

Dr Nader Lewis

Quality Report

St Marks Medical Centre
75 Brunswick Road
Ealing
London
W5 1AQ

Tel: 020 8810 5545

Website: www.stmarksmedicalcentre.nhs.uk

Date of inspection visit: 6 February 2018

Date of publication: 29/03/2018

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

| | |
|---|--------|
| Letter from the Chief Inspector of General Practice | Page 2 |
| The six population groups and what we found | 4 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 5 |
| Background to Dr Nader Lewis | 5 |
| Detailed findings | 6 |
| Action we have told the provider to take | 19 |

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The practice was previously inspected on 10 May 2017. At that inspection the rating for the practice was inadequate overall. Following the inspection the practice was placed into special measures for six months and warning notices were issued. The full comprehensive report can be found by selecting the Dr Nader Lewis 'all reports' link on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 6 February 2018. The practice is now rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) – Requires improvement

Since our previous inspection, the GP (who was a sole provider at that time) has entered into a partnership with another GP who has taken on a leadership role within the practice. At this inspection we found:

- Improvements had been made since our previous inspection. There was a clearer understanding of risk and the practice was systematically reviewing and updating its risk assessments, policies and procedures. The practice needed to strengthen its arrangements for identifying and assessing the signs of potential sepsis.
- When incidents or near misses occurred, the practice was learning from them and had taken action to prevent reoccurrence.
- The practice had improved its arrangements to safeguard children and vulnerable adults from abuse.

Summary of findings

- The practice was able to provide evidence that it was now maintaining appropriate clinical records of patient care and treatment.
- The practice had improved its clinical performance since our previous inspection, particularly in relation to the management of diabetes.
- The practice reviewed the effectiveness and appropriateness of the care it provided . However, it had made little use of clinical audit to monitor and improve clinical quality.
- The practice encouraged healthier lifestyles and preventative care. However, its cancer screening rates remained lower than average.
- Staff told us they were committed to treating patients with compassion, kindness, dignity and respect. The national patient survey results remained lower than average however.
- Patient feedback was positive about the ease of obtaining an appointment. However patients scored the practice lower than average for satisfaction with its opening hours which were relatively restricted.
- The practice had a clear strategy for its longer term development and sustainability and was increasingly involving patients in its planning.

The area where the provider **must** make improvements are:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review its approach to cancer screening with the aim of improving uptake and coverage.
- Review its emergency procedures and training to ensure that the practice responds to cases of potential sepsis in line with current guidelines.
- Continue to review patient experience of GP and nurse consultations and take action to improve this as appropriate.
- Review its opening hours to ensure patients have reasonable access to their GP and other practice based services.
- Review its use of clinical audit to ensure this is appropriately embedded in its approach to quality improvement.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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 | Requires improvement |  |
| People with long term conditions | Requires improvement |  |
| Families, children and young people | Requires improvement |  |
| Working age people (including those recently retired and students) | Requires improvement |  |
| People whose circumstances may make them vulnerable | Requires improvement |  |
| People experiencing poor mental health (including people with dementia) | Requires improvement |  |

Dr Nader Lewis

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 Nader Lewis

Dr Nader Lewis provides services to approximately 1600 patients in the surrounding areas of Ealing through a general medical services contract. The practice is known locally as St Marks Medical Centre and is located in a converted residential property.

The service is provided through a recently established partnership led by two GPs each currently providing three clinical sessions per week. One of the partners owns three other practices in the West London area. These are registered with CQC separately and this inspection report focuses solely on the service provided at St Marks Medical Centre.

The practice also contracts with a regular locum GP who typically provides three sessions a week. The practice employs a practice nurse (one day a week), a health care assistant (one day a week) and a practice manager (full time) and receptionists. Patients have the choice of a male or female GP.

The practice is open Monday to Friday from 9am to 1pm and from 3pm to 6.30pm apart from Thursday afternoon when the practice is closed. Appointments are available morning and afternoon when the practice is open.

Out of hours primary care is contracted to a local out of hours care provider including the early morning and lunch periods and Thursday afternoons when the practice is closed. The practice provides patients with information in the practice leaflet, on an answerphone and on the practice door about how to access urgent care out of hours. The practice can also direct patients to the local primary care 'hub' service which offers appointments with GPs and nurses in the evenings and at weekends.

The local practice population is similar to the English average in terms of socio-economic indicators and life expectancy. The practice has a high proportion of young adult patients aged between 20-44 years, and fewer than 100 patients (5%) aged over 75 years. The population is mobile and culturally and ethnically diverse. Around a quarter of practice patients originate from Poland.

