

# Dr Rachael Garner (Notting Hill Medical 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 

# Key findings

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## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rachael Garner (Notting Hill Medical Centre) on 4 August 2015. The overall rating for the practice was good with requires improvement in providing safe services. The full comprehensive report on the 4 August 2015 inspection can be found by selecting the 'all reports' link for Dr Rachael Garner on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 22 February 2018 to confirm that the practice had carried out their plan to meet the requirements that we identified in our previous inspection on 4 August 2015. This report covers our findings in relation to those requirements and any improvements made since our last inspection.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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 – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

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

At this inspection we found:

- The practice had addressed the findings of our previous inspection in respect of actioning the findings of a Legionella risk assessment and the safe storage and usage of liquid nitrogen.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Results from the national GP patient survey showed patients rated the practice comparable with others for

# Summary of findings

aspects of caring. Patients told us they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- The practice reviewed the needs of its local population and engaged in local health initiatives to improve patient outcomes.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review the NICE Guidelines NG51: Sepsis Recognition, Diagnosis and Early Management and consider if the practice can appropriately assess all patients, including children, with suspected sepsis.
- Review the fire evacuation procedure.
- Review the requirements of the Accessible Information Standard.
- Continue to monitor satisfaction feedback with respect to how patients access care and treatment.

**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.

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Dr Rachael Garner (Notting Hill Medical Centre)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to Dr Rachael Garner (Notting Hill Medical Centre)

Dr Rachael Garner (Notting Hill Medical Centre) operates from a purpose-built property at 14 Codrington Mews, London W11 2EH. The property is shared with another GP practice. The practice has access to six consultation rooms on the ground floor.

The practice provides NHS primary care services to approximately 3,000 patients and operates under a General Medical Services (GMS) contract (GMS is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS West London Clinical Commissioning Group (CCG).

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

The practice staff comprises of one female principal GP, two female and one male salaried GP (totalling 15 sessions per week), a nurse prescriber (32 hours per week), a part-time healthcare assistant and phlebotomist, a full-time practice manager and three receptionists. In addition, there is a case manager and health and social care assistant attached to the practice four days per week as part of the locally funded My Care, My Way initiative to manage patients aged 65 and over who had been identified by the practice using the Frailty Index (method to identify and predict adverse outcomes for older patients in primary care).

The practice is a GP training practice with the St Mary's GP Speciality Training Scheme. At the time of our inspection there was a doctor in the final year of the speciality training (ST3) and a foundation year two (FY2) doctor on attachment with the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are available on Monday and Thursday from 6.30pm to 8.30pm and Wednesday from 6.30pm to 7.30pm. On-line services, which include appointment booking and cancellation, updating personal information and repeat prescriptions can be accessed from the practice website [www.nottinghillgp.co.uk](http://www.nottinghillgp.co.uk).

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. People living in more deprived areas tend to have greater need for health services.

# Are services safe?

## Our findings

**At our previous inspection on 4 August 2015, we rated the practice as requiring improvement for providing safe services as arrangements in respect of actioning the findings of a Legionella risk assessment and the safe storage and usage of liquid nitrogen required improvement. At our follow up inspection on 22 February 2018 we found that the practice had addressed the findings of our previous inspection. The practice is now rated as good for providing safe services and across all population groups.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. We saw posters in all consulting rooms regarding local safeguarding contact details.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding training appropriate to their role. Staff we spoke with knew how to identify and report concerns.
- Staff who acted as chaperones were trained for the role and had received a 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).
- There was a recruitment policy and the practice had a system in place to undertake staff checks on recruitment. Five out of six personnel files we reviewed contained all the appropriate documentation. For example, proof of identification, written references, appropriate checks through DBS and proof of professional registration and indemnity insurance, where relevant. However, we noted that the practice had recently recruited a member of staff whose role and responsibilities and the level of contact with patients,

potentially children and vulnerable adults, required an enhanced DBS. This had not been obtained prior to commencement. At the time of the inspection the member of staff was on a leave of absence. The practice provided evidence after the inspection that an enhanced DBS had been obtained.

