Dr Shakarchi's Practice

Inspection report

Belgrave Medical Centre
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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 location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced first comprehensive inspection at Dr Shakarchi's Practice on 6 November 2018.

At this inspection we found:

- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found the management of infection prevention and control, emergency medicines, medical emergencies, patient clinical records, safety netting of two-week wait referrals and cervical screening required improvement.
- 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 a system in place for reporting and recording significant events and we saw the practice had learned from those recorded. However, the process was not consistent.
- Clinical staff we spoke with demonstrated they delivered care and treatment in line with current legislation, standards and guidance. However, the practice did not have a formal process in place for cascading new guidance to all clinical staff.
- The was evidence of quality improvement to review and monitor the effectiveness and appropriateness of the care. However, there was no formal process to identify clinical audits or no programme of continuous audits.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients told us they found the appointment system easy to use and reported they were able to access care when they needed it. Some of the national GP patient survey results for access were above local and national averages.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to monitor patient outcomes in relation to the cervical screening programme and the child immunisation programme.
- Continue to identify the number of carers registered at the practice so they can be offered further help and support.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser.

Background to Dr Shakarchi's Practice

Dr Shakarchi's Practice, located at Belgrave Medical Centre, 13-13A Pimlico Road, SW1W 8NA, operates from a converted building jointly owned with another GP practice. The building is set over two floors with stair access and has a total of three consultation rooms, two in the basement and one on the ground floor. The reception and waiting area are on the ground with another waiting room in the basement.

The practice provides NHS primary care services to approximately 3,800 patients living within the practice boundaries of Victoria, Pimlico, Belgravia, Westminster, Kensington, Chelsea and North Battersea. The practice operates under a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of NHS Central London (Westminster) Clinical Commissioning Group (CCG).

The practice is registered as a partnership 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, surgical procedures and family planning. The practice was previously registered as an individual and has recently changed its regulatory status to a partnership, which prompted this inspection.

The practice team comprises of a male GP partner and one female GP partner who collectively work a total of 13 clinical sessions per week. The GPs are supported by one full time practice nurse, a part-time practice manager and two administration/reception staff.

The practice opening hours are from 8am to 6.30pm Monday to Friday. Extended hour appointments are offered from 7.30am to 8am Monday to Friday, 6.30pm to 7pm Monday and Wednesday and from 10am to 1pm on Saturday mornings. The out-of-hours service is provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice population is in the fourth most deprived decile in England, on a scale of one to 10 with one being the most deprived and 10 being the least deprived. People living in more deprived areas tend to have greater need for health services. The practice had a diverse patient population with 37% from Black and Minority

Ethnic (BME) groups. The practice has a higher than average population of male and female patients between the ages of 16 and 64 years and a lower percentage of under five-year olds and over 65-year olds.

Requires improvement

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

The provider could not demonstrate that all risks had been assessed and managed appropriately, such as infection prevention and control, emergency medicines, managing medical emergencies, patient clinical records and safety netting of two-week wait referrals and cervical screening.

Safety systems and processes

Although the practice had processes in place to keep people safe and safeguarded from abuse the systems were not always reliable and required improvement.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their 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.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, the practice could not demonstrate a complete record of the immunisation status of all its staff in direct patient contact in line with Public Health England guidance and no effective system to manage this. After the inspection the practice sent evidence of the immunisation status of all staff in line with national guidance.
- The practice had arrangements in place to ensure that facilities and equipment were safe and in good working order. However, we found that the recorded monthly hot and cold-water temperatures levels were not in line with guidance for healthcare premises and the storage of some consumables identified on the Control of Substances Hazardous to Health (COSHH) risk assessment was not in line with recommendations.

The practice was unable to demonstrate an effective system to manage and monitor infection prevention and control (IPC).

- An IPC audit had been undertaken by the CCG primary care infection control team in February 2016. The practice had not carried out any further IPC audits despite the report recommending the practice carry out an IPC self-assessment twice yearly.
- The practice nurse was the nominated IPC lead but had not received any enhanced training to support the role.
- The practice engaged a contract cleaner and we saw a cleaning schedule had been provided with the contract. However, there was no signed log sheet which indicated the cleaning undertaken and the frequency.
- We observed high and low-level dust in some consultation rooms and the treatment room where minor surgical procedures were undertaken.
- There was inadequate storage of segregation of cleaning mops and cloths which posed a risk of cross-contamination.
- Although the arrangements for managing waste and clinical specimens kept people safe, we observed that clinical staff did not have access to all the appropriate colour-coded sharps containers required for the range of medicines administered at the practice. The practice told us that the clinical waste contract was commissioned by the Clinical Commissioning Group (CCG) and, despite requesting sharps containers suitable for waste disposal classified as cytotoxic or cytostatic directly from the waste contractor, had been told that the sharps bins were not currently included in the contract.

