Park View Centre for Health and Wellbeing (Dr R K Kukar)

Quality Report

Cranston Court
56 Bloemfontein Road
Shepherd's Bush
London
W12 7FG
Tel: 020 8749 4141
Website: www.themedicalcentrew12.com

Date of inspection visit: 29 November 2016
Date of publication: 06/04/2017

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	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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park View Centre for Health and Wellbeing (Dr R K Kukar & Partner) on 19 January 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 19 January 2016 inspection can be found by selecting the 'all reports' link for Park View Centre for Health and Wellbeing on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 28 November 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 19 January 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now 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 and the practice had acted upon the findings of our previous inspection in relation to patient safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed the practice had made some improvements to patient outcomes. However, some clinical indicators continued to show a negative variation from local and national averages.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients 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.
- The practice had good facilities in a purpose-built primary health care centre shared with three other GP practices and community services and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the process in place for the receipt, dissemination, reviewing and acting upon patient safety alerts.
- Monitor performance of the Quality and Outcome Framework (QOF) indicators specifically in relation to the cervical screening programme and patient outcomes in relation to the childhood immunisation programme.
- Develop an on-going quality improvement programme to improve patient care.
- Ensure all staff, including those undertaking revalidation through a professional body, have had an appraisal.
- Evidence completion of training in the Mental Capacity Act and The Deprivation of Liberty Safeguards (DoLS) for all clinical staff.
- Continue the drive to recruit patients to join the Patient Participation Group (PPG).

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?

Good

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. We saw evidence that staff not working core hours were included in the sharing and learning from significant events which the practice had been unable to demonstrate on our previous inspection. However, the practice processes for the receipt, dissemination, reviewing and acting upon patient safety alerts needed refinement.
- When things went wrong patients received reasonable support, truthful information, and a 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. The practice had acted upon the findings of the previous inspection and changed its processes with regards a non-clinical member of staff working outside the scope of their role and had undertaken a fire and environmental risk assessment and put a business continuity plan in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Since our last visit the practice had made some improvements to outcomes for patients with diabetes. However, some data from the Quality and Outcomes Framework (QOF) showed a negative variation to local and national averages, for example the cervical screening programme.
- There was evidence of appraisals for non-clinical staff which the practice had been unable to demonstrate at the previous inspection. However, the practice had not undertaken appraisals of practice nursing staff as they had interpreted this as not necessary as practice nurses were required to undertake a revalidation process with the Nurse and Midwifery Council (NMC). The practice told us they would undertake the appraisals after the inspection.

Summary of findings

- The practice had undertaken two clinical audits since our last inspection but had not developed a programme of continuous quality improvement going forward.
- Staff assessed needs and delivered care in line with current evidence based guidance. However, the principal partner could not confirm Mental Capacity Act or The Deprivation of Liberty Safeguards (DoLS) training had been completed.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey was statistically comparable with CCG and national averages for several aspects of care. For example, 78% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 79%; national average 82%).
- 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?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in the local out of hospital services (OOHS) initiative for the delivery of services within the practice such as wound care and ambulatory blood pressure monitoring.
- Patients 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.
- 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.

Summary of findings

Are services well-led?

Good

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

- The practice told us they had a vision and strategy to deliver high quality care and promote good outcomes for patients. However, data showed a negative variation to local and national averages for some clinical outcomes.
- There was a leadership structure and staff felt supported by management. There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice had a number of policies and procedures to govern activity and held regular meetings.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. Risks to patients were assessed and managed and the practice had acted upon the findings of our previous inspection in relation to this.
- 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 sought feedback from patients in the form of the Friends and Family Test (FFT). However, the patient participation group was not active.

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

Good

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for people with long-term conditions.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had improved its performance and outcome data since our previous inspection for diabetes related indicators and were now statistically comparable to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 69% (previous year 49%) compared to the CCG average of 74% and the national average 78% and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 72% (previous year (57%) compared to the CCG average of 76% and the national average of 80%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.
- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and there they are treated and cared for.

Families, children and young people

Good

The practice had resolved the majority of concerns for safety, effective, responsive and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of families, children and young people.

- The practice's uptake for the cervical screening programme was 35% which was a significant negative variation compared to the CCG average of 71% and the national average of 81%. This had been a finding of our previous inspection when the practice achievement had been 42%.
- Childhood immunisation rates for the vaccinations given to the under two year olds were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had not achieved the target in any of the four areas. The practice's achievement ranged from 68% to 83%. These measures can be aggregated and scored out of 10, with the practice scoring 7.3 (compared to the national average of 9.1). Immunisation rates for five year olds ranged from 61% to 74% (CCG 65% to 86% and national 88% to 94%).
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 19 January

2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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 reflects the needs for this age group.
- The practice offered a clinic on Saturday through a local enhanced extended hour's service.