- There was an effective system to manage infection prevention and control (IPC). There was an IPC protocol in place and a separate protocol for waste and sharps management. The practice nurse was the IPC clinical lead who liaised with the local infection prevention teams to keep up-to-date with best practice. The role was supported by the practice manager. All staff, including the lead, had received IPC training appropriate to their role.
- An IPC audit had been undertaken in June 2017 by the North-West London Primary Care Team and we saw action had been taken to address its findings, for example, ensuring segregation of colour-coded mops in the cleaning store area to reduce the risk of cross-contamination.
- We observed the practice to be clean and there was a cleaning schedule in place, including a check list for the cleaning of specific equipment used in the management of patients, for example, an ear irrigator and spirometer (an instrument for measuring the air capacity of the lungs). We saw that each consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and waste disposal facilities. We noted, however, that clinical staff did not have access to all the appropriate colour-coded sharps containers required for the range of medicines administered. The practice told us they would review their policy and request the appropriate sharps bin from their clinical waste contractor.
- The practice maintained a record of the immunisation status of its clinical staff for Hepatitis B. However, the practice could not demonstrate on the day of the inspection the immunisation status of its staff in direct patient care for all the recommended routine immunisations in line with the recommendations of the 'Green Book' Immunisation against infectious diseases (chapter 12). Immediately after the inspection the practice provided evidence that they had initiated a system to record this information for its clinical staff.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to

## Are services safe?

manufacturers' instructions. We saw that portable appliance (PAT) testing had been undertaken in January 2017 and equipment used for patient examinations had been tested in November 2017.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff had been trained on basic life support. Staff we spoke with knew the location of the emergency medicines, defibrillator and oxygen.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice demonstrated a sepsis alert on its clinical system and knowledge of its management. However, the practice did not have a paediatric pulse oximeter (a piece of equipment that measures oxygen in the blood) required to appropriately assess children with suspected sepsis.
- There was a fire policy in place and the practice had nominated a fire marshal. All staff had received fire awareness training and those we spoke with knew the location of the fire evacuation assembly point. The provider told us they had not undertaken a formal fire evacuation drill in over a year. The fire warning system and extinguishers were maintained regularly on a maintenance contract. A fire risk assessment had been undertaken in 2015 by an external organisation. The practice told us that there had been no structural building or usage changes since that time which had necessitated its review.
- At our previous inspection we saw that the practice had not actioned the risks identified from a Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment. At this inspection we saw evidence that a further risk assessment had been undertaken in October 2017 by an external company. We saw evidence that the majority of actions identified had been completed by an external contractor and that the remaining actions had been scheduled to be completed by end of March 2018.

- At our previous inspection the practice had not undertaken a Control of Substances Hazardous to Health (COSHH) risk assessment of the storage and use of liquid nitrogen (used to treat some skin lesions by freezing them) and there was no medical gas warning signs displayed. At this inspection we found the practice had a COSHH risk assessment in place and hazard warning signage was visible. The practice had updated its fire policy to include the location of medical gases in the premises. Appropriate Personal Protective Equipment (PPE) was available for staff handling liquid nitrogen, for example goggles and gloves.

### Information to deliver safe care and treatment

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 information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. There was a dedicated vaccine storage refrigerators with built-in and secondary thermometer. We saw evidence that the minimum, maximum and actual temperatures were recorded daily.
- 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. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

## Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the principal GP for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

### Track record on safety

The practice had addressed the findings of our previous inspection in relation to actioning the findings of a Legionella risk assessment and the safe storage of usage of liquid nitrogen. We found:

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice had recorded four significant events in the past 12 months. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for 1 July 2016 to 30 June 2017 showed that the practice was comparable to the clinical commissioning group (CCG) and England average for the number of antibacterial prescription items prescribed per Specific Therapeutic group (practice 0.70; CCG 0.61; England 0.98).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice participated in the locally funded My Care, My Way (MCMW) initiative, an integrated care service for patients aged 65 and over to assess health and social care needs and care planning. The practice had an allocated case manager and health and social care assistant four days a week. Patients were assessed using the Frailty Index, a method to identify and predict adverse outcomes for older patients in primary care, for example unplanned hospital admissions. Patients identified were then managed by the appropriate team which could include input from a geriatrician, pharmacist, social worker and face-to-face consultation with the GP and practice's case manager.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The performance for indicators relating to long-term conditions, for example diabetes, hypertension (high blood pressure), atrial fibrillation (an irregular, rapid heart rate) and respiratory-related indicators (asthma and chronic obstructive pulmonary disease) were all comparable to local and national averages. It was noted that exception reporting was higher than local and national averages for some long-term condition clinical indicators. The practice audited its exception reporting and concluded the increase correlated with the enhanced primary care services it provided to a 44-bed nursing home for elderly, severely frail and end of life patients, many of whom had several co-morbidities.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the immunisations up to age two ranged from 83% to 92%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