Risks to patients

The systems to assess, monitor and manage risks to patient safety required improvement.

- The practice was equipped to deal with medical emergencies and all staff we spoke with knew the location of the emergency medical equipment and medicines. We saw evidence all clinical and non-clinical staff were trained in Basic Life Support.
- We reviewed the emergency medicines held by the practice and saw they were all in date. However, there was no documented system to monitor and manage expiry dates. The practice told us they took emergency medicines from the practice for use in acute situations

when on home visits. However, there had been no assessment of risk in relation to the availability of medicines to manage an emergency within the practice when medicines had been taken off the premises.
- Clinicians we spoke with knew how to identify and manage patients with severe infections including sepsis. However, there was no local sepsis protocol to guide staff as to the actions to take in a particular situation. The practice told us that sepsis management had been discussed in a practice meeting the week before the inspection. Non-clinical staff we spoke with were able to describe the actions to take if they encountered a deteriorating or acutely unwell patient. However, not all staff had been present at the meeting where formal guidance on identifying such patients, specifically sepsis, had been discussed. We were told the meeting had not been minuted.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

Information to deliver safe care and treatment

Although staff had the information they needed to deliver safe care and treatment to patients and the practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment, some of the processes required improvement.

- We found some patients on active treatment registers had not been followed-up in recommended timescales. For example, for blood tests required as part of chronic disease management or when taking certain medicines. However, on closer review it appeared that the patients had not attended the surgery for several years and had not requested any repeat prescriptions. The practice told us the patients may have left the surgery but had not undertaken a review or practice list cleanse recently.
- We saw that clinicians made timely referrals in line with protocols. The lead GP partner demonstrated that he maintained a register of all patients referred under the two-week wait referral pathway and was responsible for reviewing after two weeks if patients had been seen. However, there was no safety-netting of this process, for example when the lead GP was absent from the practice, to assure itself that a patient had received an appointment, attended the appointment and the outcome had been received by the practice.
- The practice nurse had been at the practice for three months and demonstrated a review of cervical smear results when received by the practice. However, there was no system or process in place to ensure a result was received for all cervical screening undertaken.

Appropriate and safe use of medicines

Although the practice had systems in place for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, there was no documented system in place to monitor, manage and record expiry dates of medicines and oxygen.

- Although we saw patients were involved in reviews of their medicines, on review of patient records we found some medicines were still active on their medicines list after they had stopped taking the medicines.
- Prescribing data was comparable to CCG and national averages.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Track record on safety

This inspection was the first comprehensive inspection of the provider as a partnership. We saw the practice had some systems and processes in place to mitigate the risk to patients and mechanisms to monitor and review safety. However, we found some of systems required improvement.

Lessons learned and improvements made

Although there was a system for recording and acting on significant events and incidents the process was not consistent.

- There were systems in place for reviewing and investigating when things went wrong. The practice had recorded two significant events in the past 12 months and we saw action had been taken and learning applied. However, during our interviews a member of staff told us about a significant event in relation to a patient fainting during a consultation. We noted this had not been formally recorded or discussed as a significant event. When we raised this issue with the practice, they told us they had not considered this a significant event.

Requires improvement

Are services safe?

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. We saw that all staff had undertaken accident and incident reporting training as part of the mandatory training schedule.

Please refer to the evidence tables for further information.

Requires improvement

Are services effective?

We rated the practice, and all of the population groups, as requires improvement for providing effective services.

The practice was rated as requires improvement for providing effective services because:

- There was no formal process to disseminate new clinical guidance to all clinicians.
- There was no formal process to identify clinical audit and no programme of continuous quality improvement.
- Clinical staff we spoke with could not demonstrate any formal pain assessment tools to assess the level of pain in patients, including patients who had difficulties with communication.
- Patient uptake for the breast and bowel cancer national screening programmes were below national averages and the practice could not demonstrate a formal system to follow-up on patients who did not attend the screening programmes.

Effective needs assessment, care and treatment

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. However, the practice did not have a formal process in place for cascading new guidance to all clinical staff.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- 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.
- Clinicians we spoke with could not demonstrate any formal pain assessment tools to assess the level of pain in patients, including patients who had difficulties with communication.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The practice's performance for some long-term conditions quality indicators were above local and national averages. For example, the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 100% (CCG average 89%; national average 90%) with zero exception reporting (CCG 12%; national 13%).
- The practice's performance for quality indicators for patients with diabetes and asthma were comparable with local and national averages.
- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisation uptake rates for children aged one was in line with the target percentage of 90%. Uptake rates for children aged two was around 80%, which was below target. The practice was aware that uptake was below the 90% target and told us they actively followed-up non-attenders by letter. Data for