People whose circumstances may make them vulnerable

Good

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. 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 those with a learning disability. The practice participated in an out of hospital services (OOHS) initiative which included a homeless service which enabled patients to register at the practice address.
- 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 and informed patients about how to access various support groups and voluntary organisations.
- 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.

People experiencing poor mental health (including people with dementia)

Good

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this

Summary of findings

population group. The population group ratings have been updated to reflect this. The practice is therefore rated as good for the care of people experiencing poor mental health (including people with dementia).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 50% (16 patients) compared to the CCG average of 82% and the national average of 89% (practice exception reporting 0%; CCG 12%; national 13%).
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 100% (10 patients) compared to the CCG average of 84% and the national average of 84% (practice exception reporting 10%; CCG 7%; national 7%).
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia and changes had been implemented to the practice to make the premises 'dementia friendly.'

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 . Three hundred and forty-seven survey forms were distributed and 71 were returned. This represented a completion rate of 20% and 4% of the practice's patient list. The results were statistically comparable with CCG and national averages. For example:

- 78% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 78%.
- As part of our inspection we also asked for CQC comment cards to be completed by patients on the day of the inspection. We received five comment cards which were all positive about the standard of care received.

We spoke with two patients during the inspection; both of whom were satisfied with the care they received and thought staff were approachable, committed and caring.

Results of the Friends and Family Test (FFT) for the reporting period February 2016 to October 2016 showed 72% of patients would be extremely likely or likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review the process in place for the receipt, dissemination, reviewing and acting upon patient safety alerts.
- Monitor performance of the Quality and Outcome Framework (QOF) indicators specifically in relation to the cervical screening programme and patient outcomes in relation to the childhood immunisation programme.
- Develop an on-going programme to improve patient care.
- Ensure all staff, including those undertaking revalidation through a professional body, have had an appraisal.
- Evidence completion of training in the Mental Capacity Act and DoLS) for all clinical staff.
- Continue the drive to recruit patients to join the Patient Participation Group (PPG).

Park View Centre for Health and Wellbeing (Dr R K Kukar)

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 Park View Centre for Health and Wellbeing (Dr R K Kukar)

Park View Centre for Health & Wellbeing (Dr R K Kukar and Partner) is situated at Parkview Centre for Health and Wellbeing, Cranston Court, 56 Bloemfontein Road, Shepherds Bush, London, W12 7FG. This is a purpose-built primary health care centre shared with three other GP practices. There are also community services on site including district nursing, health visiting, school nursing, sexual health, podiatry and an anticoagulation clinic.

The practice moved in to the premises in June 2014 and has access to two consulting rooms on the ground floor, a shared reception and administrative space on the first floor. The practice provides NHS primary care services to approximately 1,900 people living in Hammersmith and Fulham through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of the NHS Hammersmith and Fulham Clinical Commissioning Group (CCG) which consists of 31 GP practices.

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The practice has a larger than average proportion of young adults on its patient list, particularly in the age ranges 20-24, 25-29 and 30-34, and is ethnically diverse.

The practice is registered with the Care Quality Commission (CQC) as a partnership with a non-clinical second partner to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice staff comprises one male GP principal partner, a female salaried GP, and a regular male and female locum doctor (totalling 10 clinical sessions per week). A regular locum practice nurse works on Saturday as part of extended hours contract. A healthcare assistant, a practice manager and reception and administration staff work across two separately registered practices managed by Dr Kukar.

The practice is open between 8am and 6.30pm Monday to Friday. The practice leaflet indicates that appointments are available from 10am to 1pm and 2pm to 5pm Monday to Friday. A clinic is provided on Saturday through a local enhanced extended hour's service. This is a doctor-led clinic but a practice nurse is also available. The practice does not have a practice nurse working core hours Monday to Friday.

When the surgery is closed, out-of-hours services are accessed through 111 and details of this were included in the practice leaflet and on the website.

Detailed findings

Why we carried out this inspection

We undertook an announced comprehensive inspection at Park View Centre for Health and Wellbeing (Dr R K Kukar & Partner) on 19 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement. The full comprehensive report on the 19 January 2016 inspection can be found by selecting the 'all reports' link for Park View Centre for Health and Wellbeing on our website at www.cqc.org.uk.

