

The Wellington Health Centre

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 The Wellington Medical Centre on 2 December 2014. The overall rating for the practice was good, however the rating for providing safe services was requires improvement. The full comprehensive report on the December 2014 inspection can be found by selecting the 'all reports' link for The Wellington Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken to check the provider had taken the action we said they must and should take and was an announced comprehensive inspection on 17 August 2017. Overall the practice is still rated as good and the rating for providing safe services has improved from requires improvement to good.

Our key findings 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 now had clearly defined and embedded systems to minimise risks to patient safety. It had taken the action we said it must and should take at our December 2014 inspection in relation to medicines management. However, we identified some shortcomings in the arrangements checking ancillary emergency equipment and prescription security.
- 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. The practice had taken the action we said it must take at our December 2014 inspection to ensure staff training records were fully completed.
- Results from the national GP patient survey 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. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients we spoke with said they found it easy to make an appointment with a named GP but some said there was not always continuity of care. Urgent appointments were available the same day.

Summary of findings

- The practice had adequate facilities and equipment to treat patients and meet their needs. However, there was no emergency pull cord in the disabled toilet.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Ensure recorded checks of emergency equipment include ancillary emergency equipment such as oxygen masks, suction pumps and pulse oximeters.
- Carry out checks of emergency exit routes to ensure they remain accessible and install an emergency pull cord in the patients' toilet.
- Continue with efforts to improve uptake of childhood immunisations in relation to national targets.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure prescriptions left in printers are appropriately secured.

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.

- From the sample of documented examples we reviewed, we found 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. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- There were appropriate arrangements in place for the management of medicines, although prescription security needed strengthening to mitigate potential risks.
- 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, although more rigorous checking of ancillary emergency equipment was needed. In addition, the emergency exit via the practice garden needed to be kept clear.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed the majority of patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a system in place to identify and support carers. However, less than one percent of the practice list had been identified as carers and offered support.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice provided a selection of appointments times and styles to cater for working people and students including a recently introduced walk-in service on three days in the week.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The majority of patients we spoke with said they found it easy to make an appointment with a named GP but some said there was not always continuity of care. Urgent appointments were available the same day.
- The practice had adequate facilities and equipment to treat patients and meet their needs. However, there was no emergency pull cord in the disabled toilet.
- Information about how to complain was available and evidence from eight examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. 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.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In seven examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- The practice offered respite care for carers and the practice's patient participation group had a support group for elderly patients who could provide support at home if needed.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was similar to CCG and national averages: 86% compared to 80% and 90% respectively. The needs of new diabetic patients were reviewed and referred to appropriate education programme, a dietician and eye screening.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Summary of findings

- All these patients had a named GP and there was a computerised system to recall patients for a structured annual review to check their health and medicines needs were being met. Reviews were also conducted opportunistically during consultations.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found 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.
- The practice was involved in a scheme to provide a general paediatric opinion on un-complicated cases of childhood illness on a rotating basis. Meetings were held monthly in conjunction with neighbouring practices.
- Immunisation uptake rates for the standard childhood immunisations were below national targets based on the latest published data. The practice recognised improving immunisation performance was a challenge and followed up with families in an attempt to increase uptake.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for

Good



Summary of findings

example, the practice provided a selection of appointments times and styles to cater for working people and students including a recently introduced walk-in service on three days in the week.

- There was an on-site care navigator who facilitated access to health promotion services such as exercise on prescription.
- The practice offered well person checks to discuss lifestyle and advise patients on ways to minimise health risk factors.
- An on-site counsellor provided support to patients in this group for mental health problems.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability. The practice regularly discussed cases of concern at weekly practice meetings and reviewed the vulnerable patient list annually.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.

Good



Summary of findings

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was just higher than the CCG but lower than the national averages: 86% compared to 85% and 93% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice held six monthly mental health reviews on patients with serious and complex mental health problems attended by a consultant adult psychiatrist and a psychogeriatrician (a psychiatrist concerned with behavioural and emotional disorders among the elderly) where patients on the practice mental health register were discussed.
- The practice hosted a weekly session where a healthcare professional from the local Community Mental Health Team (CMHT) saw referred patients to advise on treatment, signpost or refer on to secondary care where appropriate.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with and often above local and national averages. Of 387 survey forms distributed, 73 were returned. This represented just above 1% of the practice's patient list.

