

# Pimlico Health @ The Marven

## Quality Report

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Pimlico

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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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pimlico Health @ The Marven on 9 December 2015.

Overall the practice is rated as Good

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to waste management, medicines and equipment.
- We saw two completed clinical audits driving improvement.
- The majority of patients said they were treated with compassion, dignity and respect.

- Urgent appointments were usually available on the day they were requested. There were issues around waiting times and privacy at reception but the practice had taken steps to address these.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review and the business continuity plan was not specific to the practice.
- The practice had proactively sought feedback from patients and had an active patient participation group.

We saw several areas of outstanding practice including:

The GP mental health team was part of the primary care mental health team, Primary Care Plus (PCP) which was set up by Central London CCG in Westminster in 2011 to ensure safe and supported transitions for mental health patients out of secondary care. A Safer Discharge Protocol was used to facilitate this and patients were offered an enhance level of support. The practice was the first wave of roll out of this service and would feedback to

# Summary of findings

other practices and assisted in the review of this process prior to its wider launch due in April 2016. The review showed 12 of the 24 patients discharged from secondary mental health services to the practice had been reviewed in the last 12 months and we saw evidence of 12 patient records showing how this service had benefitted their ongoing mental health care.

The areas where the provider must make improvements are:

- Ensure clinical waste is managed in line with current legislation and guidance.
- The practice must ensure the defibrillator (used to attempt to restart a person's heart in an emergency) is available and fit for use at all times.
- Ensure sufficient medicines are available in case of emergencies.
- Ensure vaccines are stored appropriately and there is an appropriate policy in place and to ensure staff are trained and aware of this policy.

- Ensure signed Patient Specific Directions (PSD) are issued into each patients notes by the prescriber to cover Health Care Assistants administering vaccinations after they have received suitable training.
- Ensure they have a Legionella risk assessment and policy.

In addition the provider should:

- Ensure there is a practice specific business continuity plan to deal with major disruptions to the service which contains up to date contact details for staff.
- Ensure that privacy is maintained at the reception desk.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, to report incidents and near misses.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguard patients from abuse.
- The systems and processes to assess risks to patients were not implemented well enough to ensure patients were kept safe. For example, those relating to equipment, waste management, medicines management and dealing with emergencies.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Two complete clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of planned appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed the practice scored mixed results in relation to patient's experiences and their satisfaction scores with GPs and nurses.
- Patients said they were treated with compassion, dignity and respect and the majority of patients said they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the different services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for being responsive

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified for example by taking part in the
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well led

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most of the staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice was rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They had a dedicated patients referral manager who was responsible for recalling patients for healthchecks
- There was a register for older people who have complex needs, required additional support or were housebound and care plans were in place to ensure these patients and their families received coordinated care and support.

Good



### People with long term conditions

The practice was rated as good for people with long term conditions.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice was rated as good for families, children and young people.

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a designated children's area as well as breastfeeding and changing room for privacy although this was unsuitable for use due to a lack of heating.
- We saw positive examples of joint working with midwives, health visitors and school nurses. We also saw positive engagement with the paediatric multidisciplinary team MDT service carried out at the practice in conjunction with the hospital which enabled families referred to the service with particular anxieties and health concerns to get a consultant opinion without being referred to secondary care.

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

The practice was rated as good for working age people.

- The needs of the working age population, who made up the majority of the practice age profile, as well as those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

The practice was rated as good for people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was a dedicated homeless practice situated half a mile from the practice which they would signpost homeless patients to register with. The practice told us that once the patients had been placed in accommodation, they were able to register with them..
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- The PPG was actively involved in keeping the practice updated on asylum seekers and migrants. They were also involved in advising the practice about organising forums for ethnic minority women in order to allow them to speak about issues regarding domestic violence.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **People experiencing poor mental health (including people with dementia)**

The practice was as good for people experiencing poor mental health.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and offered dementia screening for those at risk.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had a GP mental health lead who delivered two mental health clinics per week.
- The GP mental health lead had arranged for MIND, a mental health charity to deliver mental health training to all staff. The practice actively promoted MIND and mental health on their display boards.
- The practice was leading in the 'Out of Hospital Specification' launched in November 2015 with the GP mental health lead at the forefront of this service. This service aimed to encourage the transfer of patients with Serious and Enduring Mental Health Disorders (SEMD) from secondary to primary mental health services. In addition the service provided these patients with an enhanced level of support and monitoring them through annual physical health checks.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey most recent results published on 2 July 2015. The results showed the practice was performing in line with local and national averages.

