

# Care Quality Commission

## Inspection Evidence Table

### Kensington Partnership (1-540471151)

Inspection date: 18 July 2018

Date of data download: 12 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 07/2018
There was a record of equipment calibration Date of last calibration:	Y 18/05/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	07/2017
Fire drills and logs	07/02/2018
Fire alarm checks	Weekly 13/07/2018
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	26/06/2018
Actions were identified and completed.	Y
Additional observations: the practice carried out regular safety checks of the environment	04/06/2018
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y 26/06/2018
Health and safety risk assessment and actions Date of last assessment:	Y 26/06/2018
Additional comments: Legionella Risk assessment: 17/07/2018	

Gas safety 29/09/2017

We saw that checks were undertaken as required at both the branch locations and records were retained.

Not all staff had updated their fire training within the last 12 months.

Infection control	Y/N
Risk assessment and policy in place	Y 19/06/2018
Date of last infection control audit: The practice acted on any issues identified	01/12/2017 Y
Detail: We saw that infection prevention and control audits were completed at all three sites. The chairs had been replaced at a branch location and we saw evidence that where carpets were in clinic rooms these had been deep cleaned. (dated 12-13 July 2018).	
The arrangements for managing waste and clinical specimens kept people safe?	Y
The staff training matrix showed that not every member of staff had updated their infection prevention and control (IPC) training within the last 12 months. We were assured this was under review following the merger.	

### Any additional evidence

We saw that there was a comprehensive policy in place for management of the cold chain, refrigerators and vaccines which detailed actions the practice was to take in the event of any issues. Monthly IPC audits were undertaken by the staff team and actions taken.

### Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y

Explanation of any answers:

Reception staff were supported to respond to emergency situations and recognise sepsis by a clinically led assessment template on the computer system.

Adult and child oximeters were available to assist in the assessment of sepsis and we saw that a programme of training was ongoing for the team.

### Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

### Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.60	1.11	0.98	Variation (negative)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	9.4%	5.1%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y

There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

### Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	19
Number of events that required action/ or were reviewed by the team.	19

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Patient results were filed without being actioned.	Noted by a clinical team member and an apology was given to the patient for the delay in treatment.
Total loss of IT system	Staff deployed to other areas and mobile devices used for remote access. Following the event changes were made to practice laptops and tablets to reduce the impact of any further issues.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y

Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Safety alerts were disseminated to the staff team and then managed through to conclusion by a member of the management team. Actions were documented and a hyperlink was embedded into the spreadsheet for future reference.</p>	

# Effective

## Effective needs assessment, care and treatment

The Quality and Outcomes Framework (QOF) is a system intended to improve the quality of general practice and reward good practice.

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.32	0.83	0.90	Comparable to other practices

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	72.6%	74.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.0% (56)	9.8%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	86.5%	78.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (72)	6.9%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5	76.7%	78.9%	80.1%	Comparable to other practices

mmol/l or less (01/04/2016 to 31/03/2017) (QOF)				
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	11.1% (69)	7.6%	13.3%	

<b>Other long-term conditions</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	80.4%	79.4%	76.4%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	1.4% (9)	3.6%	7.7%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.2%	91.7%	90.4%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	17.4% (28)	11.2%	11.4%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	89.1%	84.3%	83.4%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	8.7% (86)	5.5%	4.0%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	87.5%	90.7%	88.4%	Comparable to other practices



QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	15.2%	(10)	14.5%	8.2%
<b>Any additional evidence or comments</b>				
Unverified data for 2017/2018 forwarded by the practice after the inspection showed that:				
<ul style="list-style-type: none"> <li>For patients with diabetes the practice had achieved 71 of the 86 QOF points available. (The Quality and Outcomes Framework (QOF) is a system intended to improve the quality of general practice and reward good practice.)</li> <li>For patients with hypertension the practice had achieved all the points available.</li> <li>For patient with COPD (chronic obstructive pulmonary disease) the practice had achieved all the points available.</li> <li>For patients diagnosed with atrial fibrillation (a heart condition which causes an irregular and often abnormally fast heart rate), the practice had achieved all the points available.</li> </ul>				
The practice were aware of their rates of exception reporting and made every effort to contact patients before they were excepted.				