- 89% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

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

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients raised lack of continuity of care and the number of part time locum doctors as a source of dissatisfaction.

Areas for improvement

Action the service SHOULD take to improve

- Ensure prescriptions left in printers are appropriately secured.
- Ensure recorded checks of emergency equipment include ancillary emergency equipment such as oxygen masks, suction pumps and pulse oximeters.
- Carry out checks of emergency exit routes to ensure they remain accessible and install an emergency pull cord in the patients' toilet.
- Continue with efforts to improve uptake of childhood immunisations in relation to national targets.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.

The Wellington Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to The Wellington Health Centre

The Wellington Health Centre provides primary medical services through a Personal Medical Services (PMS) contract to around 6,700 patients in the St Johns Wood, Primrose Hill and Maida Vale areas of North West London. The patient population includes a cross-section of socio-economic and ethnic groups, mostly 'White', 'White/British' or 'Asian'. The two most common languages spoken by patients are English and Arabic. There is a spread of age groups served by the practice. There are above average numbers in the 25-44 age groups.

The practice team is made up of a three GP partners, three salaried GPs, three locum GPs, the business partner/practice manager, assistant practice manager, a practice nurse and locum nurse, a practice secretary, a data administrator and five reception staff (including one trained phlebotomist). Six of the GPs are female and three male and they provide 41 GP sessions per week.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am and 2pm to 5.30pm Monday, Tuesday and Friday; 8.30am to 12.00 noon and 2pm to 5.30pm Wednesday; and 8.30am to 11.30am and 2.30pm to 5.30pm Thursday. Patients are also able to access late evening (6.30pm to 8pm) GP and nurse appointments Monday to Friday and on Saturday and

Sunday (8am to 8pm) at 'hub surgeries' within Westminster. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for patients that needed them. The practice has recently introduced a walk-in service on three days in the week between 10.30am and 11.30am with three doctors on duty. Patients can also seek telephone advice from a nurse or doctor by ringing the surgery between 12.30pm and 2.30pm.

The practice has out-of-hours (OOH) arrangements in place with an external provider. Patients are also advised that they can call the 111 service for healthcare advice.

In December 2016 the practice partnership took on from another provider the Little Venice Medical Centre operating a General Medical Service (GMS) contract. Plans are being drawn up for co-location at a new, fit for purpose site between the two current locations. It was expected that this would help to bring stability and certainty to both patients and staff.

Why we carried out this inspection

We undertook a comprehensive inspection of The Wellington Health Centre on 2 December 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement for providing safe services.

We also issued requirement notices to the provider in respect of safe care and treatment and good governance. The full comprehensive report on the December 2014 inspection can be found by selecting the 'all reports' link for The Wellington Health Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a further announced comprehensive inspection of The Wellington Health Centre on 17 August 2017. This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 August 2017. During our visit we:

- Spoke with a range of staff (GPs, a nurse and practice management and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our previous inspection on 2 December 2014, we rated the practice as requires improvement for providing safe services as the arrangements in respect of medicines management were not adequate.

These had been improvements in these arrangements when we undertook a follow up inspection on 17 August 2017. We found some deficiencies in the checking of ancillary emergency equipment and potential risks in prescription security. However, in the light of improvements made overall the practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- From the sample of seven documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a communication breakdown in the process for monitoring patients on anti-coagulation medicine, the practice reviewed the process with district nurses and carried out an audit of patients on repeat prescriptions for this medicine. This led to improved documenting and sharing of monitoring results between GPs.

- The practice also monitored trends in significant events and evaluated any action taken.

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 to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and administrative staff level 1. In response to action we said the provider should take at our December 2014 inspection, all staff had received formal training in safeguarding of vulnerable adults.
- In response to action we said the provider should take at our December 2014 inspection, notices in the waiting room and consultation rooms advised patients that chaperones were available if required. In addition, all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

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) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice was also in the process of implementing an 'IPC toolkit' for regular internal IPC audits.

Are services safe?

