

Dr Timothy Evans

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Timothy Evans on 3 December 2014. The overall rating for the practice was good with requires improvement in providing well-led services. The full comprehensive report on the 3 December 2014 inspection can be found by selecting the 'all reports' link for Dr Timothy Evans on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 19 October 2017 to confirm that the practice had carried out their plan to meet the requirements that we identified in our previous inspection on 3 December 2014. This report covers our findings in relation to those requirements and any improvements made since our last inspection.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient feedback was positive and showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients we spoke with said they found it easy to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership and staffing structure and all staff we spoke with were aware of their own roles and responsibilities.
- All staff we spoke with were aware of the requirements of the duty of candour. Staff told us the culture encouraged openness and honesty.

The areas where the provider should make improvement are:

Summary of findings

- Consider Public Health England's Protocol for ordering, storing and handling vaccines (March 2014) in relation to the use of a secondary thermometer.
- Consider how any person with a hearing impairment would access the service.

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.

- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- We saw evidence of the effective management of patients. For example patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- The practice demonstrated a system of quality improvement activity and regularly reviewed the effectiveness and appropriateness of the care provided.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans.

Good



Are services caring?

The practice is rated as good for providing caring services.

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was accessible.
- Patient feedback was positive and showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Patients we spoke with said they found it easy to make an appointment, usually on 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. The practice had not had any written or verbal complaints in the previous 12 months.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Since our previous inspection the practice had recruited a part-time practice manager to support the full-time practice nurse in the day-to-day running of the practice.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice encouraged openness and honesty. All staff we spoke with were aware of the requirements of the duty of candour.

Good



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

There were eight patients over the age of 70 registered with the practice. The numbers of patients in this population group of older people was therefore insufficient for the Care Quality Commission to pass comment and so we were unable to rate it. However, the practice staff demonstrated an awareness of the needs of patients over the age of 70 which included access to health checks, influenza vaccination and support services, for example, podiatry.

Not sufficient evidence to rate



People with long term conditions

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

Good



- The practice had identified 14% of its registered patients as having a long-term condition. For example, diabetes, asthma and hypertension. We saw evidence of the effective management of these patients which included a structured annual review to check their health and medicines needs were being met. The practice demonstrated a recall system for these patients.
- Patients were referred to local services, for example DESMOND (Diabetes Education and Self-Management for Ongoing and Diagnosed) training courses for people with type two diabetes.
- Annual influenza vaccines were offered for patients with chronic diseases.

Families, children and young people

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

Good



- The clinical team demonstrated a good understanding of the needs of children and families.
- The practice offered ante-natal care and baby and pre-school checks which included childhood immunisations.
- The practice liaised with the local health visitors and home visits were arranged for new mothers and families.
- Cervical screening and family planning advice was available.

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



Summary of findings

- Patients within the category made up the majority of registered patients at the practice.
- Patients told us they had access to timely appointments, often on the same day, with both the doctor and the nurse.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances may make them vulnerable

This population group was not represented in the registered patients, so we could not rate it.

Not sufficient evidence to rate



People experiencing poor mental health (including people with dementia)

This population group was not represented in the registered patients, so we could not rate it.

Not sufficient evidence to rate



Summary of findings

What people who use the service say

As part of our inspection we 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 told us the practice was excellent and care and treatment was to a high standard.

We spoke with three patients during the inspection all of whom were extremely satisfied with the care they

received and the availability of GP and nurse appointments. Patients told us they felt very lucky to have the service and thought staff were friendly, patient-focused, committed and caring.

Results of the NHS Friends and Family Test (FFT) for the period November 2016 to October 2017 based on 14 responses showed that 100% of patients were extremely likely or likely to recommend the practice.

National GP patient survey data is not available for the practice due to the small practice list size.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider Public Health England's Protocol for ordering, storing and handling vaccines (March 2014) in relation to the use of a secondary thermometer.
- Consider how any person with a hearing impairment would access the service.