We undertook a follow-up announced comprehensive inspection of Park View Centre for Health and Wellbeing (Dr R K Kukar & Partner) on 28 November 2016. 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 legal requirements.

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 28 November 2016. During our visit we:

- Spoke with a range of staff (GP partner, salaried GP, practice nurse, healthcare assistant, practice manager and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised 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.

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.

Good

Are services safe?

Our findings

At our previous inspection on 19 January 2016, we rated the practice as inadequate for providing safe services. A warning notice was issued in respect of a non-clinical member of staff undertaking clinical responsibilities without training, protocols and an auditable system of supervision and arrangements in respect of environmental and fire risk assessments and fire safety were not adequate.

At our follow up inspection on 28 November 2016 we found arrangements had improved. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a 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. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and had recorded four in the past 12 months.
- Staff told us that significant events were discussed at practice meetings and we saw evidence of meeting minutes where incidents had been discussed. At our last inspection the practice were unable to demonstrate how a practice nurse who worked on Saturday, and did not attend meetings, received minutes and was included in the process of learning from significant events. The practice told us that the principal partner held a weekly meeting with the practice nurse during the Saturday clinic and minutes of all meetings were made available on the shared drive and by email. We spoke with the practice nurse by telephone after the inspection during a Saturday clinic and we were able to confirm this.

We reviewed minutes of meetings where these were discussed and we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed its patient identification process when booking appointments when it was identified that an incorrect patient had been booked into a clinic. Although the error was identified by the doctor immediately before any consultation commenced, it was reinforced to staff to be mindful of patients with a similar name and check at least three identification parameters, for example, full name, date of birth and address.

The practice told us that all safety alerts were received by the principal partner and those considered relevant to the service distributed to the clinicians by way of a paper copy. We discussed an example of a recent alert which had been distributed but found one of the GPs we spoke with had not received it.

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. These arrangements 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. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, the practice nurse and healthcare assistant to level two and non-clinical staff to level one.
- A notice in the waiting room and consultation 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).

Good

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The principal partner had overall responsibility for infection control. There was an infection control protocol in place and staff had received up- to-date training. An infection control audit had been undertaken in April 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, to ensure hand sanitising gel was available for staff on reception. On the day of our inspection we saw that this was available. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice told us they 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. The practice utilised prescribing optimisation software which interfaced with the practice's clinical system to ensure safe and appropriate prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). A healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed seven personnel files, which included a member of staff recruited since our last inspection, 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.
- At our last inspection it was observed that a non-clinical member of staff reviewed and summarised patient hospital discharge letters and made amendments to medicines, when specified, on the clinical system without training, protocols or an auditable system of supervision. The practice had revised its processes and told us amendments to medicines on the clinical system were only undertaken by doctors. This was confirmed by staff we spoke with on the day, including the clinical team.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The premises were maintained by NHS Property Services who had undertaken risk assessments of the premises which included Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was a facilities manager and security guard available on the premises daily.
- Since our last inspection the practice had undertaken an environmental and fire risk assessment of the space it occupies in the shared building. The practice had nominated two fire marshals. All staff we spoke with knew the location of the fire evacuation assembly point. We saw evidence that a fire evacuation drill had been undertaken in September 2016.
- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken by the practice in January 2016.
- 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

enough staff were on duty. Both clinical and non-clinical staff worked across two practices managed by Dr Kukar although the two practices were registered with the Care Quality Commission as separate entities.

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.
- The practice had a defibrillator available on the premises which was situated in the reception area and shared by the other practices in the health centre. We saw that this was checked on a regular basis. All staff had received basic life support training.
- Oxygen with adult and children's masks, a first aid kit and accident book were available and staff we spoke with knew where these were.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- At our previous inspection we found that the practice did not have a business continuity plan in place for major incidents such as power failure or building damage. We found the practice now had an active business continuity plan in place which included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 January 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff appraisals, quality improvement and clinical outcomes required improvement.

At our follow up inspection on 28 November 2016 we found the practice had addressed the majority of our findings and made improvements. The practice is now rated as good for providing effective services.

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 patients' needs.

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 82% (CCG 90%; national 95%) of the total number of points available with 4% overall exception reporting (CCG 7%; national 6%). (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).

At our previous inspection, the QOF data for 2014/15 showed the practice to be an outlier for several indicators which included diabetes and mental health.