The practice is registered to provide the following regulatory activities: family planning; maternity and midwifery services; diagnostic and screening procedures; and treatment of disease, disorder or injury.

Are services safe?

Our findings

At our previous inspection on 10 May 2017, we rated the practice as inadequate for providing safe services because the practice did not have clear arrangements for learning from safety incidents; was not maintaining appropriately detailed patient records; could not demonstrate effective safeguarding arrangements and was not suitably prepared for emergencies.

These arrangements had improved when we undertook a follow up inspection on 6 February 2018. The practice is now rated as requires improvement for providing safe services overall and for all population groups.

Safety systems and processes

Since our previous inspection, the practice had reviewed its systems to keep patients safe and safeguarded from abuse and had made improvements.

- The practice had obtained updated safety risk assessments, including those for fire and Legionella (Legionella is a type of bacterium which can contaminate water systems). The practice had a range of safety policies and had implemented a rolling programme of review with updates shared with staff at practice meetings. The practice had an induction checklist including mandatory training and a locum pack for new and temporary staff and contractors which included safety information.
- The practice had reviewed its systems to safeguard children and vulnerable adults from abuse. The reporting systems and safeguarding policy had been shared and were accessible to all staff. The practice had written information for staff outlining who to go to for further guidance. All staff had received up-to-date safeguarding training appropriate to their role. Since our previous inspection, the practice had raised a safeguarding alert about a child. This had been promptly shared with the relevant statutory safeguarding team. The practice had also liaised with social services and had established that there were no children assessed by social services to be vulnerable to abuse who were currently registered with the practice.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). Audits were carried out every six months by the practice manager who was the designated IPC lead. The most recent audit had highlighted a number of areas for action, for example replacement spillage kits were required and these had been purchased by the time of our visit.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patients.

- There were arrangements for planning and monitoring the number and mix of staff needed. We were told that the establishment of the new GP partnership made the provision of cover for planned periods of leave more straightforward.
- Staff understood their responsibilities to manage emergencies on the premises and to respond to patients in need of urgent medical attention. For example, the practice had developed an emergency continuity plan since our previous inspection. Reception staff told us they would immediately call one of the doctors to see any patient who seemed acutely unwell. However, the practice had not yet reviewed and discussed the most recent national guidelines on how to identify, assess and manage potential cases of sepsis with staff.
- Emergency equipment and medicines were regularly checked and ready for use.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that required information was available to relevant staff in an accessible way. The standard of medical record keeping had been an area of concern at our previous inspection and had improved. For example at this inspection, the practice was able to show us care plans which had been completed for patients with more complex conditions. Clinical records had been completed with sufficient information to ensure continuity of care.

- The practice had systems for sharing information with staff and other agencies for example to ensure that any incoming patient information, letters and pathology results were seen by a doctor in a timely way. Time was set aside for the GPs to review these each day and any required actions were sent to relevant administrative staff to complete. There was no backlog of tasks waiting to be actioned and we were told by staff that they were usually able to complete all of their tasks on the same day.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Staff adhered to a repeat prescription protocol to ensure any repeats requested were only issued with correct authorisation by a GP.
- We observed that the practice had achieved the targets set by the clinical commissioning group for prescribing certain antibiotics
- The practice had delegated the prescribing and monitoring of some higher risk medicines (for example blood thinning medicines) to the local specialist services. The practice doctors were able to access the records of these patients to check that monitoring was

being carried out as necessary. The practice was prescribing methotrexate (an immune system suppressant) to a small number of patients and carried out ongoing monitoring of these patients.

- Patient Specific Directions (PSD) attached to the patient notes were used to authorise the health care assistant to administer the flu vaccination. Patient Group Directions (PGD) were used to enable certain vaccinations and immunisations to be given by the trained practice nurse. These were up to date and had been authorised by the practice manager.
- The practice invited patients to regular reviews of their medicines. For example, repeat prescriptions were limited to a specific number, after which a GP reviewed whether a consultation was required prior to the medicine being issued again. The patients we spoke with confirmed their medicines were regularly reviewed.

Track record on safety

The practice had reviewed its processes for managing risk since our previous inspection.

- The practice had a number of comprehensive risk assessments related to health and safety. These were kept on the premises and on the shared computer drive.
- One of the partners owned the premises. Local risk assessments relating to the building and environment had been carried out and updated.