370 survey forms were distributed and 89 were returned. This represented 0.6% of the practice's patient list.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 80% and a national average of 85%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 85%.
- 84% described their overall experience of this surgery as good compared to a CCG average of 80% and a national average of 84%.
- 63% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 72% and a national average 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards of which 15 were mostly positive about the standard of care received where they felt they were treated with dignity and compassion. Two of the comment cards highlighted issues with long waiting times, between 30 minutes and 2 hours after their appointment time to be seen.

We spoke with 10 patients during the inspection and three members from the Patient Participation Group (PPG). Seven of these patients as well as members of the PPG we spoke to said that they were happy with the care they received and thought that staff were approachable, committed and caring. Three of the patients we spoke with felt they did not have enough time during their consultation and three patients found privacy at the reception desk an issue.

155 friends and family tests were completed in the last 12 months. 92% of the patients recommended the practice.

## Areas for improvement

The areas where the provider must make improvements are:

- Ensure clinical waste is managed in line with current legislation and guidance.
- The practice must ensure the defibrillator (used to attempt to restart a person's heart in an emergency) is available and fit for use at all times.
- Ensure sufficient medicines are available in case of emergencies.
- Ensure vaccines are stored appropriately and there is an appropriate policy in place and to ensure staff are trained and aware of this policy.
- Ensure signed Patient Specific Directions (PSD) are issued into each patient's notes by the prescriber to cover Health Care Assistants administering vaccinations after they have received suitable training.
- Ensure they have a Legionella risk assessment and policy.

# Pimlico Health @ The Marven

## 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 second CQC inspector, a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

## Background to Pimlico Health @ The Marven

Pimlico Health @ The Marven is located in Pimlico, Westminster and holds a General Medical Services (GMS) contract and is commissioned by NHSE London. The practice is staffed by three full time GP partners and five salaried GPs, four female and four male who work a combination of full and part time hours. The practice also employs a full time business manager, deputy manager, patient referral manager, and clinical coder. A newly appointed nurse practitioner who works four days a week and was covered by a locum practice nurse at weekends, two healthcare assistants of whom one covers the weekend service, a part time counsellor and 15 reception and administration staff.

The practice is open between 8.30am and 6.30pm Monday to Friday. After 6.30pm the answerphone redirects patients to NHS 111 and the last appointment is offered at 7.40pm. Commuter appointment slots are offered between 6.30pm and 8.00pm on Monday to Thursday. Extended hours surgeries are offered on Saturday and Sunday between 10.00am and 6.00pm. The practice has a branch surgery in Vincent Square which we visited as part of our inspection. The branch surgery is open between 8.30am and 4.30pm

Monday to Friday with GP and HCA clinics offered during this time. Patients who attend the surgery, without an appointment, outside these hours are redirected to the main surgery in Lupus Street.

The practice has a list size of 14,307 patients and provides a wide range of services including minor surgery once a month, diagnostic and screening procedures as well as treatment of disease, disorder or injury.

