

# Lancaster Gate Medical Centre

## Quality Report

20-21 Leinster Terrace  
London  
W2 3ET

Tel: 020 7479 9750

Website: [www.lancastergatemedicalcentre.co.uk/](http://www.lancastergatemedicalcentre.co.uk/)

Date of inspection visit: 16 December 2015

Date of publication: 18/02/2016

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Lancaster Gate Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lancaster Gate Medical Centre on 16 December 2015. Overall the practice is rated as good.

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

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

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

The areas where the provider should make improvement are:

- As recommended in national guidance, consider: placing an additional thermometer in all vaccine fridges or carrying out monthly calibration checks of single thermometers; and arranging for all fridges to be wired into switchless sockets or put in place cautionary notices that the fridge plug switches should not be turned off.
- Document the risk assessment of the practice's decision not to stock bradycardia medicine in the emergency medicines kit.

# Summary of findings

- Ensure all monthly checks of emergency medicines are recorded in the log available and that medicine which has passed its expiry date is removed from the kit.

**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



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, with the exception of some areas relating to medicines management which should be improved. Vaccine storage did not conform fully with recommended practice in national guidance; the risk assessment of the decision not to keep one medicine in the emergency kit had not been formally documented; and for one month the check of emergency medicines had not been recorded and we found that one medicine had passed its 2015 expiry date.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher for some aspects of care, and broadly or in line or slightly below average for others.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team NHS England Area Team NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was liaising closely with the CCG to explore ideas to increase membership and patient interest in the patient participation group.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages in most respects, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice participated in the 'Whole Systems pilot', a new community service which has been developed by the CCG to ensure comprehensive care planning for older at risk patients in a multi-disciplinary setting.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. . Vulnerable patients and all patients over the age of 75 had a nominated GP.
- There was a primary care navigator on site to support vulnerable older patients and facilitate access to a range of services.
- The practice had monthly multidisciplinary meetings with district nurses, social workers, a patient navigator, community matron, and the community pharmacist to discuss at risk patients and plan care and treatment.
- The community pharmacist was attached to the practice and could offer medication reviews, in the home where necessary, for patients on multiple medications in order to optimise safety and compliance.

### People with long term conditions

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

Good



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

# Summary of findings

- The practice had begun a number of out of hospital services to ease pressure on admissions, including anti-coagulation monitoring, spirometry, diabetes management and electro cardiograms (ECGs).

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to CCG averages for standard childhood immunisations.
- Clinical staff worked closely with health visitors to ensure good professional links and regular discussion of at risk children and troubled families.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. The practice held regular baby clinics, regularly, monitored childhood vaccination uptake and recalled late responders as necessary.
- The practice also offered family planning, preconception advice, antenatal care, postnatal care, a dedicated women's health clinic, and screening for sexually transmitted infections (STIs).

## 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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. At the time of the inspection the practice had suspended NHS health checks for people aged 40-74 because of a low rate of uptake and instead targeted health checks were offered on an opportunistic basis.
- Services included advice on smoking cessation, sexual health, weight loss and alcohol advice. The practice also offered women's and men's health clinics.



# Summary of findings

- Booked appointments were provided during extended hours to allow working people early morning and late evening access. The practice was part of a local Weekend Collaborative offering its patients appointments for Saturday and Sunday.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice worked with the local Homelessness Intervention Team and participated in the local Out Of Hospital Service for the Homeless
- The practice encouraged patients from vulnerable groups to access care services, through flexible appointment systems including walk in surgeries, and longer appointment times for people with multiple needs. Vulnerable patients and all patients over the age of 75 had a nominated GP.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice facilitated vulnerable patients' access to support groups and voluntary organisations through the support of a primary care navigator.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## 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).

- 71% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average. QOF performance for mental health related indicators was above the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



## Summary of findings

- The practice participated in the local Out of Hospital (OOH) service for these patients, providing share care prescribing and frequent reviews, with long appointments where necessary. The practice also provided blood tests and ECG monitoring for patients on antipsychotic medication.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, including referral of those diagnosed with dementia to the local memory service.
- Staff 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 published on 2 July 2015. The results showed the practice was performing broadly in line with local and national averages. 447 survey forms were distributed and 72 were returned. This represented a response rate of 16% and 1.6% of the practice's patient list.

