncollected blank prescriptions.

- Consider ways to improve performance against national screening programmes.
- Review ways to improve patient satisfaction with consultations, and the availability and punctuality of appointments.
- Continue to identify and support patients who are carers.

Crawford Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Crawford Street Surgery

Crawford Street Surgery provides NHS primary medical services to approximately 5,000 patients living in the surrounding area of Marylebone, London. The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the Central Locality of NHS Central London (Westminster) Clinical Commissioning Group (CCG), and the Marylebone Village peer group which comprises of three practices.

The practice had been provided with management and clinical support from a management holding company from 2013 to April 2016. The new partnership variation with the current GP partners came into effect from April 2016. Due to issues with the staffing arrangement, the new partners recruited a new team of clinical and non-clinical staff.

The practice team consists of two female GP partners (one clinical and one non-clinical) and two salaried GPs (male) providing 12 clinical sessions collectively. The GPs are supported by an advanced nurse practitioner (four hours); two health care assistants (seven hours); a practice manager; and three receptionists / administrators. A new salaried GP, offering two clinical sessions per week, is due to start in October 2017.

The practice is located on the ground and lower ground floors of a residential property, with three consulting rooms on the ground floor and two consulting rooms on the lower ground floor. There are administrative areas on both floors. The premises are accessible by wheelchair and there is an internal lift to access the lower ground floor.

The practice is open from 8am to 6.30pm every weekday, with the exception of Thursday when it closes at 1pm (From October 2017 the practice will be open on Thursday till 6.30pm). Pre-booked appointments are available during these times. Extended hours appointments are available from 7am to 8am and 6.30pm to 8pm on Wednesday. Same day appointments are available for patients with complex or more urgent needs. When the practice is closed, patients are advised to use the local out-of-hours provider or are booked an appointment at the local primary care service 'hub'.

The practice population is characterised by average levels of income deprivation. Employment rates and life expectancy are higher than the national average. The practice has a higher percentage of male patients aged 25 to 49 and female patients aged 20 to 39 compared to the English average. The population is ethnically diverse.

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

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Crawford Street Surgery on 11 February 2016 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 services, and was rated good overall.

We issued requirement notices to the provider in respect of safe care and treatment, and fit and proper persons employed. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Crawford Street Surgery on our website at www.cqc.org.uk.

We undertook an announced comprehensive follow-up inspection of Crawford Street Surgery on 26 September 2017. This inspection was carried out to check for improvements since our previous inspection.

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 26 September 2017. During our visit we:

- Spoke with a range of staff including two GP partners, a salaried GP, health care assistant, practice manager, and two receptionists.
- Spoke with four patients who used the service and received feedback from 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 a 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 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 11 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding training, medicines management and recruitment were not adequate.

These arrangements had improved when we undertook a comprehensive follow up inspection on 26 September 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- There was a system to ensure safety alerts were shared with staff, discussed and acted on.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when there was a malfunction with the fan system a member of staff received telephone advice from an engineer in an attempt to resolve the issue. This resulted in a power cut at the practice. Staff took action and utilised the business continuity plan. They made arrangements for vaccines to be transported and stored at a local pharmacy, rescheduled patient appointments, and arranged for an electrician to attend. The incident

was reviewed with staff and the learning outcomes included adding the servicing of the fans to the maintenance contract and advising staff not to attempt to resolve issues with equipment that can affect the whole building.

Overview of safety systems and process

The practice 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 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. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the nurse were trained to child protection or child safeguarding level three, the health care assistants and practice manager to level two, and non-clinical staff level one.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A health care assistant was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. The most recent IPC audit

Are services safe?

was undertaken in July 2017 and we saw evidence that action was taken to address improvements identified as a result. For example, patient chairs in the consulting rooms had been changed for ease of cleaning and a specimen handling policy had been implemented. An unresolved action included changing the carpets within the waiting area as the practice had not received permission from the landlords to complete this.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, recording, handling, storing, security and disposal). However, the systems to address some risks relating to prescribing were not implemented well enough.