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

- Cervical screening data showed that the percentage of women eligible for screening at any given point in time were screened adequately within 3.5 years for women aged 25 to 49 and within 5.5 years for women aged 50 to 64 was 65% (CCG average 56%; national average 72%). The practice told us they proactively encouraged patients to attend for the cervical screening programme

# Are services effective?

## (for example, treatment is effective)

with reminder letters and text messages. The practice opportunistically screened patients who attended the surgery or made a convenient appointment for them to return to the practice.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients who have recently retired, over the age of 65, were assessed as part of the My Care, My Way initiative with a view to keeping them active and offering health advice in retirement through the practice's allocated health and social care assistant.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Data showed that the practice had offered 28% of its eligible patients a health check and 26% had been delivered. This exceeded the target of 20% and 15% respectively.

People whose circumstances make them vulnerable:

- 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 held a palliative care register and used the Coordinate My Care (CMC) database for enhanced data sharing for patients approaching end of life.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- The practice had a higher prevalence of mental health (practice 2.9%; CCG average 1.6%; national average 0.9%) and depression (practice 22.4%; CCG average 7.7%; national average 8.9%).
- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (CCG average 87%; national average 83%).
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months (CCG average 89%; national average 90%).
- 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 in the preceding 12 months was 95% (local average 91%; national average 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 95% (local average 94%; national average 95%).

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and the England average of 96%. The clinical exception reporting rate was 19% compared with the CCG average of 10% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice had a protocol for exception reporting in line with exception reporting criteria. The practice audited its 2016/17 exception reporting data and felt all cases fell within its criteria. An outcome of the audit was to discuss possible patients to be exception coded at the weekly QOF meeting. Only the principal GP and nurse prescriber were authorised to exception code.

The practice had a comprehensive programme of quality improvement and activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate clinicians took part in local improvement initiatives and benchmarking with the CCG, for example, audit of prescribing with the medicine optimisation team and secondary care data which included secondary care referrals and non-elective admissions.

The practice used information about care and treatment to make improvements. For example, one audit was to review atorvastatin (a medicine used to reduce the level of 'bad' cholesterol) usage in patients with Type 2 diabetes in line with NICE guidance. For the first cycle audit, undertaken in May 2017, the practice reviewed all its patients coded as having a diagnosis of Type 2 diabetes and found that of 157

# Are services effective?

## (for example, treatment is effective)

patients, 85 (54%) were currently prescribed Atorvastatin. All patients not currently prescribed atorvastatin were reviewed and where appropriate contacted regarding the change of medication. A second audit undertaken in August 2017 showed that an additional 11 patients had been commenced on atorvastatin. The practice planned to re-audit in May 2018.

### Effective staffing

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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 50%, which was comparable to the CCG average of 50% and the national average of 52%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### 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.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### 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.
- We received 51 patient Care Quality Commission comment cards of which 43 contained positive comments and eight contained both positive and negative comments. Patients said they felt the practice offered an excellent service, staff were caring and treated them with dignity and respect. Comments praised all levels of staff for being very friendly and helpful. The majority of the negative comments related to getting through to the practice on the telephone to make an appointment.
- The practice actively sought patient feedback through the NHS Friends and Family Test. Results for the period March 2017 to January 2018, based on 116 responses, showed that 90% of patients would be extremely likely or likely to recommend the service.
- Two members of the patient participation group (PPG) we spoke with said they received very good clinical care, felt involved in their treatment and care and were treated with dignity and respect.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventy-six surveys were sent out and 103 were returned. This represented a completion rate of 27% and about 3% of the practice population. The practice was statistically comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.