Lessons learned and improvements made

The practice had reviewed its processes for learning from safety incidents and alerts.

- There was a system for recording and acting on significant events, incidents and near misses.
- Staff understood their duty to raise concerns and report incidents and near misses. The practice had reviewed its criteria for reporting and encouraged staff to report anything they believed was significant or could lead to improvement.
- We reviewed four significant event records. For example, the practice had recorded a 'near miss' type incident when the hospital reported it had not received an urgent cancer referral from the practice. In response, the

Are services safe?

practice had revised its referral procedure and now kept a log of all 'two week wait' referrals which it monitored to ensure that referrals were received and patients attended for follow-up.

- There were improved systems for reviewing and investigating when things went wrong. The practice now routinely shared lessons at the six-weekly practice meetings. Practice staff confirmed that recent incidents had been discussed.
- There was a new system in place for receiving and acting on patient and medicine safety alerts. The practice manager now logged all incoming alerts and checked that the clinicians were aware of these. The manager also documented action taken in response to alerts, for example searches to identify potentially affected patients and any follow up actions.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 10 May 2017, we rated the practice as inadequate for providing effective services. This was because the practice was not delivering care in line with recognised evidence based guidance and there was little evidence of active coordination of care or care planning for patients with more complex conditions.

These arrangements had improved when we undertook a follow up inspection on 6 February 2018. We have rated the practice as requires improvement for providing effective services overall and as follows for the population groups:

- **Older people: Requires improvement**
- **People with long term conditions: Requires improvement**
- **Families, children and young people: Requires improvement**
- **Working age people: Requires improvement**
- **People whose circumstances make them vulnerable: Good**
- **People experiencing poor mental health: Good**

Effective needs assessment, care and treatment

The practice was developing systems to keep clinicians up to date with current evidence-based practice. The GPs were able to provide examples of how they had assessed needs and delivered care and treatment in line with current legislation; national and local standards and guidance supported by clear clinical pathways and protocols.

- The practice was a relatively low prescriber of antibiotics. The practice's age-sex standardised prescribing score for antibacterial medicines in 2016/17 was 0.6 compared to the clinical commissioning group average of 0.82 and the national average of 0.98.
- The practice was a relatively low prescriber of hypnotic medicines (that is psychoactive medicines including sleeping tablets). The practice's age-sex standardised prescribing score for these medicines in 2016/17 was 0.31 compared to the CCG average of 0.59 and the national average of 0.90.
- The practice had one of the lowest rates of emergency admission to hospital in the CCG area.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated requires improvement because the practice was in the process of developing and embedding its approach to this group. We were told that the practice was planning to identify a cohort of patients at risk of unplanned hospital admission or sudden deterioration through use of a frailty index scoring system in line with other practices in the CCG area. The practice met with the district nursing team several times a year as needed to review the care provided to individual patients. The practice did not yet directly participate in multidisciplinary case conferences but referred patients to the local integrated care team and the care coordination service.

People with long-term conditions:

This population group was rated requires improvement because while in some areas in 2016/17 the practice managed long term conditions in line with local and national averages, exception reporting rates were also high for some indicators.

The practice had markedly improved its management of diabetic blood sugar levels since our previous inspection. In 2015/16, only 54% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less). In 2016/17, that had increased to 74% which was close to the local and national averages of 77% and 80% respectively. However the exception reporting rate for this indicator was 28% which was higher than the local and national rate of 12%.

Families, children and young people:

This population group was rated requires improvement because the practice did not achieve the national child immunisation targets of 90% in 2016/17. Fifteen of 20 children eligible for immunisation had received the full course of recommended vaccinations by the age of two. The practice liaised with the local health visitor to follow up with families where a child had not attended for immunisation.

Working age people (including those recently retired and students):

Are services effective?

(for example, treatment is effective)

This population group was rated requires improvement because uptake for cervical screening was below target. In 2016/17, 57% of eligible women registered with the practice had been screened within the relevant interval, compared to the CCG average of 64% and the national average of 72%. The practice achieved markedly below the national programme coverage target which is 80%.

The practice told us they now sent reminders by text and were starting to telephone women who had not responded to their screening invitation. Written information about the test was available in a range of languages. At the time of the inspection, appointments with the nurse for cervical screening were available within a week.

People whose circumstances make them vulnerable:

This population group was rated as good.