- 96% of patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 97%, national average 89%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They told us they felt involved in decision making about the care and treatment they received. 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.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. In response to the ongoing NHS Friends and Family Test, 94% of patients (of 49 who responded) would recommend the practice.

# Lancaster Gate Medical Centre

## 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, a practice manager, a second CQC inspector and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

## Background to Lancaster Gate Medical Centre

Lancaster Gate Medical Centre provides primary medical services through a Personal Medical Services (PMS) contract in the W2 and W11 postcode areas of London within the London Borough of Westminster. The practice is part of NHS West London Clinical Commissioning Group. The services are provided from a single location to around 4,600 patients. The list size has increased significantly from 2,500 over the past two years, due in part to local practice closures. The practice has a relatively young patient demographic with 85% of patients being of working age, and only 5% above the age of 65; Eighteen percent of registered patients are under the age of 16. This is reflected in the practice's low chronic disease prevalence. The practice has a predominantly white patient population.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; and Treatment of disease, disorder or injury. The practice is also a training practice, teaching final year medical students.

At the time of our inspection, there were 2.5 whole time equivalent (WTE) GPs comprising the two partner GPs and a salaried GP, and practice manager (0.8 WTE) at Lancaster Gate Medical Centre. The practice also employed a part-time advanced nurse practitioner (0.7 WTE) and practice nurse (0.5 WTE), an assistant practice manager (1 WTE) and five administrative staff (3.5 WTE).

The practice is open between 8:00am to 6:00pm Monday and Thursday; 9:00am to 7:30pm Tuesday and Wednesday; and 9:00am to 6:00pm Friday. Appointments are from 8:00am to 11:30am and 3:30pm to 6:00pm Monday Thursday; 9:00am to 12:30pm and 4:30pm to 7:30pm Tuesday and Wednesday; and 9:00am to 12:30pm and 3:00pm to 6:00pm Friday. Extended surgery hours are offered for pre-booked appointments on Monday and Thursday mornings from 8:00am to 9:00am, and Tuesday and Wednesday evenings from 6:00pm to 7:30pm. As part of a local 'weekend collaborative' patients can also access appointments on Saturday and Sunday between 9:00am to 5:00pm.

In addition to pre-bookable appointments that can be booked up to 6 weeks in advance, urgent appointments are also available for people that needed them. A walk-in surgery is held daily between 9:00am and 10:30am, to patients arriving before 10:00am on a first come, first serve basis.

# Detailed findings

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

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service has not been inspected before. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We liaised with NHS West London (Kensington and Chelsea, Queen's Park and Paddington) Clinical Commissioning Group (CCG), local Healthwatch and NHS England.

We carried out an announced visit on 16 December 2015. During our visit we spoke with seven patients, including a member of the patient participation group and a range of staff including: the two partner GPs, and a salaried GP, the advanced nurse practitioner nurse, the practice manager and assistant practice manager, and reception staff. We reviewed 19 comments cards where patients who visited the practice in the week before the inspection gave us their opinion of the services provided. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We reviewed personal care plans and patient records and looked at how medicines were recorded and stored.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in one reported incident the practice's infection control protocols had not been correctly followed by agency staff. This was raised with the agency concerned and the practice took steps to ensure more thorough checking of relevant qualifications and training of temporary staff, and closer monitoring of them when working at the practice.

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

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Staff had ready access to details of who to contact for further guidance if they had concerns about a patient's welfare. However, these details were not included within the safeguarding policies and the practice manager undertook to address this. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room 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 check (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 was a cleaning schedule in place on which the cleaner indicated that cleaning had been completed but this was not signed off by the practice. The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw from the latest audit in November 2014 evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The advanced practitioner nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a process for ensuring that medicines were kept at the required temperatures. We saw that checks of fridge temperatures were carried out daily and recorded, stock was appropriately rotated to ensure oldest stock was used first and fridges were properly maintained and calibrated. However, two of the three fridges in use did not have two thermometers which is the ideal under national guidance. The guidance advises if only one thermometer is used, then a monthly check should be considered to confirm that the

## Are services safe?

calibration is accurate but no such checks were in place. In addition the fridges were not wired into switchless sockets as recommended in national guidance and there were no cautionary notices that the plug switches should not be turned off.

- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Some DBS checks for longer serving staff were from previous employers but the practice manager was in the process of obtaining updated checks for all staff.
- There were failsafe systems in place 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 had recently updated its procedures for cervical screening and made them more robust following a clinical audit in 2015.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety, including appropriate recall arrangements for patients on high risk medicines. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and we saw up to date records for this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice also carried out workforce planning and we saw a recent cost benefit analysis of impending changes in working hours of some of the staff.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff had also received training in conflict management.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had reviewed the medicines kept in the emergency kit and decided not to keep medicine for bradycardia, an abnormally slow heart rate. However, the risk assessment to decide that it was not suitable for the practice to stock this medicine had not been formally documented.
- The practice had oxygen available on the premises with adult and children's masks. A first aid kit and accident book were available. There was no defibrillator available as encouraged by the National Resuscitation Council but the practice had assessed the risk of not having this equipment and recorded the decision.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice checked the medicines monthly, although we saw that for one month the check had not been recorded in the log. We found that one medicine had passed its 2015 expiry date, which the practice removed immediately for disposal. All other medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, 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 95% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the CCG and national average: 77% compared to 80% and 89% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and similar to the national average: 80% compared to 76% and 80% respectively.
- Performance for mental health related indicators was above the CCG and national average: 100% compared to 85% and 93% respectively.

The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) reported in Health and Social Care Information Centre (HSCIC), Hospital Episode Statistics (HES), was 0.23 below the national average. This was identified by CQC prior to the

inspection as a 'large variation for further enquiry'. We discussed this with the practice who told us they had a young patient population and only 5% were above age 65. There was therefore a lower than usual COPD incidence. The practice had nevertheless pro-actively provided spirometry to improve COPD diagnosis.

Another area identified by CQC for further enquiry at the inspection as a large variation for further enquiry included the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years (5% below the national rate). The practice expected an improved performance in the current year following a cervical screening audit in 2015 from which it updated its procedures for cervical screening and made them more robust.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, and two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a contraception implant audit included the introduction of an implant protocol to more readily assess potential complications. The practice was also considering more implant training to expand service availability.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and complaints.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered



# Are services effective?

## (for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff, apart from those recently recruited had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also attended monthly clinical learning set (CLS) meetings where local clinical issues and action were discussed with the CCG and other practices and N meetings with hospital consultants to discuss and review ongoing casework.

### 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.
- The process for seeking consent was recorded in patient records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, homeless patients and patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service. For example, patients identified as obese were offered initial support via dietician and referral to a gym. In some cases they may subsequently be referred to bariatric surgery, for example for a gastric band procedure.
- Smoking cessation advice was provided at the practice and patients could be referred to a dietitian for dietary and weight loss advice, to an exercise programme. A confidential Chlamydia screening service was also available at the practice.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were generally lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 49% to 68% and five year olds from 42% to 89%. This compared to CCG averages of 68% to 83% and 59% to 86% respectively.

## Are services effective? (for example, treatment is effective)

The practice acknowledged it had long had difficulties achieving screening and immunisation targets due in large part to its transient population who had received part of their care in foreign health care systems. The practice was, however, making concerted efforts through an increasingly robust registration and follow-up process to improve this.

Flu vaccination rates for the over 65s were 73%, and at risk groups 68%. These were similar to or above national averages (73% and 50% respectively).

Patients had access to appropriate health assessments and checks. These included health checks for new patients (58% of eligible patients checked). All patients over 65 are strongly encouraged to have new patient checks

comprising a 20 minute appointment with the nurse (or doctor if considered appropriate) as were patients on multiple medications. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice began inviting patients aged 40-74 for NHS health checks in 2014 in blocks of 100 patients at a time. This met with a low rate of uptake (approximately 5%). Consequently the practice decided to transfer staffing time to other priorities. Targeted health checks were offered on an opportunistic basis. We were told plans to resume block invitations were currently in process.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for some of its satisfaction scores on consultations with GPs and nurses and NHS England Area Team or in line or slightly below average in others. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 83%, national average 89%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 88% said the last nurse they saw or spoke to was good at giving them enough time
- (CCG average 87%, national average 92%).
- 95% said they had confidence and trust in the last nurse they saw (CCG average 94%, national average 97%).
- 82% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded mostly positively to questions about their involvement in planning and making decisions about their care and treatment. Results were broadly in line with local and national averages in some areas but below in others. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care (CCG average 81% , national average 81%).
- 82% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 90%).
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average % , national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Staff also spoke six different languages.