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 processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription pads were securely stored and there were systems to monitor their use. However, forms for printing were kept in printers in unlocked clinical rooms which could compromise prescription security.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- In response to action we said the provider should take at our December 2014 inspection, vaccines were stored at the required temperatures. All vaccine stocks were in date and we were told that expiry dates were checked regularly. There had been a further incident since our last inspection when vaccine storage fridge temperatures had exceeded the required range. However, the practice informed and took advice from NHS England about the incident and put measures in place to strengthen the process, including close monitoring and review of fridge temperatures by the lead nurse and GP partners and improved guidance to staff to highlight responsibilities and actions regarding temperature monitoring.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. At our December 2014 inspection we said

the provider should complete a risk assessment stating the rationale for not carrying out a criminal records check for some non-clinical staff. However, this action was not necessary as all such staff had now received a DBS check.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. We noted that the garden path leading from the fire exit was partially blocked by overgrown plants. However, on the day of the inspection the practice business manager made arrangements for the path to be cleared at the earliest possible opportunity after the inspection.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- In response to action we said the provider should take at our December 2014 inspection, all staff received appropriate basic life support update training. There were emergency medicines available in the treatment

Are services safe?

room and in response to action we said the provider must take at our December 2014 inspections, a system was now in place to record and monitor emergency medicine stock levels.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. In response to action we said the provider should take at our December 2014 inspection, a system had been put in place to formally record checks on emergency equipment. At our inspection on 17 August 2017 we found emergency equipment was operational and ready for use. However, we found some ancillary equipment,

including an adult mask and suction pump, had passed their expiry date and a pulse oximeter was overdue for a test check. A first aid kit and accident book were available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 December 2014, we rated the practice as good for providing effective services.

When we undertook a follow up inspection on 17 August 2017 we found the practice maintained effective treatment. The provider is still rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and monitoring of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%.

Overall exception rates for clinical indicators were lower than the CCG or national averages. However, one indicator was significantly higher (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):

- Depression: 50% compared to the CCG average of 29% and National average of 22%.

We discussed this data with the practice who considered this was a coding issue which would be reviewed.

QOF Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages: 86% compared to 80% and 90% respectively.
- Performance for mental health related indicators was just higher than the CCG but lower than the national averages: 86% compared to 85% and 93% respectively.

There was evidence of quality improvement including clinical audit:

- There had been 16 clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a completed audit of repeat anticoagulation prescribing led to improvements in the documenting of blood test monitoring in patient records.

At our inspection of 2 December 2014, we said the practice must take action to ensure staff training records were fully completed. At our inspection on 17 August 2017 we found the practice had taken this action for permanent staff. There were some gaps for locum doctors but the practice addressed this immediately after the inspection and put in place arrangements to ensure all relevant information was available from the locum agency used. Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff who were due one had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a fortnightly and monthly basis when care plans were routinely reviewed and updated for patients with complex needs. In addition there were quarterly meetings with the palliative care team to review the care and treatment of patients on the palliative care register.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

The practice had taken the action we said it should take at our December 2014 inspection to raise staff awareness of the Mental Capacity Act 2005.

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems, and patients receiving palliative care.
- Referrals were made to a community dietician for dietary advice and of 200 patients identified as obese, 102 (51%) had been offered support. Smoking cessation advice was available from a smoking cessation adviser who attended the practice weekly. A total of 779 smokers had been identified and 661 (85%) had been offered cessation advice.

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 73% and the national average of 81%. We discussed this with the practice who suggested this was due to a transient patient group and patients who had had the test done privately not informing the practice of the result. The practice nevertheless continued to strive to improve screening uptake.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance in 2015/16 for meeting 90% targets for childhood immunisation rates for the vaccinations given was below standard for four national targets:

- 73% for children aged 1 with a full course of recommended vaccines.

Are services effective?

(for example, treatment is effective)

- 65% for children aged 2 with pneumococcal conjugate booster vaccine.
- 66% for children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine.
- 66% for children aged 2 with Measles, Mumps and Rubella vaccine.

Performance for 5 year olds was also comparable to the CCG but lower than the national averages:

- MMR Dose 1: Eligible 73: Practice 85%; CCG 80%; National 94%.
- MMR Dose 2: Eligible 73: Practice 62%; CCG 62%; National 88%.

The practice told us immunisation performance was due in part to a transient population and also some patients who had received immunisations privately and had not let the practice know. The practice nevertheless followed up with families in an attempt to increase uptake.