- 81% of patients who responded said the GP gave them enough time (CCG average 84%; national average 86%).
- 94% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 95%; national average 95%).
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 86%; national average 86%).
- 83% of patients who responded said the nurse was good at listening to them (CCG average 86%; national average 91%).
- 88% of patients who responded said the nurse gave them enough time (CCG average 88%; national average 92%).
- 98% of patients who responded said they had confidence and trust in the last nurse they saw (CCG average 94%; national average 97%).
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%; national average 91%).
- 87% of patients who responded said they found the receptionists at the practice helpful (CCG average 88%; national average 87%).

### Involvement in decisions about care and treatment

We saw that staff helped patients be involved in decisions about their care:

- 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.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. The practice website had links to health information to help patients manage their health.
- The practice sent text messages to advertise health campaigns, for example the annual influenza immunisation, cervical screening and NHS health checks.
- The practice management team we spoke with were not aware of the Accessible Information Standard (AIS) or its

## Are services caring?

requirements (to make sure that patients and their carers can access and understand the information they are given) and so could not give any specific examples of how they were meeting it.

The practice proactively identified patients who were carers. For example, at the point of registration, through the My Care, My Way initiative, in the practice leaflet and on its website. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers (2% of the practice list). The practice offered an annual influenza immunisation to identified carers.

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

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

- 84% 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 87% and the national average of 86%.

- 72% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 83%; national average 82%).
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 84%; 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 average 80%; national average 85%).

The practice had undertaken a survey of patient experience of the minor surgical service. We saw that eight patients had responded to the survey and 100% felt they had been given a clear idea of what the procedure involved and had been given instructions on wound care post-surgery.

### 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 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- We saw that staff had undertaken information governance training.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
  - The practice had engaged with the Out of Hospital Services (OOHS) initiative designed to bring services closer to the patient in the primary care setting. The practice were providing a number of in-house services for its patients which included ambulatory blood pressure monitoring, ECG, phlebotomy and spirometry. The practice also provided anticoagulation (warfarin) monitoring and minor surgical procedures for its patients and patients of other practices within West London CCG.
  - The practice worked with the CCG to improve outcomes for patients in the area. For example, it was participating in the North West London Whole Systems Integrated Care (WSIC) programme dashboard which linked patient data from acute, mental health and community trusts and GP practices to generate an integrated care record to provide a 'joined-up' care history. The practice used this data at monthly multi-disciplinary team (MDT) meetings to manage patients, specifically those in the elderly cohort who were at high risk of admission.
  - Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
  - The facilities and premises were fully accessible and appropriate for the services delivered. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of inspection.
- There were accessible toilet facilities, baby change area and breastfeeding facilities. The induction hearing loop for patients with a hearing impairment was out of order at the time of our inspection.
  - Interpretation services were available and we saw the practice website included a translation facility.
- Older people:
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
  - The practice provided an enhanced primary care service, two sessions per week, to a 44-bedded continuing care facility for elderly and end of life patients. Care and treatment was provided in liaison with a pharmacist and palliative care specialist nurses.
  - The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. All patients over the age of 80 who requested an appointment were seen on the same day.
- People with long-term conditions:
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
  - The practice held regular multi-disciplinary team (MDT) meetings to discuss and manage the needs of patients with complex medical issues.
- Families, children and young people:
- 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. 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 participating in the local NHS Trust's Connecting Care for Children (CC4C) paediatric integrated care model. As part of a Child Health Hub with five other local practices a paediatric consultant visited each of the practices in the hub to take part in child health multidisciplinary team meetings to support

# Are services responsive to people's needs?

## (for example, to feedback?)

case management and undertake joint GP and consultant-led patient consultations. This was the preferred referral pathway and often avoid the need for secondary care referral.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Monday, Wednesday and Thursday evenings.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice told us how it had responded to the Grenfell Tower disaster, a 24-storey block of public housing flats which was destroyed by fire in June 2017 with the tragic loss of many lives. In the immediate aftermath the practice had identified patients on its practice list who were a resident in the tower or living nearby and contacted patients to offer support and immediate access to appointments. The practice had continued to support its patients through referral to appropriate counselling services for adults, adolescents and children and in conjunction with the CCG to undertake assessments for post-traumatic stress disorder. The principal GP was the Co-Chair of the Grenfell Health and Wellbeing Group.
- There was a nominated lead for patients with a learning disability and patients on its register were reviewed annually.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice had nominated a lead for mental health and worked closely with the practice link Community Psychiatric Nurse.
- The practice participated in the Out of Hospital Services (OOHS) initiative which included the care and management of severe mental illness (SMI) and complex

common mental illness (CCMI) through an annual health check. Data for 2016/17 showed that the practice had completed 41 out of 49 SMI health checks and 48 out of 50 CCMI health checks.