- Since our previous inspection, the practice had improved its safeguarding arrangements and had liaised with the social services team to establish if any patients were known to be at risk.
- The practice held a register of patients with a learning disability and offered these patients an annual health review.
- The practice had increased the number of patients it had identified as carers since our previous inspection and was able to direct them to other sources of support. The practice had identified 21 patients who were also carers (that is > 1% of the patient list).
- The practice did not have any patients requiring palliative care at the time of the inspection. The practice told us they were able to liaise with the local palliative care nurse to coordinate care in line with patients' wishes.

People experiencing poor mental health (including people with dementia):

This population group was rated good.

- Eight (of nine) patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- After the exclusion of exceptions (five of 11 patients diagnosed), the remainder of patients with a diagnosis

of schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% which was comparable to the national average.

Monitoring care and treatment

The practice had carried out some quality improvement activity since our previous inspection and routinely reviewed comparative data supplied by the CCG on prescribing and admissions activity. The practice had not completed any two cycle clinical audit since our previous inspection. It had carried out reviews against prescribing targets (for example antibiotic prescribing) and local incentive scheme indicators, for example monitoring the number of patients diagnosed with depression who had been referred to talking therapies. The practice had scored comparatively well on these measures.

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 from 2016/17 showed the practice achieved 96.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.5% and national average of 96.5%. This was an improvement from our last inspection where the practice had achieved 93.2%.

The overall clinical exception rate had also increased slightly and was 12%, which was higher than the CCG average of 9% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice had recently signed up to an online primary care focused training suite which included the facility for the practice manager to electronically monitor when specific modules had been completed or were due.
- The practice provided staff with ongoing support. This included an improved induction process, one-to-one meetings and appraisals.

Coordinating care and treatment

The practice worked with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that the practice had liaised with other health and social services professionals. The practice referred patients with complex needs to the local integrated care service and care coordinators.
- The practice followed up patients when they moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that the practice was increasingly developing personal care plans with patients (for example following a diagnosis of dementia) that could be shared with relevant agencies.

Helping patients to live healthier lives

The practice helped patients to live healthier lives.

- Since our previous inspection, the practice had recruited a healthcare assistant (who was based at the

GP partner's other practices) to work at the practice one day a week. The healthcare assistant's role included providing health checks, advice and information about healthier living.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long term condition and carers.
- Staff encouraged patients to become involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice provided information to support national priorities and initiatives to improve the population's health, for example, flu vaccination campaigns.
- The practice encouraged patients to participate in relevant screening programmes but practice coverage rates remained relatively low. For example: the percentage of eligible women who had attended breast screening in the last three years was 53% compared to the CCG average of 67% and the national average of 70%. The percentage of eligible patients who had undergone bowel cancer screening was 33% compared to the CCG average of 44% and the national average of 54%.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. One of the GPs had taken refresher training on consent and mental capacity since our previous inspection.
- The practice monitored the process for seeking consent.

Are services caring?

Our findings

At our previous inspection on 10 May 2017, we rated the practice as inadequate for providing caring services. This was because we received negative feedback about the practice from a local care home and the practice was consistently scoring below the local and national averages on the national patient survey.

We received positive feedback from patients when we undertook a follow up inspection on 6 February 2018 although it was too soon to see evidence of recent improvement in the national patient survey results. We have rated the practice as requires improvement for providing caring services overall and across all the population groups.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All but one of the patient Care Quality Commission comment cards we received and all the patients we interviewed were positive about the service experienced.
- We noted that the practice no longer provided services to patients living in a local care home.

Results from the July 2017 annual national GP patient survey showed that most patients reported being treated with compassion, dignity and respect. Three hundred and sixty-three surveys were sent out and 79 were returned. This represented about 5% of the practice population. The practice scored below average for patient experience of consultations with GPs and the nurse. (Around 30 patients responded to the questions about the nurse). For example:

- 68% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 68% of patients who responded said the GP gave them enough time; CCG - 81%; national average - 86%.
- 78% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 95%.
- 65% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.
- 74% of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 91%.
- 78% of patients who responded said the nurse gave them enough time; CCG - 85%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 72% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 83%; national average - 91%.
- 88% of patients who responded said they found the receptionists at the practice helpful; CCG - 81%; national average - 87%.

The results were consistent with the practice's national patient survey results in previous years and statistically significant in terms of being below the national average for experience of GP consultations.