Dr Timothy Evans

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 Dr Timothy Evans

Dr Timothy Evans, also known as The Royal Mews Surgery, is a unique practice situated within the grounds of Buckingham Palace providing GP services to the residents and employees (including temporary summer employees) of the Royal Household and their families. The single location practice covers Buckingham Palace, St James's Palace, Clarence House and Kensington Palace.

The practice provides NHS primary care services to a closed register of 288 patients and operates under 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 NHS Central London Clinical Commissioning Group (CCG).

The practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and family planning.

The practice staff comprises of a principal GP (five sessions per week), a full-time practice nurse and part-time practice manager. The practice is open between 8am and 5pm Monday to Friday. Pre-bookable appointments are available with the doctor on Monday from 2.30pm to

4.30pm, Tuesday 9am to 11am, Wednesday 11.30am to 12.45pm, Thursday 2.30pm to 4.30pm and Friday 9am to 11am. Patients could access the duty doctor after 5pm, during weekends and public holidays. We saw that emergency and out-of-hours information was provided for patients in the waiting room and the practice brochure which included the NHS 111 service and the nearest NHS walk-in clinic.

The practice provided a range of services to its patients which included chronic disease management, cervical screening, travel vaccines, childhood immunisations, family planning advice, health checks, phlebotomy and health promotion which included smoking and alcohol cessation and weight management.

Why we carried out this inspection

We undertook an announced comprehensive inspection at Dr Timothy Evans on 3 December 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good with requires improvement for some aspects of providing a well-led service. The full comprehensive report on the 3 December 2014 inspection can be found by selecting the 'all reports' link for Dr Timothy Evans on our website at www.cqc.org.uk.

We undertook a follow-up announced comprehensive inspection of Dr Timothy Evans on 19 October 2017 to review in detail the actions taken by the practice to address the requirements that we identified at our previous inspection on 3 December 2014. This report covers our findings in relation to those requirements and any improvements made since our last inspection.

Detailed findings

How we carried out this inspection

Before visiting we reviewed a range of information that we hold about the practice. We carried out an announced visit on 19 October 2017. During our visit we:

- Spoke with the principal doctor, practice nurse and practice manager and spoke with patients who used the service.
- Observed how patients were being cared for in the practice waiting area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Inspected the facilities, equipment and premises.
- Reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, safeguarding referrals, significant events, patient survey results, complaints, meeting minutes and performance data.

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 living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 3 December 2014, we rated the practice as good for providing safe services. At our follow up inspection on 19 October 2017 we also found the practice was good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events and the practice learned and made improvements when things went wrong.

- There was a lead for significant events and staff had access to an operational policy. 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).
- All staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong and we saw the practice had recorded one incident in the past 12 months.
- The practice learned, shared lessons, and took action to improve safety in the practice. For example, the practice had reviewed its system of communication with the security team at the gate lodge to notify them when a vaccine delivery was due following a cold chain breach where vaccines had been delivered but the practice had not been informed. We saw documentary evidence that the vaccines had been disposed of in line with guidance.
- We saw evidence that learning had been shared with the regular locum practice nurse who provided cover for the substantive practice nurse.
- There was a system for receiving and acting on safety alerts.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible and clearly outlined who to contact for further guidance if staff had concerns about a patient's

welfare. The principal GP was the practice's lead for safeguarding and also a member of an internal child and vulnerable adults safeguarding committee which met to discuss adults and children who were known to be vulnerable.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP and the practice nurse were trained to safeguarding level three.
- A notice in the waiting room advised patients that a chaperone was available if required and this was provided by the practice nurse. The practice nurse was aware of her role and responsibilities as a chaperone and had received an enhanced Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) lead and had received training for the role. There was an IPC protocol in place which included waste management and the safe handling of sharps and spillages.
- An internal IPC audit had been undertaken in September 2017 and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had processes in place for the cleaning of specific equipment used in the management of patients, for example, an ear irrigator and spirometer (an instrument for measuring the air capacity of the lungs).

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were dedicated vaccine storage refrigerator with built-in thermometer and we saw evidence that the

Are services safe?

minimum, maximum and actual temperatures were recorded daily. However, the practice were not aware of Public Health England's Protocol for ordering, storing and handling vaccines (March 2014) which states all vaccine fridges should ideally have two thermometers, one of which is a maximum and minimum thermometer independent of mains power. If only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate.