- There were processes for handling repeat prescriptions which included the review of most high risk medicines. However, we found a repeat prescription for azathioprine (used in the treatment of Crohn's disease and acute ulcerative colitis) had been issued with the patient having an annual blood test. This was not in line with current national guidelines which recommend blood test monitoring every three months. We made the practice aware of this and were told this was an oversight, the incident would be investigated as a significant event and they would review their protocols for monitoring patients taking azathioprine. Other records we reviewed showed patients taking high risk medicines were reviewed in line with national guidelines.
- Repeat prescriptions were signed before being dispensed to patients and there was a process to ensure this occurred. However, there were variations on how often staff checked uncollected repeat prescriptions. For example, clinical staff told us these were reviewed every month and reception staff told us they did this every three months. We saw some prescriptions from June 2017 had yet to be collected by the patient or destroyed by the practice. These prescriptions included medicines for high blood pressure and depression.
- 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.
- Data from 2015/16 showed the practice were low prescribers for antibacterial prescriptions. The practice had reviewed this data in terms of effectiveness of

treatment and emergency / non-elective admissions and demonstrated that they had the eighth lowest rate of unplanned hospital admissions for all age groups in their clinical commissioning group.

- Blank prescription forms were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

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 up to date fire risk assessments. Fire alarms were tested weekly and a record of this was kept. There was a fire evacuation plan which identified how staff could support patients to vacate the premises. The practice had yet to carry out a fire drill, although we were told these would occur twice a year.
- Electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other systems to monitor safety of the premises. For example, disability access and health and safety audits, and infection control and legionella risk assessments (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

Are services safe?

patients. The practice had recruited a new salaried GP to provide two extra clinical sessions per week from October 2017. The practice were in the process of recruiting a receptionist.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in secure areas of the practice and all staff knew of their location on the ground and lower ground floors. 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 11 February 2016, we rated the practice as good for providing effective services.

When we undertook a comprehensive follow up inspection on 16 September 2017 we found the practice required improvement for providing effective services as many patient outcomes were low compared to the national average.

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 the locality and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 72% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%. Clinical exception reporting was 11% which was similar to the CCG and national average of 10% (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80

mmHg or less was 53% compared to the CCG average of 74% and the national average of 78%. Exception reporting was 13% compared to the CCG and national average of 9%. The practice was under a different management structure and partnership from 2015 to April 2016. The new partners had focused on improving performance since then. Unpublished data showed overall performance for diabetes related indicators had improved from 37% in 2015/16, to 61% in 2016/17. Exception reporting had been lowered from 14% in 2015/16, to 6% in 2016/17. The partners were aware that performance in some clinical domains, including diabetes, remained low and they had identified areas for development in relation to staff training and coding.

- Performance for mental health related indicators was lower than the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 75% compared to the CCG average of 87% and the national average 84%. Exception reporting was 30% (five out of 17 patients) compared to the CCG average of 9% and the national average of 7%. Unpublished data for 2016/17 showed exception reporting for dementia related indicators had improved to 9%.

Unpublished and unverified data from the QOF 2016/17 showed results were 85% of the total number of points available, and clinical exception reporting was 6%.

There was evidence of quality improvement including clinical audit:

- We were shown four clinical audits commenced in the last year, one of these was a completed audit where the improvements made were implemented and monitored. For example, an audit on medication reviews showed 32% of patients had received a medication review in the last 12 months. This was below the 90% criteria set. The practice took action by carrying out medication reviews for all patients who had requested repeat prescriptions. The re-audit showed an improvement to 91%.
- Information about patients' outcomes was used to make improvements. For example, the practice carried out reviews of clinical areas with low performance, including high blood pressure, dementia and mental health conditions. Action plans were created to improve outcomes for patients with these conditions. For

Are services effective?

(for example, treatment is effective)

example, the mental health review action plan included having designated clinics for patients with severe mental illness, proactively recalling patients for review, and ensuring patients were rebooked if they did not attend their appointment.

Effective staffing

Evidence reviewed showed that staff had the 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 online resources and attending refresher training.
- 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. Staff had received an appraisal within the last 12 months, with the exception of the practice manager who commenced employment in July 2017.
- Staff received training that included: safeguarding; fire safety awareness; basic life support; information governance; equality and diversity; mental capacity act; infection prevention and control; chaperoning; and health and safety. 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.
- From the sample of documented examples we reviewed 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. Information was shared between services, with patients' consent, using a shared care record. 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, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from 2015/16 showed uptake rates were comparable to CCG

Are services effective?