The practice is located in an area where the majority of the population is relatively young aged between 20-44 years of age.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 December 2015. During our visit we:

# Detailed findings

- Spoke with a range of staff including three GPs, business manager, a practice nurse, a clinical coder, a patient referral manager and a member of the administration staff.
- Spoke with 10 patients and with three members of the Patient Participation Group (PPG).
- Observed staff interactions with patients in the reception area and observed how patients were being cared for.
- Reviewed the provider's policies and a range of records including staff recruitment and training files, significant events log, medicines records and clinical audits.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the branch surgery in Vincent Square.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the business manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a significant incident occurred relating to a serious safeguarding concern, where an urgent telephone referral had not been handled appropriately by the practice. Following this incident, training was put in place for both clinical and non clinical staff on the correct handling of such referrals. The practice then implemented a new child safeguarding policy in conjunction with their Child Protection Policy which aimed to prevent serious harm to a child by identifying them to be a safeguarding risk through a red alert on their computer system. This was shared with all staff during their team meetings and a designated GP lead was appointed for each day, whose role would be to handle these alerts and action them urgently.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included;

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the Practice Nurse were trained to Safeguarding level 3.

- There were chaperone notices displayed around the practice and we saw an up to date chaperone policy. Reception and administration staff who acted as chaperones were trained for the role by the senior GP and could describe their role and responsibilities. DBS checks were in place for most of the staff and the practice was in the process of arranging DBS checks for 10 other members of staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The business manager was the infection control lead and there was an infection control protocol in place and staff had received up to date training. The practice told us that the last infection control audit was undertaken in June 2015. We were not provided with a copy of their recent audit at inspection however, they subsequently sent one after the inspection. We observed that there was no locked storage facility for managing waste and sharps bins as they were stored in the used HCA's room until the weekly collection and a risk assessment had not been undertaken. Reception staff knew how to handle specimens brought in by patients. They were aware of the location of spill kits, however, they were incomplete as there was no protective eye wear. Staff were also unclear of the protocol regarding needlestick injuries.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice monitored their prescribing with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and locked away when not in use and there were systems in place to monitor their use. Vaccines were stored in a fridge in the nurses room which was kept locked when not in use.

## Are services safe?

Records showed vaccines were stored at appropriate temperatures. The nurse was unclear about what to do if the cold chain was broken however, she was newly recruited and at the time of inspection she was undergoing induction training. The majority of vaccines we checked were in date, however we saw two that were out of date. The majority of vaccines we checked were in date, however we saw two that were out of date. We also found some expired vaccines at the branch surgery. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, there was no evidence of Patient Specific Directions (PSD) issued into each patients notes by the prescriber to enable Health Care Assistants to administer vaccinations once they had completed their training. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate body.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The clinical coder was responsible for making phone calls to women to check they had received a hospital appointment.

### Monitoring risks to patients

Some risks to patients were assessed & managed

- There was a health and safety policy available which identified the health and safety representatives within the practice however, this policy did not have any emergency contact details for key persons, review date or identify any external health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Although

most of the equipment was new and not due for electrical testing or calibration until March 2016, there was some older equipment which had not been calibrated in the last year. For example, the fridge was in date but the scales and spirometry equipment were overdue. The practice had a control of substances hazardous to health (COSHH) policy which did not contain emergency contact details. There was no policy in place for legionella testing or any evidence of when one last took place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- At the time of our inspection there was no heating in the building as the air conditioning and heating units were offline and not due to be turned on until January 2016. We observed most of the rooms were cold, particularly the mother and baby breastfeeding and changing rooms making them unsuitable for use. We saw evidence of a risk assessment being carried out with an action plan to use temporary heaters.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, they had two members of staff on the front desk during the week, however at weekends there was only one but they ensured other staff worked in nearby rooms. There was one practice nurse within the practice who was available 4 days a week and a weekend locum practice nurse. However there was no nurse cover at the branch surgery. We saw the practice had staff absence protocols in place.

### Arrangements to deal with emergencies and major incidents

The practice did not have robust arrangements in place to respond to emergencies and major incidents.

- There was a panic button and an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There were CCTV monitors around the building and signs were in place to make people aware of this.
- All clinical staff received annual basic life support training but half the non - clinical staff had not received

## Are services safe?

defibrillator training. However, we received evidence the following day of a risk assessment having been carried out and staff training from the London Ambulance Service was scheduled for January 2016.