- There were processes for handling repeat prescriptions. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw that these were signed.

The Royal Household was responsible for all employment checks for substantive and locum staff and held the main records. However, we were able to see evidence of appropriate registration with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC), medical indemnity and enhanced Disclosure and Barring Service (DBS) checks. Staff told us that a DBS check was undertaken every three years by the Royal Household. We were able to see evidence of training in the form of attendance certificates for the GP and both practice nurses.

Monitoring risks to patients

The practice operated under the health and safety policies of the Royal Household. We met with a member of the facilities team who was responsible for the premises and saw that procedures for assessing, monitoring and managing risks to patient and staff safety were in place. For example:

- The practice had a variety of risk assessments to monitor safety of the premises such as health and safety, security, control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There was a fire alarm warning system and firefighting equipment in place and we saw evidence that these were regularly maintained. The practice had an up to date fire risk assessment and carried out regular fire drills. The practice nurse was the fire marshal for the practice and had received training organised via the Royal Household as part of the overall fire evacuation plan.
- There were two clinical rooms which were appropriately equipped and we saw evidence that all electrical and clinical equipment was checked and calibrated on an annual basis to ensure it was safe to use and was in good working order. We saw that Portable Appliance Testing (PAT) had been undertaken in March 2017 and clinical equipment calibration in February 2017.
- There were arrangements for planning appropriate cover for the absence of the GP and the practice nurse with the same locum staff.

Arrangements to deal with emergencies and major incidents

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

- There was a system in place which alerted staff and security to an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the practice nurse treatment room. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice's business continuity plan for major incidents such as power failure or building damage was overseen by the Royal Household's security team. The practice nurse told us that the first aid centre based in the Royal Household could be used temporarily should the practice become unsuitable for use and we saw that this was part of the plan.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 3 December 2014, we rated the practice as good for providing effective services. At our follow up inspection on 19 October 2017 we also found the practice was good for providing effective services.

Effective needs assessment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Patients' needs were fully assessed. As there were only two members of the clinical team we were told they met on a daily basis to discuss the patients' clinical and holistic needs to ensure their continuing wellness.

Management, monitoring and improving outcomes for people

Due to the uniqueness of the practice, and the very small number of registered patients, Quality and Outcomes Framework (QOF) data was not available for all indicators (QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results). Furthermore, because of the service the practice provides and the make-up of its patient group, the practice cannot be compared with other practices as it does not reflect the patient population of the locality, for example it has no patients registered with a learning disability.

We saw that the practice had identified 14% of its registered patients as having a long-term condition such as diabetes, asthma and hypertension. We saw evidence of the effective management of these patients which included a structured annual review to check their health and medicines needs were being met. The practice demonstrated a recall system for these patients.

QOF data available showed:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c is 64 mmol/mol or less in the preceding 12 months was 100%.
- 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 100%.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 100%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 92%.

The practice demonstrated a system of quality improvement activity and regularly reviewed the effectiveness and appropriateness of the care provided.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- Formal induction was undertaken by the Royal Household. A handbook was available for staff which included all staff-related policies and procedures.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had undertaken training updates for managing long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- At our previous inspection we noted that the practice nurse had not had a formal appraisal of their clinical practice. At our inspection we noted that a formal written appraisal had been undertaken by the principal GP which provided an opportunity to discuss and develop a professional development plan.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and infection control.

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 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. 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

Are services effective?

(for example, treatment is effective)

moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record.

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.

Supporting patients to live healthier lives

Staff were proactive in helping patients to live healthier lives and identified patients who may be in need of extra support and directed them to relevant services. Staff told us they promoted wellness and proactively worked with other healthcare professionals to meet patient's needs using an holistic approach to health and wellbeing. Health

promotion services within the practice included those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

An osteopathy service was available at the practice once a week and a podiatry service once a month. Patients could be referred to a counselling service and had access to an independent occupational health service.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. We saw evidence that the practice nurse undertook an audit of all cervical screening results.