Since publication of the national survey results, the practice had recently started its own feedback survey to explore patient experience in more depth and to try and reach patients unlikely to complete the national postal survey. We saw ten completed patient questionnaires. All but one of these questionnaires were positive about the service including experience of consultations. The practice had not taken action directly addressing the quality of the consultation experience although another doctor had joined the practice and a new locum doctor had been recruited.

Involvement in decisions about care and treatment

Are services caring?

Staff and patients we interviewed said patients were involved in decisions about their care. The practice manager was aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. The practice specifically recruited at least one receptionist who could speak Polish.
- Staff were able to refer patients and their carers to the local care coordinators for further information and to access community and advocacy services.
- The practice proactively identified patients who were carers by asking patients at registration and opportunistically. The practice's computer system alerted staff if a patient was also a carer. The practice had identified 21 patients as carers (1% of the practice list).
- The practice was able to direct patients to locally available sources of support and advice.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation. The practice could provide information on local bereavement counselling services.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in decisions about their care and treatment. However, the practice's results remained below local and national averages:

- 70% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 82% and the national average of 86%.
- 64% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 76%; national average - 82%.
- 75% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 74% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 78%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 10 May 2017, we rated the practice as requires improvement for providing responsive services. This was because we received negative feedback from a local care home about the accessibility of the service.

At our inspection on 6 February 2018, we noted that the practice no longer had patients living in the care home. However, we have rated the practice as requires improvement for providing responsive services overall and across all the population groups due to its continued operation of restricted opening hours.

Responding to and meeting people's needs

The practice took account of patient needs and preferences in the delivery of services.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice prioritised recruiting a Polish speaking receptionist.
- The facilities and premises were appropriate for the services delivered. All clinical areas were accessible on the ground floor.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated as requires improvement due to its relatively restricted opening hours. However we noted some responsive aspects of the service provided to this group of patients:

- All patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had recently started offering on-site phlebotomy which was reduced the need for older patients to travel.
- The practice engaged with the local care coordination service which was able to direct patients to a wide range of community services and activities, for example to help combat social isolation.

People with long-term conditions:

This population group was rated as requires improvement due to its relatively restricted opening hours. However we noted some responsive aspects of the service provided to this group of patients:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Several patients we spoke with confirmed they were recalled for these types of reviews.
- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated as requires improvement due to its relatively restricted opening hours. However we noted some responsive aspects of the service provided to this group of patients:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice was open outside of school hours on four days a week.

Working age people (including those recently retired and students):

This population group was rated requires improvement because it offered relatively restricted opening hours. We were told the GPs did sometimes offer early or late appointments by arrangement but there was no information to this effect in the practice leaflet or on the website.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement due to its relatively restricted opening hours. However we noted some responsive aspects of the service provided to this group of patients:

Are services responsive to people's needs?

(for example, to feedback?)

- Practice policy was to encourage people to register at the practice regardless of their personal circumstances. The practice was aware of strategies to enable homeless people to register although it did not currently have any homeless patients.

People experiencing poor mental health (including people with dementia):

This population group was rated as requires improvement due to its relatively restricted opening hours. However we noted some responsive aspects of the service provided to this group of patients:

- Staff interviewed demonstrated an understanding of how to support patients with mental health needs and patients living with dementia.
- The practice had a small patient list and staff, including the reception staff, were aware of the particular needs and circumstances of individual patients.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and sixty-three surveys were sent out and 79 were returned. This represented about 5% of the practice population.

- 61% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.

- 78% of patients who responded said they could get through easily to the practice by phone; CCG – 68%; national average – 71%.
- 75% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 69%; national average – 76%.
- 75% of patients who responded said their last appointment was convenient; CCG – 74%; national average – 81%.
- 70% of patients who responded described their experience of making an appointment as good; CCG – 67%; national average – 73%.
- 51% of patients who responded said they don't normally have to wait too long to be seen; CCG – 46%; national average – 58%.

The practice scored below the local average for satisfaction with its opening hours. The practice was open from 9am to 1pm and from 3pm to 6.30pm apart from Thursday when the practice was closed for the afternoon. We were told that patients could also access the local primary care 'hub' service which offered appointments with GPs and nurses in the evenings and at weekends. The out of hours service was available when the practice was closed for urgent primary care problems and patients were given information about how to access this.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. The practice had not received any written complaints since our previous inspection. The practice had received a verbal complaint. This was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, it had liaised with the local pharmacy to ensure that the prescription collection service was working correctly.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 10 May 2017, we rated the practice as inadequate for providing a well-led service. This was because the practice leadership arrangements were confused and the practice did not have adequate oversight or management of risk.