Data for 2015/16 for diabetes indicators showed improvement in performance and outcomes for these indicators. For example:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 69% (previous year 49%) which was statistically comparable to the CCG average of 74% and the national average 78%. Practice exception reporting was 7% (CCG 13%; national 12%);
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 80% (previous year 72%) which was statistically comparable to the CCG average of 71% and the national average of 78%). Practice exception reporting was 5% (CCG 12%; national 9%);
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 72% (previous year (57%) which was statistically comparable to the CCG average of 76% and the national average of 80%. Practice exception reporting of 5% (CCG 13%; national 13%).

The practice told us they had worked with Hammersmith and Fulham CCG and utilised its clinical diabetes dashboard data to improve patient outcomes for diabetic patients and had undertaken a two-cycle audit to monitor progress.

Data for 2015/16 one mental health indicator showed a significant negative variation compared to the CCG and national averages. We found:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 50% (16 patients) compared to the CCG average of 82% and the national average of 89% (practice exception reporting 0%; CCG 12%; national 13%). This was worse than the previous year when the outcome for this indicator was 71%.

However, other mental health indicators were statistically comparable to national averages. For example, we found:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 75% compared to the CCG average of 84% and the national average of 89% (practice exception reporting 0%; CCG 10%; national 10%), the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the

Good

Are services effective?

(for example, treatment is effective)

preceding 12 months was 97% compared to the CCG average of 93% and the national average of 95% (practice exception reporting 0.3%; CCG 1.1%; national 0.8%).

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 100% (10 patients) compared to the CCG average of 84% and the national average of 84% (practice exception reporting 10%; CCG 7%; national 7%).

Data for other indicators showed:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 82% which was statistically comparable with the CCG average of 78% and the national average of 83% (practice exception reporting 5%; CCG 5%; national 4%).
- The percentage of patients with asthma, on the register (55 patients), who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 91% which was above the CCG average of 76% and the national average of 76% (practice exception reporting 2%; CCG 5%; national 8%).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 68% which was below the CCG average of 84% and the national average of 90% (practice exception reporting 0%; CCG 11% and national 12%).

We discussed the low QOF scores for some indicators with the principal GP who was aware of these results. The practice told us they were considering recruiting a practice nurse to work during core hours to improve the services offered to patients. At our previous inspection the practice had also told us they were seeking a practice nurse. The practice told us they had been unable to recruit a practice nurse but had not formally advertised the position since our last inspection.

Prescribing indicators for the period July 2015 to June 2016 showed a negative variation for the percentage of antibiotic items prescribed that were cephalosporins or quinolones (practice 9%; CCG 5%; national 5%). At our previous inspection data for January 2014 to December 2014 showed the practice was comparable to the national average (practice 8%; national 6%).

At our previous inspection the practice could not demonstrate quality improvement processes, such as clinical audit, to drive improvement in performance to improve patient outcomes. Since our last inspection the practice had undertaken two two-cycle audits and we found findings were used by the practice to improve services. For example, as a result of an audit relating to the timely processing of hospital and A&E correspondence received at the practice, it was agreed that the principal partner be provided with a dedicated daily session to deal with this correspondence to ensure appropriate recommendations and actions are dealt with on a daily basis whenever possible. The first audit found 19% of all hospital correspondence was dealt with within 48 hours and the second cycle of the audit showed an improvement to 29%.

Although the practice had undertaken two clinical audits since our last inspection, they had not developed a quality improvement programme moving forward. The practice told us it had also engaged with the CCG medicine optimisation team regarding undertaking prescribing-related audits.

Effective staffing

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

- There was evidence of appraisals for non-clinical staff which the practice had been unable to demonstrate at the previous inspection. However, the practice had not undertaken appraisals of practice nursing staff as they had interpreted this as not necessary as practice nurses were required to undertake a revalidation process with the Nurse and Midwifery Council (NMC). The practice told us they would arrange appraisals after the inspection.
- 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, staff delivering services as part of the local out of hospital services (OOHS) initiative had received external training in wound care and ambulatory blood pressure monitoring.
- 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 on line resources and discussion at practice meetings.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used an IT interface system which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs would have full and detailed medical records available to them for a new patient's first consultation.
- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and there they are treated and cared for.

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. 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.

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 (MCA) 2005. However, the principal partner could not confirm training for MCA or The Deprivation of Liberty Safeguards (DoLS). The practice told us that this had been included with safeguarding training and would provide evidence. However, we have not received evidence of this.
- 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. 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 were signposted to the relevant service.
- Information about support groups was also available on the practice television screen which advertised health promotion initiatives for patients.