### Timely access to the service

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

- The practice was open Monday to Friday 8am to 6.30pm and offered extended hours appointments on Monday and Thursday from 6.30pm to 8.30pm and Wednesday from 6.30pm to 7.30pm.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. The practice offered face-to-face consultations and telephone appointments. Standard consultation appointments were 15-minute.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. For example, the practice operated a doctor and nurse practitioner-led appointment triage system when daily routine appointments reached capacity for advice and appointment booking, as appropriate.
- Patients could access appointments by telephone or on-line. The practice sent text message reminders of appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages for some responses. Three hundred and seventy-six surveys were sent out and 103 were returned. This represented a completion rate of 27% and about 3% of the practice population.

- 69% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 65% of patients who responded said they could get through easily to the practice by phone (CCG average 84%; national average 71%).
- 91% 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 average 84%; national average 84%).

# Are services responsive to people's needs?

(for example, to feedback?)

- 80% of patients who responded said their last appointment was convenient (CCG average 81%; national average 81%).
- 69% of patients who responded described their experience of making an appointment as good (CCG average 77%; national average 73%).
- 65% of patients who responded said they don't normally have to wait too long to be seen (CCG average 59%; national average 58%).

The practice had reviewed its satisfaction scores, particularly in relation to getting through to the practice by telephone and had made an action plan to address these findings. This included using data from their telecom provider to understand peak demand and call wait times.

## **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 readily available at the practice in the form of a leaflet and on its website. There was a nominated complaints lead and staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints had been received since April 2017. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from an analysis of trends. The practice held an annual review of complaints at the end of each fiscal year. We saw from minutes that the practice had not noted any trends from its 2016/17 review of seven complaints.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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. The practice told us that its focus was to deliver high quality holistic care and its mission statement was 'Together we always find a solution.' We saw that this was displayed in the practice and all staff we spoke with were aware of and understood the mission, vision and values and their role in achieving them.
- The practice had a realistic strategy and supporting business plans to achieve priorities.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued and were proud to work in the practice.
- All staff we interviewed spoke highly of the team spirit and commented that there was an open door policy and the management team were visible and approachable.
- The practice focused on the needs of patients.

- There was a culture of learning and teaching and the practice took pride in its role as a GP postgraduate training practice.
- 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 nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There was a clear staffing structure and staff were aware of their own roles and accountabilities. Staff had lead roles, for example, infection control, complaints and safeguarding.
- The practice held weekly clinical meetings and monthly whole staff meetings.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

# Are services well-led?

Good 

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

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents and medical emergencies.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, the practice hosted monthly Commissioning Learning Set (CLS) meetings which involved 11 local practices for the purposes of fostering collaboration and learning amongst members, sharing and benchmarking data, improving performance, spreading good practice and generating ideas for new services or improvements to existing ones. The practice provided 2016/17 data demonstrating outcomes achieved for a referral standardisation and non-elective admission scheme. The practice had seen a reduction in non-elective admission from 43/1000 patients to 33/1000 patients.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.

- There were robust 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 involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice engaged with the wider community and stakeholders, for example, the principal GP was Vice Chair of the West London CCG.
- The practice had an active patient participation group and we were able to speak with two members of the group. The group met quarterly and meetings were minuted.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP postgraduate training practice and saw that clinical staff had roles in clinical and educational supervision.
- The practice actively participated in CCG-led initiatives. For example, the My Care, My Way integrated care service for patients aged 65 and over, the Whole Systems Integrated Care (WSIC) programme to improve patient outcomes, the Out of Hospital Services initiative designed to bring services closer to the patient in the primary care setting and the Child Health Hub.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.