the period 1.4.17 to 31.03.18 which was published immediately after our inspection showed there had been some improvement in uptake. For example, the percentage of children aged two who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) was 86% (previous uptake 80%) and the percentage of children aged two who have received immunisation for measles, mumps and rubella (one dose of MMR) was 86% (previous uptake 83%).
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening from Public Health England (PHE) data was 59% (CCG average 54%; national average 71%), which was below the 80% coverage target for the national screening programme. The practice was aware of this and told us they had recently recruited a full-time practice nurse and actively followed-up non-attenders. The practice had been monitoring their improvement through the quality and outcome framework (QOF) and we saw that the uptake for 2017/18 was 79% (national average 81%).
- The practice's uptake for breast and bowel cancer screening was below the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances 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 utilised Coordinate My Care (CMC), a personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and there they are treated and cared for.
- The practice held registers of patients living in vulnerable circumstances.

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

- The practices performance on quality indicators for mental health was in line with local and national averages.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks and health interventions, for example, 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. However, the practice could not demonstrate a structured follow-up for this cohort of patients and a sample of patients on its register we reviewed did not meet the current criteria to be included on the register.

Monitoring care and treatment

- The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results were those for 2017/18, which showed the practice achieved 98% of the total number of points available (CCG average 97%; England average 98%). The overall exception reporting rate was 2% which was lower than the CCG average of 7% and the national average of 6%. 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 aimed to review the effectiveness and appropriateness of the care provided through quality improvement activity, for example, clinical audit and local initiatives. The practice shared two two-cycle clinical audits it had undertaken in the past two years for patients on high risk medicines and infection rate outcomes post minor surgery. The practice had also undertaken prescribing audits as part of the CCG-led prescribing scheme. However, the practice had not

undertaken any audits in relation to NICE guidance, did not have a formal process to identify future audits and did not have a programme of continuous quality improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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.
- There was an induction programme for new staff. The practice provided staff with ongoing support which included one-to-one meetings, appraisals, clinical supervision and revalidation.

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 that all appropriate staff, including those in different teams 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 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

- Patient uptake for the breast and bowel cancer national screening programmes were below national averages and the practice could not demonstrate a formal system to follow-up on patients who did not attend the screening programmes.
- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. A patient care navigator was allocated to the practice one day a week. The practice hosted a smoking cessation clinic.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

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.
- We saw that Mental Capacity Act (MCA) and consent training was included in the mandatory training schedule for all clinical and non-clinical staff.
- We saw appropriate consent had be sought and document ahead of minor surgical procedures undertaken by the practice.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed that patients were treated with kindness, respect and compassion.
- Staff we spoke with understood patients' personal, cultural, social and religious needs. We saw that staff had undertaken equality and diversity training.
- Feedback from patients was positive about the way staff treat people.
- We received 41 patient Care Quality Commission comment cards, all of which were positive about the service in relation to caring. Patients told us staff were caring, they were treated with dignity and respect and they felt involved in their treatment and care.
- The practice's national GP patient survey was comparable with other practices for patient outcomes in relation to caring. For example, the percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern was 84% (CCG average 83%; national average 87%).
- The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period April to September 2018, based on 293 responses, showed that 88% of patients would be extremely likely or likely to recommend the service.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. Staff were aware of the Accessible Information Standard (AIS), which is a requirement to make sure that patients and their carers can access and understand the information that they are given. We saw that the practice had included AIS awareness as part of its training schedule.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Interpretation services were available for patients who did not have English as a first language. In addition, practice staff spoke several languages which included Portuguese, Spanish, French, Italian and the Arabic language. The practice website had the functionality to translate to other languages.
- 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 told us they identified carers at the point of registration and on an on-going basis through clinical consultations and referral to the care navigator.
- The practice's national GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed, reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this. We saw that staff had undertaken privacy and dignity training.
- Feedback from CQC Comments Cards indicated that patients felt they were treated with privacy and dignity.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Extended hours appointments were available in the mornings, evenings and on Saturday morning as well as telephone consultations which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a nursing home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice facilitated referral to local organisations for patients at risk of social isolation.

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.
- The practice provided some out of hospital diagnostic facilities which included diagnostic spirometry and ambulatory blood pressure monitoring.
- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues and we saw these were minuted.

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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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 morning and evening opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode although the practice told us there was a GP in their catchment area who focussed on providing primary medical services to the homeless.
- We saw that domestic violence awareness training was included in the mandatory training schedule for all clinical and non-clinical staff.

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 held GP-led dedicated mental health clinics. Patients who failed to attend were proactively followed up by the practice.
- We saw that dementia awareness and learning disabilities training was included in the mandatory training schedule for all clinical and non-clinical staff.
- The practice had made some adjustments to the premises to be more dementia-friendly, for example door frames painted in a contrast colour.