These arrangements had improved when we undertook a follow up inspection on 6 February 2018. We have rated the practice as requires improvement for providing a well-led service overall and across all the population groups.

Leadership capacity and capability

The leadership structure of the practice had changed since our previous inspection. At our previous inspection, the practice had been led by an individual GP. Since then, this GP had formed a partnership with another GP to deliver the service. The incoming partner ran three other GP practices in North West London and had taken on a leadership role in this practice. The incoming partner was confident they had the capacity and skills to deliver high-quality, sustainable care at St Marks Medical Centre.

- Leaders had the experience and skills to deliver the practice strategy and address risks to it.
- The practice had taken advice from external sources of support whilst being placed in special measures.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values which had been reviewed while the practice had been in special measures. The practice had a realistic strategy and supporting business plans to achieve its priorities and had put this together in the form of a development plan.

- The practice had started to engage patients in developing its strategy. For example, patients we spoke with who were members of the patient participation group had been informed about proposed changes in leadership in 2018/19.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The longer term strategy considered the reconfiguration of services provided by the GP partners as a whole in terms of better meeting the needs of the practice population.
- The practice had started to monitor progress against delivery of its development plan.

Culture

The practice had a family focused ethos and culture. As a small practice, the longer standing members of the practice team knew many patients well and understood their preferences and circumstances.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice was increasingly focusing on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including the nurse, were considered valued members of the practice team. They were given protected time for professional development.
- There was a good working relationship between the GP partners. This was a marked improvement since our previous inspection. There were positive relationships more generally within the practice team.
- Staff had received equality and diversity training.

Are services well-led?

Requires improvement 

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

Governance arrangements

Since our previous inspection, there were clearer responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were set out and understood.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders were in the process of reviewing all policies and procedures to ensure these would ensure safety and were operating as intended.
- The practice had made progress in addressing many of the issues identified at the previous inspection. However, there remained areas where the practice could not yet demonstrate a positive impact on quality and safety of changes, for example on the quality of patient experience.

Managing risks, issues and performance

There were clear and effective processes for managing most risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address most current and future risks including risks to patient safety. However, the practice had not yet reviewed its arrangements to identify cases of potential sepsis in line with current guidelines.
- The practice was developing processes to manage current and future performance. The practice could not yet demonstrate audit of consultations, prescribing and referral decisions of employed clinical staff or regular locums aside from a regular audit of the adequacy of cervical smear taking. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice carried out regular performance benchmarking. It had had plans to undertake some clinical audit but had not carried this out by the time of the inspection.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information although it could expand the range and depth of information it obtained for example through clinical audit.

- Quality and sustainability were discussed in relevant meetings to which all staff were invited. Minutes of meetings were available for reference.
- Quality and operational information was used to monitor performance.
- The information used to monitor performance was accurate and useful. The practice tended to use validated information supplied by the clinical commissioning group to assess its relative performance.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice was increasingly involving patients in planning and delivering the service.

- The practice had recently established a patient participation group. Seven people had attended the first meeting and discussed a range of issues including the role of the group.
- The service had engaged with external stakeholders about its performance after being placed in special measures. The GP partners told us they were keen for the practice to play a part in delivering local and national priorities in future.

Continuous improvement and innovation

There was some focus on learning and continuous improvement at this inspection.

- Since our previous inspection, we noted an increased emphasis on continuous learning and improvement at senior levels within the practice.
- The practice was offering more services on site such as phlebotomy and planned to expand the range of services further. The practice also planned to enhance the skills of the team by recruiting a clinical pharmacist and had engaged with the local GP federation to identify funding.
- Staff expressed an interest and willingness to learn more about improvement methods.

Are services well-led?

Requires improvement



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

- The practice carried out internal reviews of incidents and complaints. Learning was shared and used to make improvements. There was scope to expand this sort of work across the multiple practices run by one of the GP partners.
- However, the practice had not carried out any completed clinical audit cycles in the last year.

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The provider was not operating systems or processes to ensure compliance with this regulation. In particular:</p> <ul style="list-style-type: none">• The practice had not yet reviewed current guidance to identify, assess and manage potential cases of sepsis.• The practice had not yet implemented a programme of quality improvement for example incorporating appropriate use of clinical audit• The practice was still in the process of reviewing policies, sharing learning with staff members and developing its processes, for example to obtain and respond to patient feedback. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |