

Earl's Court Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Earl's Court Surgery on 14 April 2016. The overall rating for the practice was Good. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Earl's Court Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 1 June 2017 to confirm that the provider had taken the action we said they should take to address concerns that we identified in our previous inspection on 14 April 2016. This report covers our findings in relation to improvements made in response to those concerns since our last inspection.

Overall the practice is rated as Good.

Our key findings were as follows:

At the inspection on 14 April 2016, the practice was rated overall as 'good'. However, within the key question caring, areas were identified as 'requires improvement', as the

practice was not taking sufficient action to identify and support carers. We told the provider it should take action to review systems to improve the identification of carers and provide support.

At our inspection on 1 June 2017, the practice was able to demonstrate improvement in identifying and supporting carers, although the system of alerts on patient records and a carers register were not put in place until immediately after the inspection.

Other areas identified where the practice was advised they should make improvements within the key question caring included:

- Advertise translation services are available.

There was now a poster on display in the reception area informing patients about the availability of translation services.

In addition we identified areas where the practice was advised they should make improvements within the key questions of safe, effective and well-led which included:

- Complete a written policy on safeguarding of vulnerable adults and arrange relevant formal training for all practice staff.

Summary of findings

- Where telephone references are taken prior to employment, ensure these are fully documented in staff files.
- Ensure more clinical audits are completed through the full audit cycle where the improvements made are implemented and monitored.
- Consider putting on display within the practice for the benefit of patients and staff the practice's mission statement.
- Arrange for clinical meetings to be minuted to provide an audit trail of discussion and agreed decisions and actions.

At our June 2017 inspection we reviewed the practice's progress since the full inspection in the areas identified and looked at a range of supporting documents and records relevant to the action taken to demonstrate improvement.

At our June 2017 inspection we found the practice had not developed its own policy on safeguarding of vulnerable adults but had adopted the 'London Multi Agency Adult Safeguarding Policy and Procedures'. A printed copy of this was available to staff within the practice along with a link to an internet copy. Staff also had access to details of local safeguarding contacts.

At our April 2016 inspection, the majority of practice staff had not completed formal training in safeguarding of vulnerable adults. However, we were told the practice was putting arrangements in place to address this. At our June 2017 inspection the practice manager told us they had been attempting since the previous inspection to arrange local classroom training but without success. We were shown some of the recent correspondence on this. They had in the meantime decided to pursue on-line training. All administrative staff had commenced this and were at various stages of completion of the on-line modules. None of the three GP Partners had initiated this training at the time of our inspection. However, immediately after the inspection the practice manager circulated a memo within the practice setting this in train and we saw a copy of this.

Following our previous inspection the practice undertook to obtain written references for one member of staff for whom telephone references had originally been taken but not documented. At our latest inspection we were

told this action had not been taken because one of the GP Partners had worked with the member of staff concerned at another practice and on this basis was prepared to vouch for their suitability for the role. There had been no further recruitment since our previous inspection.

The practice had participated in two clinical audits since our previous inspection. These were initiated by NHS West London CCG in 2016/17 under the prescribing standardisation scheme (PSS). They covered patients who had been issued with asthma reliever inhalers and patients currently on repeat prescription rapid correction doses of vitamin D. The first cycle of each audit was completed in December 2016 and January 2017 respectively and action points and learning points identified. For example, the asthma inhaler review had alerted the practice to check regularly how many inhalers were prescribed and monitor potential overuse. The second cycle of these audits was due to be completed later this year. There had been no further practice initiated completed clinical audits since our previous inspection.

The practice vision and values were now on display in the reception area.

At our April 2016 inspection we noted the practice's governance arrangements included weekly clinical meetings which were relatively informal. The practice recognised that these meetings needed to be minuted to provide documentary evidence of discussion and agreed decisions and actions. We said the provider should take this action but they had not done so at our latest inspection. However, they undertook to review this further with a view to introducing an action log for the meetings.

Whilst there had been some improvements since our previous inspection, areas of practice remained where the provider needs to make further improvements. In particular, the provider should:

- Ensure training in safeguarding of vulnerable adults currently in progress for administrative staff and planned for clinical staff is completed without further delay.
- Secure written references for all future staff prior to employment.

Summary of findings

- Carry out practice initiated clinical audits and re-audits to improve patient outcomes.
- Ensure the system for identifying and supporting carers is fully embedded and maintained within the practice.
- Consider further the minuting of weekly to provide an audit trail of discussion and agreed decisions and actions.

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.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

Concerns identified at our previous inspection of April 2016 had been addressed in most respects.