Timely access to care and treatment

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

- We saw that patients had timely access to initial assessment, test results, diagnosis and treatment.

Good

Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Several of the practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment. For example, the percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 92% (CCG average 61%; national average 66%).
- We received 41 patient Care Quality Commission comment cards, all of which were positive. Patients told us they were able to get an appointment when they needed it and they ran on time.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- There was a lack of effective oversight to ensure good governance at the practice. The provider was unable to demonstrate that some systems and processes were sufficiently embedded to ensure risks were assessed and managed.

Leadership capacity and capability

The practice had recently established itself as a partnership and taken on a female GP having previously been registered as an individual. The management team included a part-time practice manager. The team demonstrated they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, we found a lack of effective oversight. Staff told us leaders were visible and approachable.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care 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. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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 had received being open and whistleblowing training.
- 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.
- There was an emphasis on the safety and well-being of all staff. We saw staff had undertaken health and safety-related training, for example display screen equipment (DSE) as well as bullying and harassment and conflict resolution training as part of the mandatory training schedule.
- The practice actively promoted equality and diversity. We saw staff had undertaken privacy and dignity training. Staff felt they were treated equally.
- There were positive relationships between staff and the management team.

Governance arrangements

We found a lack of effective oversight and some systems and processes were not sufficiently embedded to ensure good governance. This was demonstrated in gaps and inconsistencies in systems and processes. For example, infection prevention and control, emergency medicines, managing medical emergencies, the management of patient clinical records, safety netting of two-week wait referrals and cervical screening and significant events.

Although the practice held weekly practice meetings and monthly clinical meetings, some meeting minutes lacked detail and omitted some topics discussed, for example relating to patient safety alerts and sepsis awareness, so could not be referred to for learning purposes. However, staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The practice had established policies and procedures, which were accessible to staff.

Managing risks, issues and performance

The process to identify, understand, monitor and address current and future risks including risks to patient safety was not consistent.

- The practice reviewed the effectiveness and appropriateness of the care provided through quality improvement activity, for example, clinical audit and local initiatives. The practice had undertaken two

two-cycle clinical audits in the past two years for patients on high risk medicines and infection rate outcomes post minor surgery, and a prescribing audit undertaken as part of the CCG-led prescribing scheme. However, the practice did not have a formal process to identify future audits and there was no programme of continuous quality improvement.

- There was no formal process for disseminating new clinical guidance to all clinicians and the practice had not identified any clinical audits relating to current evidence-based guidance, for example, NICE.

Appropriate and accurate information

We found that some information used to monitor performance and the delivery of quality care was not accurate.

- On review of active treatment registers we found some patients who had not attended the surgery for several years and had not requested any repeat prescriptions and so it was unclear if they were current patients of the practice. We saw patients were involved in regular reviews of their medicines, however, on review of patient records we found some medicines were still active on their medicines list after they had stopped taking the medicines. Some patients on its learning disability register did not meet the current criteria to be included on the register.
- There was a team approach to monitoring of Quality and Outcomes Framework (QOF) performance and local initiatives.
- Staff whose responsibilities include making statutory notifications understood what this entails.
- 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. The practice was registered with the Information Commissioner's Office (ICO).

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

- The practice encouraged and acted upon staff, patients' and external partners' views and concerns to shape services and culture.
- There was an active Patient Participation Group (PPG). Feedback indicated that the practice was responsive to feedback and suggestions.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The practice engaged with the CCG in local current and future initiatives and the principal GP was on the South Westminster Primary Care Home initiative (an approach to strengthening and redesigning primary care to focus on local population needs and provide care closer to patients' homes.)

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **The provider was failing to ensure that care and treatment was provided in a safe way for patients. For example:** • Arrangements in relation to infection control did not mitigate the risk of spread of infection. • Monthly hot and cold-water temperature level recordings were not in line with guidance for healthcare premises. • The storage of some consumables identified on the COSHH risk assessment was not in line with recommendations. • There had been no assessment of risk in relation to the availability of emergency medicines to manage a medical emergency when medicines were taken off site. • There was no effective system to monitor and manage expiry dates of medicines and consumables. • There was no local sepsis protocol and not all staff had received formal sepsis awareness training. • Patient clinical records did not always reflect current treatment plans. • There was no safety-netting of two week wait referrals and cervical screening. **This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

Systems to assess, monitor and mitigate risks to service users and others who may be at risk were not sufficient. For example:

- The system for recording and acting on significant events was not consistent.
- There was no formal process to disseminate new clinical guidance to all clinicians.
- There was no formal process to identify clinical audit and no programme of continuous quality improvement.
- There was no formal system to follow-up on patients who did not attend the breast and bowel cancer national screening programmes.
- Meeting minutes lacked detail and some topics discussed were omitted so could not be referred to for learning purposes.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.