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer and the practice had a carers' register. The practice had identified 20 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them including a local carers' charity. Patients also had access to a local hub of support services and could self-refer to these services.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were personalised care plans for patients with complex needs. Wherever possible such patients were allocated 20 minute appointments.
- The practice pro-actively promoted health services to homeless patients ensuring that they were aware of the services available to them.
- The practice offered same day appointments for children and appointments early in the morning and late in the evenings for 'commuters'. The practice also worked closely with other local practices to provide access during weekends (GP Weekend Collaborative).
- The practice encouraged patients from vulnerable groups to access care services, through flexible appointment systems including walk in surgeries, and longer appointment times for people with multiple needs. Vulnerable patients and all patients over the age of 75 had a nominated GP.
- The practice provided double appointment slots for patients who were recognised as being elderly or having mental health issues. These patients also had a named GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Patients were referred to other clinics for vaccines the practice was unable to provide.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. The practice had responded to the increasing numbers of elderly patients registering from adjacent practices by planning a refurbishment of the ground floor administration room into an additional accessible clinical room.

### Access to the service

The practice was open between 8:00am to 6:00pm Monday and Thursday; 9:00am to 7:30pm Tuesday and Wednesday; and 9:00am to 6:00pm Friday. Appointments were from

8:00am to 11:30am and 3:30pm to 6:00pm Monday Thursday; 9:00am to 12:30pm and 4:30pm to 7:30pm Tuesday and Wednesday; and 9:00am to 12:30pm and 3:00pm to 6:00pm Friday.

Extended surgery hours were offered for pre-booked appointments on Monday and Thursday mornings from 8:00am to 9:00am, and Tuesday and Wednesday evenings from 6:00pm 7:30pm. As part of a local 'weekend collaborative' patients could also access appointments on Saturday and Sunday between 9:00am to 5:00pm.

In addition to pre-bookable appointments that could be booked up to 6 weeks in advance, urgent appointments were also available for people that needed them. A walk-in surgery was held daily between 9:00am and 10:30am, to patients arriving before 10:00am on a first come, first serve basis.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73%).
- 56% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 60%).

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

## Are services responsive to people's needs? (for example, to feedback?)

practice had a complaints/comments information sheet and a notice about how to complain in the reception area. There was also relevant information available in the practice leaflet and on the website.

We looked at three complaints received in the last 12 months and. We found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned. We saw meeting minutes where complaints, lessons learnt and action taken to improve the quality of

care were discussed. For example, where a patient was unhappy about a lack of response from the practice about a request for an appointment for immunisation, the practice investigated the matter and found that the patient had in fact been contacted and subsequently attended an appointment. In discussing the case within the practice staff were advised to ensure that all contact with patients was recorded in their notes to show that they had tried to call the patient and when. The practice also implemented a spreadsheet of current actions pending, so that staff knew to chase all outstanding calls/actions.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement contained within its statement of purpose which was displayed in the waiting area and on the practice's website. The statement of purpose had recently been reviewed at a practice business meeting and we saw the minutes of this. Staff knew and understood the practice's vision and values. The practice's philosophy, mission statement and values were also set out clearly in the practice leaflet.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by both the partners in the practice and the practice manager. 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a proposal was made to consider moving the morning walk-in surgery from 9:00am to later in the morning to avoid patients queuing outside prior to the doors opening to secure an early slot. The practice carried out a patient survey in which a significant majority of



# Are services well-led?

Good 

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

patients who responded requested that the hours remained the same. The practice was liaising closely with the CCG to explore ideas to increase membership and patient interest in the PPG.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, when discussing improvements to the waiting area, staff suggested the need for new patient chairs. This was agreed and the new chairs had been ordered.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice participated in the 'Whole Systems pilot', a new community service which has been developed by the CCG to ensure comprehensive care planning for older at risk patients in a multi-disciplinary setting.
- The practice has begun a number of Out Of Hospital Services to ease pressure on admissions including Anti-Coagulation monitoring, Ambulatory Blood Pressure Monitoring, Near Patient Testing Monitoring and ECGs.