- The practice had oxygen with child and adult masks and had defibrillators at both premises but there were no chest pads available in both the practice and branch surgery. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their

location. There was no process in place to monitor the expiry dates of emergency medicines. For example, we found three medicines in the doctor's bag to be out of date and not fit for use and eight of the medicines logged on the emergency drugs sheet were out of date by three to six months.

- The practice had a back up plan to deal with major disruptions to the service however, it was not specific to the practice. There were no internal or external emergency contact details and no review date.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to NICE guidelines and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records. For example, the practice recently discussed these guidelines in the care of a patient suspected of having cancer and followed the cancer guidelines on the two week referral.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had clinical and clerical QOF leads for each area. The most recent published results were 93% of the total number of points available with a 3.6% exception reporting. Data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 67%, 13% below the national average.
- The percentage for patients with hypertension having regular blood pressure tests was 75%, 8% below the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91%, 3% above national average

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77%, 7% below national average.
- Previous performance for antibiotic prescribing was higher than the CCG average at 0.27 per antibiotic items prescribed compared to the CCG average of 0.18. Most recent data seen at inspection showed their performance had improved and the practice had met the target within the time limit. Data now showed performance for antibiotic prescribing had reduced to six points below CCG average.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years. Two of these were completed cancer and A&E admissions audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of their cancer audit included setting up a register to contact all patients within two weeks of being referred to ensure they had received a hospital appointment. In the first cycle, 33% of cancer cases had been diagnosed via the two week wait pathway and in the second cycle audit, this figure rose to 51% suggesting processes in place had improved remarkably.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example for those reviewing patients with long-term conditions and assisting in minor surgery at the practice. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

# Are services effective?

## (for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidating GPs. There were arrangements in place to undertake staff appraisals.
- Staff had received training that included: safeguarding, fire procedures, basic life support, information governance and dementia awareness. Staff had access to and made use of e-learning training modules and in-house training. The business manager was the Information Governance lead and fire warden and had carried out new staff training in these areas as part of their induction.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. For example, the clinical coder was responsible for scanning the discharge summaries from the hospital and forwarding them to the responsible GP via their intranet system. We saw evidence that GP clinical meetings took place on a

monthly basis, administration staff meetings took place every month, multi-disciplinary team meetings took place on a weekly basis and care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Although some staff had no formal Mental Capacity Act (MCA) training, they had access to online learning and were able to discuss the stages involved in gaining consent where patients had reduced mental capacity. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example, staff were able to demonstrate knowledge of the use of Gillick competencies in the case of a vulnerable young patient.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. For example, patients who were registered with the practice as carers particularly dementia carers were invited to see their GP who would arrange a 'care/needs assessment' to find out what help and support they required including healthcare, equipment, access to day centres and residential and respite care.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the national average of 81%. The clinical coder was responsible to sending out text message reminders for screening.

# Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 94% and five year olds from 71% to 96%. Flu vaccination rates for the over 65s were 72%, and at risk groups 54%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. The patients referral manager was responsible for

texting patients to call them for health checks and newborn immunisations. These included health checks for new patients and NHS health checks for people aged 40–74. However, most of the staff were unclear on what the recall system was for patients with long term conditions. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were warm, courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Although patient feedback highlighted privacy at reception as an issue, reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced and highlighted that staff responded compassionately when they needed help and provided support when required. Two of the comment cards we received highlighted issues with long appointment waiting times. We spoke to 10 patients and seven said they felt the practice staff were caring and treated them with dignity and respect. However, three of the patients told us they found privacy at the reception desk an issue and they highlighted issues with long appointment waiting times ranging between 30 minutes and two hours. The practice was aware of this and had addressed this. For example, they had increased GP numbers for a one hour walk in slot in the morning to help reduce the waiting times. Patients had also been made aware of the long waiting times on the practice website.