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	132	150	88.0%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	141	150	94.0%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	142	150	94.7%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	142	150	94.7%	Met 90% Minimum (no variation)
<b>Any additional evidence or comments:</b>				
The practice would contact patients as necessary to remind them to attend and ran regular reports to ensure that parents were invited to bring their children. If concerns were raised the practice liaised with the health visitor.				

Working age people (including those recently retired and students)

<b>Cancer Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	66.4%	62.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	54.9%	55.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	40.0%	35.8%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	81.0%	61.1%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	52.0%	58.9%	51.6%	Comparable to other practices
<p><b>Any additional evidence or comments.</b>            The practice Care Navigator was involved in a research project regarding cancer screening and would speak to patients about the benefits of screening and encourage them to attend. The practice had a good understanding of the cultural barriers to patients accessing screening services.</p> <p>A QOF achievement report forwarded to us after the inspection contained unverified data for 2017/2018. Information provided in relation to cervical screening showed that in the last five years 86.6% of patients had undergone a cervical screening test.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	93.4%	93.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (6)	8.4%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.8%	94.6%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (5)	6.1%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.7%	87.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (3)	7.4%	6.8%	

**Any additional evidence or comments.**

Unverified data for 2017/2018 forwarded by the practice after the inspection showed that:

- For patients diagnosed with mental health issues the practice had achieved all of the QOF points available
- For patients diagnosed with depression the practice had achieved all of the points available.
- For patients diagnosed with dementia the practice had achieved all of the points available.

(The Quality and Outcomes Framework (QOF) is a system intended to improve the quality of general practice and reward good practice.)

**Monitoring care and treatment**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547	531	539
Overall QOF exception reporting	8.2%	7.0%	5.7%

**Coordinating care and treatment**

Indicator	Y/N
The provider has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

**Helping patients to live healthier lives**

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.1%	97.2%	95.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (29)	1.0%	0.8%	

**Consent to care and treatment**

Description of how the practice monitors that consent is sought appropriately
The practice was able to monitor consent via the computer systems, including the review of discussions of the Gillick competences.
These are legal terms used to determine a children's rights and wishes.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	51
Number of CQC comments received which were positive about the service	37
Number of comments cards received which were mixed about the service	9
Number of CQC comments received which were negative about the service	5

Examples of feedback received:

Source	Feedback
Comments cards.	Staff were described as caring, pleasant, friendly and supportive. Numerous patients described the doctors as excellent and said that the team were respectful
Patient participation group	A member of the PPG told us that the practice was very caring and that patient opinions were valued by the team.
Nursing Home	The manager of the home we spoke with told us that the practice responded to requests for visits and were always good with the residents
Student surveys July 2017	The students involved in the practice survey who were registered with Kensington Partnership said that staff were helpful and made them feel comfortable. One patient said they were assisted to check in for an appointment and shown where to wait when they were unsure of the process.
Patient survey November 2017	Of 130 responses, 88% of patients said that practitioners at the practice were good, very good or excellent at showing concern for patients. Of 146 responses, 91% of patients said that the warmth of greeting at the practice was good, very good or excellent.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13,686	390	85	21.79%	0.6%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	69.2%	62.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	91.4%	82.0%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	97.1%	93.9%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	84.3%	74.8%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	83.3%	85.1%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	80.8%	83.2%	90.7%	Comparable to other practices

### Any additional evidence or comments.

Patient comment cards reflected that patients felt listened to and were happy with the care given by the clinical staff.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Date of exercise	Summary of results
Patient survey November 2017	Of 144 responses, 93% of patients said that practitioners at the practice were good, very good or excellent at listening. Of 142 responses, 90% of patients said that they had confidence in the ability of the person they saw.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	On the day of inspection patients told us that they were involved in their care and treatment and issues such as medication side effects were discussed with them.
Nursing Home	The manager for the nursing home we spoke with told us that the practice respected the knowledge which they held regarding each individual at the home and were happy to discuss care and treatment options with those involved.
Patient comment cards	Several patients specifically commented that they felt the care was very good and they felt listened to.
Patient Survey November 2017	Of 145 responses, 92% of patients said that they were given a good, very good or excellent explanation of their symptoms etc on the day of their visit.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	95.2%	78.4%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	88.1%	74.8%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good	84.0%	83.7%	89.9%	Comparable to other practices

at explaining tests and treatments (01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	80.3%	78.9%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	192 patients identified which equated to 1.4% of the practice population.
How the practice supports carers	<p>The practice had hosted several carers events in the main and branch surgeries. Carers information was available and support was highlighted in the practice newsletter.</p> <p>The practice also had a patient engagement lead, leaflets were available and reception staff were aware of where to signpost patients for support.</p> <p>The Patient Participation Group surveyed 66 patients and carers in 2017 to understand their needs in relation to appointments. Responses and plans for improvements were discussed in meetings. We were told by a group member that they had plans to review and improve the support offered to carers.</p> <p>We saw that all members of the staff team had completed carer awareness training.</p>
How the practice supports recently bereaved patients	<p>Appointments were offered at a time to suit recently bereaved patients and a bereavement pathway was in place.</p> <p>In recognition of cultural and religious observances, the GPs would respond quickly to provide the necessary death certification to enable prompt burial in line with the family's wishes when appropriate. At times where a death was expected the GPs would be contactable at evenings and weekends.</p>



## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	The waiting areas at all three locations were arranged to provide as much privacy as possible for patients.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
Patient Survey November 2017	<ul style="list-style-type: none"> <li>• Of 136 responses, 85% of patients said that respect for privacy and confidentiality at the practice was good, very good or excellent.</li> <li>• Of 144 responses, 93% of patients said that the respect shown to them by the practice was good, very good or excellent</li> </ul>

# Responsive

## Responding to and meeting people's needs

<b>Practice Opening Times Kensington Partnership; main location.</b>	
<b>Day</b>	<b>Time</b>
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 8.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
<b>Practice Opening Times Lower Grange Health Centre; branch location.</b>	
<b>Day</b>	<b>Time</b>
Monday	8am to 1pm
Tuesday	8am to 1pm
Wednesday	8am to 5.30pm
Thursday	8am to 1pm
Friday	8am to 1pm
<b>Practice Opening Times Mughal Medical Centre; branch location.</b>	
<b>Day</b>	<b>Time</b>
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

<p>Appointments available</p> <p>Appointments could be booked in the surgery, on line or by telephone. The practice offered face to face and telephone triage appointments.</p>
<p>Extended hours opening</p> <p>The practice was also allocated 60 appointments per month due to their involvement with a local federation. Patients could access a GP, physio, nurse or a health care assistant between 630pm and 930pm Monday to Friday and between 10am and 1pm on a Saturday and Sunday at three sites across the city.</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Requests for a home visit would be passed to the on-call clinician who would assess if this was clinically necessary.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13,686	390	85	21.79%	0.4%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	70.6%	72.2%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	32.9%	53.3%	70.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	54.5%	61.7%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	51.3%	58.1%	72.7%	Comparable to other practices
<b>Any additional evidence or comments:</b> We saw that the partners had reviewed appointments and access in their regular meetings; actions included ordering additional telephones to improve access at one of the branch surgeries and changes to the types of appointments on offer in response to feedback.				

Examples of feedback received from patients:

Source	Feedback
The Friends and Family Test.	The Friends and Family Test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. Overall results showed that in April and May 2018 of the 114 patients that had responded, 78% of those patients would be likely or extremely likely to recommend the surgery to their friends and family.
Patient Survey November 2017	Of 150 responses, 69% of patients said that their satisfaction level with appointments was good, very good or excellent. A further 21% of patients said they were fairly satisfied.
Patient comment cards	Of the 51 comment cards we received, 37 were positive, nine contained mixed comments and 5 were negative about the service provided. The nine cards which had mixed comments were positive about the service but said that it took a long time to get through on the telephones and make an appointment. The five negative comment cards all made comments about access to the service.  Some patients noted that it was easier to get through to the practice on the telephones since the new system was introduced

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	8
Number of complaints we examined	8
Number of complaints we examined that were satisfactorily handled in a timely way	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
We saw that the practice had a policy in place for the management of complaints and a leaflet was available. The practice also had a 'Being Open' policy which directed staff to best practice in the management of concerns and mistakes and what support was available.	

### Example of how quality has improved in response to complaints

A patient complained they had been sent a letter stating there were to be removed from the practice list. The letter was intended to check the patient still lived at the address as they had not been seen at the practice for a number of years. The practice reviewed the letter at a meeting and made changes to the wording after it was agreed that the letter was misleading.