(for example, treatment is effective)

averages and below national averages. For example, rates for the vaccines given to under two year olds averaged 74% compared to the national standard of 90%. Uptake for five year olds ranged from 59% to 82% (CCG 62% to 80%; national 88% to 94%). The practice had identified childhood immunisations as an area for development and carried out a review to identify issues which may have led to lower immunisation rates. Areas identified included immunisation data not being recorded at registration, immunisations administered privately without the practice being notified, contact details for patients not updated, and relying on patients to book appointments. The systems put in place to improve uptake rates included having a nominated lead to monitor activity and update the clinical records, discussing challenges at practice meetings to ensure timely action was taken, checking the immunisation status when registering new patients, and actively calling patients for recalls.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. The practice demonstrated how they encouraged uptake of the cervical screening programme by ensuring a female sample taker was available. 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. The practice's uptake for the cervical screening programme for 2015/16 was 69%, which was below the CCG average of 73% and the national average of 81%. The practice had identified cervical screening as an area for development and carried out a review to identify issues which may have led to lower uptake rates. Areas identified included not recording the patient's last cervical smear test at registration, working patients not able to attend during the practice's opening hours, and patients who may have had a smear test abroad without notifying the practice. The systems put in place to improve uptake rates included patient education, implementing an active recall of patients, and ensuring new patients provided details of their last smear test. The practice also planned to pilot a weekend clinic for patients to have smear tests and vaccinations.

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

Are services caring?

Our findings

At our previous inspection on 11 February 2016, we rated the practice as good for providing caring services.

When we undertook a comprehensive follow up inspection on 26 September 2017 we found the practice required improvement for providing caring services as data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and 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.
- Patients could be treated by a clinician of the same sex.

Twenty nine of the 32 patient Care Quality Commission comment cards we received were positive and three were partially 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. Two of the partially positive comments referred to the availability of appointments and one referred to the communication with a GP.

We spoke with four patients and received feedback 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 2017 showed patients had mixed responses to questions about how they were treated and if this was with compassion, dignity and

respect. The practice was below average for its satisfaction scores on consultations with the GPs, and in line with the CCG and national averages for its satisfaction scores on consultations with the nurses. For example:

- 70% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 66% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 81% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 96% 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%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The practice had reviewed the most recent results from the national GP patient survey and analysed areas of good performance and areas for improvement. The action plan included staff training in customer care and communication skills.

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

Are services caring?

also positive and aligned with these views. We also saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey 2017 showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 64% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 79% 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%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 85%.

The practice told us that changes in the management structure and practice staff over the last year may have contributed to how patients responded. The practice's action plan following the most recent results from the national GP patient survey focused on improving continuity of care for patients to see the clinician of their choice, by offering part-time GPs more sessions and improving the availability of telephone and email consultations for patients.

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. The practice leaflet in the reception area informed patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

Patient and carer support to cope emotionally with care and treatment

Patient information notices displayed in the patient waiting area told patients how to access a number of support groups and organisations. Information about support groups was also available at reception on request.

The practice's computer system alerted GPs if a patient was also a carer. The practice held a register for patients identified as carers, although the current number of patients identified was low (0.4% of the practice list). They used this register to improve care for carers. For example, carers were offered annual health checks and the flu vaccination. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or visited them at home. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. A bereavement pack which included information about bereavement counselling was available for patients at reception.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 February 2016, we rated the practice as good for providing responsive services.

When we undertook a comprehensive follow up inspection on 26 September 2017 we found the practice was providing responsive services and therefore remains 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 Wednesdays from 7am to 8am and 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, patients whose first language was not English and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice kept a list of patients who were housebound, elderly and vulnerable, and those who were at high risk due to their conditions. This list was shared with all staff and reviewed monthly at the practice meeting.
- 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 and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

- The practice provided a phlebotomy service to their patients, as well as patients from a neighbouring practice.
- The practice planned to pilot a Saturday clinic for patients to have cervical screening and vaccinations.
- A quarterly newsletter was produced to update patients on changes within the practice and advertise health promotion campaigns.
- The practice had access to a local primary care 'hub' where patients could be seen in the evening or at the weekend. These appointments were prioritised for working patients who could not attend the practice during normal opening hours. The appointments could be remotely booked by the practice and were available for routine requests such as cervical screening and wound dressing.
- The practice organised biannual social events for patients, staff and local stakeholders. The funds raised from these events was donated to a local hospice.