- There was now a poster on display in the reception area informing patients about the availability of translation services.
- We found initially the practice had not taken action to set up alerts to GPs on the computer system if a patient was also a carer and was unable to say readily how many patients on the practice list had been identified as a carer. However, immediately after the inspection the practice provided evidence that it had addressed this and now had alerts in place and a carers register. However, further work would be necessary to ensure the carers register and its maintenance was fully embedded within the practice.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services well-led?

The practice is rated as good for providing well-led services.

Good



Summary of findings

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Summary of findings

The six population groups and what we found

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

Older people

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

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

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

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

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

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure training in safeguarding of vulnerable adults currently in progress for administrative staff and planned for clinical staff is completed.
- Secure written references for all future staff prior to employment.
- Carry out practice initiated clinical audits and re-audits to improve patient outcomes.
- Ensure the system for identifying and supporting carers is fully embedded and maintained within the practice.
- Consider further the minuting of weekly meetings.

Earl's Court Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector who carried out a focused inspection visit.

Background to Earl's Court Surgery

Earl's Court Surgery provides primary medical services through a General Medical Services (GMS) contract within the Royal London Borough of Kensington and Chelsea. The practice is part of NHS West London Clinical Commissioning Group and provides services from a single location to around 4,000 patients.

At the time of our inspection, there were three full-time partner GPs (two female and one male) employed at the practice, providing a total of 27 GP sessions per week. The practice also employed a full-time practice manager, a health care assistant/senior administrator (1.0 whole time equivalent (WTE) and three reception/administrative staff (3.0 WTE).

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 9.30am to 1.30pm and from 2.30pm to 6.30pm daily. Extended hours appointments are offered between 6.30pm and 9pm on Mondays and Fridays. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

Patients are also able to access GP services seven days a week from a nearby practice, under a new service launched by NHS West London Clinical Commissioning Group (CCG). Patients do not need to be a member of the practice to use the service.

Why we carried out this inspection

We undertook a comprehensive inspection of Earl's Court Surgery on 14 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement for providing caring services. The full comprehensive report following the inspection in April 2016 can be found by selecting the 'all reports' link for Earl's Court Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Earl's Court Surgery on 1 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting quality and safety requirements.

How we carried out this inspection

We carried out a focused follow up inspection of Earl's Court Surgery on 1 June 2017. This involved in particular reviewing evidence that:

Detailed findings

- The system for identifying and supporting carers had been reviewed.

During our visit we also:

- Spoke with the practice manager and one of the GP partners to review action taken to address areas where improvements were necessary in response to our previous inspection in April 2016.

- Looked at a selection of records, practice policies, procedures and information relevant to the areas of follow up.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Please note this is a focused follow up inspection of patient and carer support to cope emotionally with care and treatment under the key question caring. We did not review this key question.

Please refer to the April 2016 comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused follow up inspection of patient and carer support to cope emotionally with care and treatment under the key question caring. We did not review this key question.

Please refer to the April 2016 comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

At our previous inspection on 14 April 2016, we rated the practice as requires improvement for providing caring services as the practice's computer system was not set up to alert GPs if a patient was also a carer. Consequently the practice had not proactively identified such patients to offer them additional support as carers.

We found that alerts that a patient was also a carer had still not been set up on the practice's computer system when we undertook a follow up inspection on 1 June 2017. However, the practice addressed this immediately after the inspection and produced a carers register to enable such patients to be offered additional support. The practice is now rated good for providing caring services.

Care planning and involvement in decisions about care and treatment

At our previous inspection on 14 April 2016 we said the provider should take action to advertise translation services are available. At our latest inspection we saw that there was a poster on display in the reception area informing patients about such services.

Patient and carer support to cope emotionally with care and treatment

At our previous inspection on 14 April 2016 we told the provider it should take action to review systems to improve the identification of carers and provide support. We found the provider had addressed these concerns in part and had

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

The practice undertook to address this immediately. On the day of our visit the practice manager sought IT support to confirm the process for setting up on the patient record system an alert on the opening page of individual records to identify when a patient was a carer. Immediately after the inspection the practice confirmed they had received such support and provided evidence that they had identified 72 patients on the list (just over 1.5%) who were carers. In the light of this information the practice is now rated as good for providing caring services, although further work will be necessary to ensure the carers register and its maintenance is fully embedded within the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused follow up inspection of patient and carer support to cope emotionally with care and treatment under the key question caring. We did not review this key question.

Please refer to the April 2016 comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

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

Our findings

Please note this is a focused follow up inspection of patient and carer support to cope emotionally with care and treatment under the key question caring. We did not review this key question.

Please refer to the April 2016 comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>