We spoke with three members of the patient participation group (PPG). They also told us they were new and they had two meetings so far and were satisfied with the care provided by the practice. They felt involved and supported and felt part of the group.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity

and respect. Results showed the practice was comparable in most areas and below average for its satisfaction scores on consultations with nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 84% and national average of 88%.
- 76% said the GP gave them enough time (CCG average 81%, national average 86%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 64% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 78% said they found the receptionists at the practice helpful (CCG average 82%, national average 86%)

The most recent data on consultations with the nurses showing worse than CCG and national averages was as a result of the use of locum nurses before the new practice nurse came into post and the practice attributed this as the reason for the scores.

### Care planning and involvement in decisions about care and treatment

Most patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. However, some patients told us they did not feel they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey regarding patients involvement in planning and making decisions about their care and treatment were comparable to CCG and national average. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.

## Are services caring?

- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 76% , national average 81%).
- 59% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 84%).

The most recent data on consultations with the nurses showing worse than CCG and national averages was as a result of the use of locum nurses before the new practice nurse came into post and therefore likely to affect these scores.

Staff told us that translation services were available for patients who did not have English as a first language although we did not see notices in the reception areas informing patients this service was available.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15% of the practice list as carers. Carer appointments were available in addition to written information to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Patients over 75 years had a named GP and were offered an annual health check although the process for recalling patients was unclear.
- The practice held registers for patients who had complex needs, long term conditions and at risk of A&E admissions. The practice held weekly MDT meetings attended by a range of health and social care professionals. They ensured the needs and services provided to older patients and patients with complex or long term conditions were kept under regular review and care plans implemented for them. These meetings led to many patients having a single named care coordinator who would intervene on a regular basis and directly access support for them.
- The practice held registers for patients who were receiving palliative care. The GP palliative care lead attended regular internal as well as monthly Gold Standard Framework (GSF) meetings with the senior nurses from the hospice, community matrons and district nurses. Patients in this group had advanced care plans which were reviewed every three months.
- There were longer appointments available for patients with a learning disability. They were also offered an annual review and a care plan and in some cases this was done by liaising with their carers. The practice identified 30 patients with learning disabilities and half of this group had been offered a review.
- They offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.00pm and morning and weekend appointments for working patients and students who could not attend during normal opening hours.
- Walk-in clinics were available and same day walk-in appointments were available for people who were unable to book an appointment on the phone or online due to language barriers.
- They offered meningitis vaccinations to university students and temporary out of area registrations for students at university elsewhere were offered. They offered family planning advice and would signpost patients to other local services.
- Home visits were available for older patients and patients who would benefit from these.
- There were disabled facilities available although there was no hearing loop installed. We saw evidence that implementation of one was discussed at the practice meeting.
- The practice had lift access as well as stairs to the downstairs area leading to most of the consulting rooms. In the event of the lift being out of order, the practice had ramp access at the back of the building for disabled wheelchair users.
- The practice held paediatric clinics for children under 12 in conjunction with the acute hospital and a neighbouring practice and consultant paediatricians. Patients referred to this clinic were able to receive a consultant opinion regarding particular anxieties or health concerns they had that would not necessarily warrant secondary care. This enabled the practice to improve their management of children and families with young children and ensure continuity of care. They offered six week mother and baby reviews and also offered afternoon slots to parents whose children would have fallen ill at school. The practice offered all childhood immunisations and proactively recalled parents/guardians to remind them. The practice had a designated children's area with children's TV and books as well as two baby changing rooms and a breastfeeding room although this was unsuitable for use due to lack of heating. We saw good examples of joint working with health visitors.
- The practice took part in the Direct Enhanced Service (DES) to identify patients at a high risk of dementia. They were also discussed at weekly MDT meetings.
- The practice was at the forefront of the 'Out of Hospital Specification' service which supported the transfer of mental health patients from secondary to primary care. The GP lead for mental health ran two mental health clinics a week and offered counselling and CBT.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Translation services were available and booked when required. The practice also offered same day walk in appointments for ethnicities whose language barrier restricted them from booking appointments on the phone or online.