The practice's uptake for the cervical screening programme was 35% which was a significant negative variation compared to the CCG average of 71% and the national average of 81%. This had been a finding of our previous inspection when the practice achievement had been 42%.

Childhood immunisation rates for the vaccinations given to the under two year olds were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had not achieved the target in any of the four areas. The practice's achievement ranged from 68% to 83%. These measures can be aggregated and scored out of 10, with the practice scoring 7.3 (compared to the national average of 9.1). Immunisation rates for five year olds ranged from 61% to 74% (CCG 65% to 86% and national 88% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

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.

Good

Are services caring?

Our findings

At our previous inspection on 19 January 2016, we rated the practice as good for providing caring services. At our follow up inspection on 28 November 2016 we also found the practice was good for providing caring services.

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 five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice was good and staff were helpful, caring and treated them with dignity and respect.

We did not speak to any members of the patient participation group (PPG) on the day of the inspection. The practice told us that the last meeting was held in December 2015 and that the group was not currently active. At the time of our previous inspection the practice told us they were attempting to recruit new members. The practice had been unsuccessful in the recruitment of patients to join the PPG.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was statistically comparable with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 92%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 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 from the comment cards we received was also positive and aligned with these views.

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.

Good

Are services caring?

- The appointment check-in system was available in several languages in line with the practice's diverse population.
- The practice website had the functionality to increase the font size for those with visual impairment.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. In addition, health promotion screens in the waiting room relayed patient health information, for example, alcohol and smoking cessation.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (1.2% of the practice list). Written information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 January 2016, we rated the practice as requires improvement for providing responsive services. Outcomes relating to responsive had improved when we undertook a follow up inspection on 28 November 2016. The practice is now rated as good for providing responsive services.

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.

- The practice participated in the local out of hospital services (OOHS) initiative for the delivery of services within the practice. For example, wound care and ambulatory blood pressure monitoring.
- The practice had extended opening on Saturday morning which was doctor-led but also included a practice nurse clinic.
- There were longer appointments available for patients with a learning disability and carers.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available. Staff spoke other languages which included Arabic, Polish, Russian, Hindi, Somalian and Punjabi.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice leaflet indicated that appointments were available from 10am to 1pm and 2pm to 5pm Monday to Friday. The practice was open on Saturday from 10am 2pm through a local enhanced extended hour's service. This was doctor-led but appointments were also available with a practice nurse.

Patients could book appointments and request repeat prescriptions online via the practice website.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- 70% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 99% of patients said the last appointment they got was convenient compared to the CCG average of 88% and the national average of 92%.

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

The practice had a system in place to assess:

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

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 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 a patient complaint leaflet and a poster in the waiting room.
- At the time of our previous inspection it was found that the practice did not keep a record of verbal complaints. We found at our recent inspection that the practice now kept a written record of all verbal interactions as well as written correspondence.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had received one complaint in the last 12 months. We reviewed the practice response to the patient and found that this had been satisfactorily handled, dealt with in a timely way and with openness and transparency. We saw complaints were discussed in team meetings.

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 19 January 2016, we rated the practice as requires improvement for providing well-led services secondary to the findings of inadequate in safe and requires improvement in effective, responsive and well-led.

These arrangements had improved when we undertook a follow up inspection on 28 November 2016. The practice is now rated as good for providing well-led services.

Vision and strategy

At our previous inspection we found that the practice did not have a strategy or business plan which reflected the vision and the values of the practice. Since the last inspection the practice had produced a comprehensive strategy and supporting business plan which the practice told us would be reviewed regularly by the principal partner.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy. 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.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. Risks to patients were assessed and well managed. The practice had acted upon the findings of the previous inspection and changed its processes with regards a non-clinical staff member working outside the scope of their role.
- Although the practice had made some improvement to outcomes for patients with diabetes, data from the Quality and Outcomes Framework (QOF) showed a negative variation to local and national averages for some clinical outcomes, specifically cervical screening.
- The practice had undertaken two clinical audits since our previous inspection. However, they had not developed a quality improvement programme moving forward.

Leadership and culture

On the day of inspection the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- At the time of our previous inspection it was found that the practice did not keep a record of verbal complaints. We found at our recent inspection that the practice now kept a written record of all 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. We saw evidence that meetings were structured and well attended and we saw evidence of good quality minutes.
- 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.
- Staff said they felt respected, valued and supported.

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

- The practice sought feedback from patients through the Friends and Family Test (FFT). However, the patient participation group (PPG) had not met since December 2015 and was not active at the time of our inspection.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.