Access to the service

The practice was open from 8am to 6.30pm every weekday, with the exception of Thursday when it closed at 1pm (From October 2017 the practice would be open on Thursday till 6.30pm). Pre-booked appointments were available during these times. Extended hours appointments were offered from 7am to 8am and 6.30pm to 8pm on Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey 2017 showed that patient satisfaction with how they could access care and treatment was lower than or comparable to local and national averages.

- 62% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared with the CCG average of 83% and the national average of 71%.
- 79% 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 83% and the national average of 84%.

Are services responsive to people's needs?

(for example, to feedback?)

- 73% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 44% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% 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. Two of the 32 patient Care Quality Commission comment cards we received were partially positive and referred to the availability of appointments. As a result of patient feedback and demand, the practice were due to change their opening hours on Wednesday afternoons and would be open from 1pm to 6.30pm from October 2017. They also planned to pilot a Saturday clinic to improve access for services such as cervical screening and vaccinations.

The practice had a system to assess:

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

The duty doctor would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.
- We saw that information was available to help patients understand the complaints system. For example, in the practice leaflet.

We looked at two out of six complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way with openness and transparency. Information on how to pursue a complaint if the complainant was not satisfied with the practice's response was included on the patient complaint form, however this information was not included in the practice's response to the complainant. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint referred to poor communication between receptionists and clinical staff. The practice accepted that there should have been better communication between reception staff, clinical staff and the patient. Staff training in customer service and triaging calls was planned. The patient received a written apology and learning was shared amongst staff.

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 11 February 2016, we rated the practice as good for providing well-led services.

When we undertook a comprehensive follow up inspection on 26 September 2017 we found the practice was providing well-led services and therefore remains good for providing well-led services.

Vision and strategy

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

- The practice had a formalised mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans, which reflected the vision and values, were regularly monitored.

Governance arrangements

The practice had been provided with management and clinical support from a management holding company from 2013 to April 2016. The new partnership variation with the current GP partners came into effect from April 2016. We were told there were issues with the staffing arrangement at this time. This resulted in the new partners needing to recruit a new team of clinical and non-clinical staff.

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. Clinical and non-clinical staff had lead roles in key areas. For example, safeguarding, infection prevention and control, immunisations, referrals and the Quality and Outcomes Framework (QOF).
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained, although performance

against some national screening programmes was low compared to the national average. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.

- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, disability access and health and safety audits, and infection control and legionella risk assessments.
- 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

There were two GP partners, one was the clinical lead and the other took on a non-clinical role as lead for strategy and business development. On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. The practice had appointed a new practice manager in July 2017. The management team told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and 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 partners and practice manager encouraged a culture of openness and honesty. From the sample of 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 or 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 despite recent changes in the management team.

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 weekly team meetings. Minutes were comprehensive and were available for practice staff to view.
- 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. We noted team away days were held.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG previously met twice a year, however since the change in management the practice proposed meeting every month. The last meeting was in September 2017 and the next meeting planned for October 2017. There was also a virtual PPG that consisted of 100 members. The PPG were informed of patient feedback and practice news, and were also offered the opportunity to submit

proposals for improvements to the practice. For example, a PPG member suggested virtual consultations to improve GP access and the practice were looking into ways of implementing this service. The practice had rearranged information displayed in the waiting area as a result of patient feedback.

- the NHS Friends and Family test, complaints and compliments received.
- 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.

Continuous improvement

The business development partner was involved in piloting and testing an online health application for North West London. The application had been developed with input from GPs, hospital doctors, and other health professionals. It listed common symptoms and offered suggestions for treatment, based on the location selected and time of day. The application had been shortlisted in the 'Best App for Patients and Carers' category for an awards ceremony which recognises innovation and achievements in the healthcare technology sector.

The practice was proactive in working collaboratively with local community pharmacists in delivering certain aspects of healthcare. For example, minor ailments and vaccinations for flu, pneumococcal, and shingles. Minutes from these meetings were comprehensive, and information discussed was shared in the practice newsletter and with the PPG.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure the care and treatment of service users met their needs. In particular:</p> <p>Data from the Quality and Outcomes Framework showed patient outcomes were below average compared to national averages.</p> <p>This was in breach of Regulation 17(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>