There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 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.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74 (completed for 25% of eligible patients). Because of high rates of non-attendance the practice no longer routinely offered new patient health checks. Instead the practice had a new patient questionnaire and depending on medical history invited patients for a check in based on the information contained within this, following a screening protocol. 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 2 December 2014, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 17 August 2017 we found in most respects the practice continued to provide caring services. However, the practice's system for identifying carers would benefit from review as less than one percent of the practice's list had been identified as carers. The practice is nevertheless still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

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 nine patients including the chair of the patient participation group (PPG). They 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. Some patients raised lack of continuity of care and the number of part time locum doctors as a source of dissatisfaction.

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

- 92% of patients 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%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

Are services caring?

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers (less than 1% of the practice list) and offered them support. Written information was also available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 2 December 2014, we rated the practice as good for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

At our follow up inspection on 17 August 2017 we found the practice remained responsive to meeting people's needs and the practice is still rated as good for providing responsive services.

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice previously offered extended hours on a Monday evening and Friday morning for working patients who could not attend during normal opening hours. However, this ceased in March 2017 when patients were given access to daily late evening and all day weekend GP and nurse appointments at 'hub surgeries' within Westminster.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered well person checks to discuss lifestyle and advise patients on ways to minimise health risk factors.
- 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.
- There were accessible facilities, which included a hearing loop, and interpretation services available. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities. However, there was no emergency pull cord provided in the disabled toilet.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, a salaried GP had been appointed (due to take up post in September 2017) in response to patient dissatisfaction about continuity of care related to the use of locum GPs.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am and 2pm to 5.30pm Monday, Tuesday and Friday; 8.30am to 12.00 noon and 2pm to 5.30pm Wednesday; and 8.30am to 11.30am and 2.30pm to 5.30pm Thursday. Patients were also able to access late evening (6.30pm to 8pm) GP and nurse appointments Monday to Friday and on Saturday and Sunday (8am to 8pm) at 'hub surgeries' within Westminster. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice had recently introduced a walk-in service on three days in the week between 10.30am and 11.30am with three doctors on duty. Patients could also seek telephone advice from a nurse or doctor by ringing the surgery between 12.30pm and 2.30pm. At any other time, patients may be asked to call back or to leave a message for the doctor or the nurse to ring them back at the end of the surgery or upon their return to the surgery.

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

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 61% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

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

The practice had a system to assess:

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

Patients were asked to call before 10am if they wished to request a home visit to enable the doctor to plan and prioritise visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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.
- We saw that information was available to help patients understand the complaints system. There was a comments box in the reception area where patients could make suggestions or comments. There was also information about making complaints in the practice leaflet and on the practice website, including a complaint leaflet and form, also available at reception.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, following a complaint relating to controlled drug repeat prescribing, the practice carried out an audit of the implementation of prescribing policy and a root cause analysis of the complaint. As a result of these investigations the controlled drugs policy was reinforced to staff including the reception team at a practice meeting. The practice policy was also subsequently reinforced to patients when repeat prescriptions were requested.

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 2 December 2014, we rated the practice as good for providing well-led services.

At our follow up inspection of the service on 17 August 2017 we found the practice continued to be well managed by senior leaders and the practice is still rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement which was set out in the practice leaflet available in the reception area and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, clinical governance, infection control, prescribing, safeguarding, and chronic conditions management.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of seven documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw evidence of this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held approximately annually. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service

Are services well-led?

Good 

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

delivered by the practice. For example, staff suggested the emailing each week of a rota of staff movements for the following week, which was agreed by the management team.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members of the practice's PPG and the PPG of the new practice the partnership had taken on in the last year (Little Venice Medical Centre) proposed a merger of the two PPGs to form a single PPG representative of both practices;
- the NHS Friends and Family test, complaints and compliments received;
- staff through a shortly to be commenced staff survey, through staff away days and generally through staff

meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, along with another local practice, the practice was one of the early adopters of the Paediatric outreach clinic. The practice has been reviewing staff mix and has considered a practice clinical pharmacist, an idea taken up by the local GP federation who had successfully bid for funding from NHS England for local practices and was ready for implementation. The practice had also applied to host the Cancer Survivorship and End of Life Fellow placement offered by the local CCG and was actively involved in a new Primary Care Home project working with another local practice to host a frailty pathway.