### Access to the service

The practice was open between 8.30am and 8.00pm Monday to Thursday and 8.30am and 6.30pm on Friday. The answerphone directed patients to NHS 111 between 8.00am and 8.30am. Extended surgery opening times were between 10.00am and 1.00pm and 2.00pm and 6.00pm on Saturday and Sunday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, walk-in appointments were also available for people that needed them. The practice had made a decision not to offer specific clinics so that patients were not forced to come at specific times for particular problems for example, antenatal care, but could make an appointment convenient for them.

The branch surgery in Vincent Square was advertised on the practice website and patient leaflets as being open between 8.30am and 4.00pm Monday - Friday. When we inspected the branch surgery, we found the practice was not providing an adequate service and there was no access to a GP. However, the practice addressed this immediately and were now providing a GP service on Monday to Friday at 8.30am – 6.30pm.

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages although the results for waiting times after their appointment time was low and this aligned to what the patients told us on the day.
- 74% patients were satisfied with the surgery's opening hours compared to CCG average of 74% and national average of 70%.
- 84% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 89% patients said the last appointment they got was convenient (CCG average 87%, national average 91%).

- 46% patients said they usually waited 15 minutes or less after their appointment time (CCG average 82%, national average 85%).
- 78% patients said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).

We spoke to seven patients who told us that they were usually able to get an appointment when they needed them although three said they would usually have to wait a few weeks.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. For example the patients referral manager was responsible for handling smaller complaints and would forward the more serious complaints to the business manager.
- We saw that information was available to help patients understand the complaints system, for example, patient leaflets.

We looked at 17 complaints received in the last 12 months and found these were satisfactorily handled and apologies given when required. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient made a written complaint and was unhappy at turning up for an appointment in the surgery to be told it was a telephone consultation. We saw that an apology and explanation were given. We also saw that the patient was informed that there would be training for the reception team to inform patients exactly which type of appointment they were booked for. Following this, the practice put together written information regarding the types of appointments available to patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and although some of the staff did not know what the mission statement was, most of the staff knew and understood the philosophy of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were practice specific policies available to all staff on the shared drive although we did see one policy which was not specific to the practice. Paper copies were also accessible to staff within the practice. However we found some had not been reviewed within the last three years and the lone worker policy did not specifically cover staff who worked at the weekend or the staff who worked alone at the branch surgery for most of the day.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and prioritised high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff as well as members of the PPG.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings for the different practice areas. Although the practice did not hold combined team meetings, the business manager and the deputy manager attended all meetings and were responsible for disseminating information across all staff groups
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Although the practice had not monitored or responded to patient comments on NHS Choices website, they had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. For example, a patient had

# Are services well-led?

Good 

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

commented on the waiting room environment. Improvements were made to introduce a children's play area and introduce artwork on the walls to improve the area.

- The PPG was active and met on a quarterly basis together with members of the practice team, including the patients referral manager. The PPG submitted proposals for improvements to the practice management team. For example, the PPG recently organised for a guest speaker to deliver talks to the practice on topics such as the registration of migrants and asylum seekers and what they should offer as a practice. The practice acted on this feedback and were in the process of organising training through the migrant resource centre. The PPG also suggested the practice should deliver sessions for ethnic minority women

which would offer them a forum for health questions and allow them to speak about items such as domestic violence. The practice acted on this feedback and were in the process of arranging this training as part of the Locality Plan delivery.

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice, they had adopted a live and learn culture. The business manager was a finalist for the Practice Manager of the year award in 2015.

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not fully assess, monitor and mitigate risks. They failed to manage their clinical waste in line with current guidance and legislation. They failed to provide a Legionella risk assessment. The processes in place to ensure the safe management of medicines were not robust. The provider failed to ensure all staff were trained in the safe operation of emergency equipment. The providers contingency policy was not specific to the practice. The defibrillator was not fit for purpose.</p> <p>This was in breach of Regulation 12 (2)(d), 12(2)(e), 12(2)(f) and 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>