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

Are services caring?

Our findings

At our previous inspection on 3 December 2014, we rated the practice as good for providing caring services. At our follow up inspection on 19 October 2017 we also found the practice was good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that both the doctor and practice nurse 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

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 three patients on the day who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results of the NHS Friends and Family Test (FFT) for the period November 2016 to October 2017 based on 14 responses showed that 100% of patients were extremely likely or likely to recommend the practice. Patient comments collected with the FFT survey showed that patients thought the practice offered a fantastic and efficient service and staff were empathetic, professional and efficient.

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.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets, the patient brochure and notices in the patient waiting area signposted patients to a number of support groups and organisations which included access to a counselling service and an independent occupational health service for all employees. These services were provided on-site at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 3 December 2014, we rated the practice as good for providing responsive services. At our follow up inspection on 19 October 2017 we also found the practice was good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Same day appointments were available for children and those patients with medical problems that require same day consultation. Patients we spoke with and feedback from the CQC comment cards showed that routine appointments were often available on the same day.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was a registered Yellow Fever Centre and we saw evidence of its registration and training by the practice nurse.
- The practice was accessible via a ramp. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of inspection. Accessible toilet facilities were available for patients attending the surgery.
- Staff told us that they had not required the use of an interpretation service but knew how to access the service should they need it. The practice told us they had not identified any patients on their list with a hearing impairment so did not have a hearing loop. The practice told us they would review this if a requirement was identified.

Access to the service

The practice was open between 8am and 5pm Monday to Friday. Pre-bookable appointments were available with the doctor on Monday from 2.30pm to 4.30pm, Tuesday 9am to 11am, Wednesday 11.30am to 12.45pm, Thursday 2.30pm to 4.30pm and Friday 9am to 11am. Routine appointments were 15-minute but longer appointments were available if required. The practice did not provide extended hours appointments. However, patients could access the duty doctor after 5pm, during weekends and public holidays.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, usually on the same day. This was confirmed by the patient comments cards we received.

The practice offered patients home visits should they need them and access to this was outlined in the practice brochure. The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

The practice had not received any complaints in the last 12 months or since our last inspection. We saw information was available to help patients understand the complaints system which included a poster in the waiting room and complaints guidance in the practice leaflet. None of the patients we spoke with had ever needed to make a complaint about the practice, but confirmed that they would feel confident in doing so should they need to.

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 3 December 2014, we rated the practice as requiring improvement for providing well-led services as arrangements in respect of developing a vision and strategy, embedding policies and procedures and providing clinical appraisal for the practice nurse required improvement. At our follow up inspection on 19 October 2017 we found that the practice had addressed the findings of our previous inspection. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice told us their ethos was to strive towards a partnership between patients and health professionals based on mutual respect, holistic care, continuity of care and learning and training.

Since our last visit in December 2014 the practice had reviewed and formalised its vision and strategy in conjunction with the overarching strategy of the Royal Household. In particular the practice had recruited a part-time practice manager to support the full-time practice nurse in the day-to-day running of the practice and act as a liaison with the CCG and other stakeholders.

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 and ensured that:

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Due to the very small number of registered patients Quality and Outcomes Framework (QOF) data was not available for all indicators. Furthermore, because of the service the practice provides and the make-up of its patient group, the practice is unique and cannot be compared with other practices. However, we saw

evidence of the effective management of patients. For example patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.

- The practice demonstrated a system of quality improvement activity and regularly reviewed the effectiveness and appropriateness of the care provided.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice had oversight of safety alerts, incidents, and complaints. We saw evidence of a meeting structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the principal GP demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. The team told us they prioritised safe, high quality and compassionate care.

All staff we spoke with were aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). All staff told us there was a culture of openness and honesty.

There was a clear leadership and staffing structure and that staff were aware of their own roles and responsibilities.

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

The practice encouraged and valued feedback from patients and proactively sought feedback through the NHS Friends and Family Test (FFT), compliments and complaints received. There was also a suggestion box in the waiting room for patients to leave any feedback. The practice did not have a Patient Participation Group (PPG) due to the small practice list size.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.