### Any additional evidence

We saw that the discussion of complaints was a standing agenda item on the weekly partners meeting and that there was disseminated to the staff team. We were told of examples where responses to complaints were formulated by the staff team.

# Well-led

## Leadership capacity and capability

### Examples of how leadership, capacity and capability were demonstrated by the practice

Managers of the practice reviewed the access to appointments on a monthly basis and weekly at times of increased demand. Leaders at the practice were supportive and forward thinking in terms of supporting the learning and development needs of the future workforce and held a position on a number of stakeholder boards such as the CCG.

### Any additional evidence

Meeting minutes evidenced frequent communications between the staff team where patient needs, demands, issues and future planning were discussed.

## Vision and strategy

### Practice Vision and values

There was a clear vision to provide quality healthcare which met patient needs. This had been communicated widely to the staff and was available for patients. The practice had a realistic strategy and supporting business plans to achieve priorities. This was reviewed monthly by the partners and the business manager.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice had an open and honest culture and leaders consistently reviewed the priorities of the practice and those relating to the quality and future of services both locally and nationally. They were aware of challenges such as patient demand and ongoing changes in primary care and were working to address them.

## Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff members	Staff we spoke with on the day of inspection told us they had been kept informed about changes within the practice during the merger and felt supported.
Non-clinical staff feedback forms	We received eight staff feedback forms which all highlighted that staff felt supported and were proud to work at the practice.
Observations	We observed several examples of positive staff interactions with patients.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We saw that policies were up to date, reflective and widely available to the staff team. A number of policies also considered the needs of vulnerable patients.
Other examples	Protected learning time was allocated each month to allow staff to attend training events, meetings and update mandatory training requirements. We were told that staff regularly attending learning events with peers from other practices.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
The practice staff handbook contained a wide range of information including step by step guides, protocols, templates and policies. This was user friendly and would assist staff to cover effectively and safely for staff who were on leave and meet patient needs.

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Regular IPC audits	Monthly audits were undertaken by staff to review the effectiveness of the systems and processes in place.
Health and Safety	Regular audits were undertaken to ensure the safety of the environment, patients and the team.

Any additional evidence
We saw that an incident relating to a power outage at the practice had led to an increased working knowledge of the practice disaster plan.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Y

Any additional evidence
Staff told us they had access to accurate and up to date information and attended regular meetings where information and learning was shared.

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
<p>The representative we spoke with from the Patient Participation Group (PPG) told us that staff at all levels were highly engaged with the patient group. We were told the group felt highly valued and listened to.</p> <p>Surveys which were undertaken by the practice were discussed with the PPG and this included information about access and demand which was prepared for the CCG. As a result of feedback from patients the PPG planned to review the telephone waiting times and the number of missed calls.</p>

Any additional evidence
The practice had surveyed 140 students at two local schools. Not all the students were registered with the practice but all responses were reviewed and discussed with the PPG.
More online appointments had been made available as a result of feedback from patients obtained during a PPG survey
The practice recruited a pharmacist after feedback and discussion with the PPG who felt this could free up GP time.

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Adrenaline Auto-injector prescribing audit	As an outcome of the audit the practice developed an alert and a template on the clinical system which was supported by a protocol. This included a 'pop-up' to the prescriber to ensure that two auto-injector devices were prescribed. This was discussed in an audit meeting and a presentation delivered to clinicians. A re-audit showed that all new patients had been prescribed the correct injections.
Audit of patients taking Canagliflozin and risk factors	(Canagliflozin in a triple therapy regimen is an option for the treatment of type 2 diabetes/ may increase the risk of lower limb amputations) All patients identified as at risk were seen in the diabetic clinic for a foot

	assessment, an IT system pop-up was created to remind clinicians of the protocol. A re-audit showed that 23 out of 128 patients required a check and this was reviewed.
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### Any additional evidence

The practice staff attended regular Protected Learning Time sessions each month and met with peers outside the practice.

The practice told us of a supportive learning culture. This was evidence by the large number of staff who were undertaking further study, attending courses or supporting students. A wide-reaching review of the sustainability and skills of the workforce was regularly undertaken.

### DO NOT DELETE THE NOTES BELOW

#### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

#### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ( [See NHS Choices for more details](#)).