

Care Quality Commission

Inspection Evidence Table

Little Venice Medical Centre (1-3929564325)

Inspection date: 19 December 2018

Date of data download: 11 December 2018

Overall rating: Good

At the last inspection in January 2018 we rated the practice good overall and requires improvement for providing safe services because:

- The provider had failed to ensure adequate cleaning arrangements.
- Arrangements in relation to infection prevention and control did not mitigate the risk of spread of infection.

At this inspection, we found that the provider had satisfactorily addressed these concerns.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

Safeguarding	Y/N/Partial
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The health visitor undertook a monthly clinic on-site with the doctors followed by attendance at the multi-disciplinary team meeting. We saw that meetings were minuted.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 10.05.2018	Yes
There was a record of equipment calibration. Date of last calibration: 15.01.2018*	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: 06.08.2018	Yes
There was a log of fire drills. Date of last drill: 11.12.2018	Yes
There was a record of fire alarm checks. Date of last check: 14.12.2018 (undertaken weekly and logged)	Yes
There was a record of fire training for staff. Date of last training: (variable dates for staff within the year through its on-line training portal).	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: February 2017 (updated 11.12.18)	Yes

Actions from fire risk assessment were identified and completed.	Yes
<ul style="list-style-type: none"> We saw evidence that annual medical calibration testing had been booked for 07.01.19. The practice sent evidence after the inspection that this had been undertaken. The practice had updated its fire risk assessment to include an amendment to its fire evacuation escape routes and assembly point. The routes of escape from the building were the main entrance and a rear exit from the second and third floor via a stairwell through an adjoining building managed by the private landlord. The practice had become aware that the rear escape route was no longer accessible and had reported it to the private landlord, but no action had been taken by the landlord. We reported our findings to the appropriate regulatory authority who have subsequently inspected the property and communicated with the practice's landlord. The practice advised us that they now have full access through the rear fire escape route. The fire evacuation assembly point had been changed due to construction work being undertaken close to the surgery. All staff we spoke with were aware of the revised fire evacuation procedures. 	
Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 13.02.2017	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 13.02.2017	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice told us that a follow-up health and safety risk assessment by an external organisation had been organised for 03.01.2019. We saw evidence that the lift was maintained on a contract four times per year and had been last inspected in September 2018 and certified safe. However, some remedial work was recommended. The provider sent evidence that scheduled maintenance work commenced on 18.01.2019. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audit had been carried out. Date of last infection prevention and control audit: 15.05.2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection we found evidence of heavy high and moderate low-level dust in all the consulting rooms and the storage of mops and buckets posed a risk of cross-contamination. At this inspection we found the standard of cleaning had improved and the practice manager told us she undertook monthly spot checks. In addition, we saw the practice has created a new dedicated cleaning storage area and mops and buckets were appropriately stored. 	

- Since our last inspection, a formal Infection Prevention and Control (IPC) audit had been undertaken by the CCG IPC team. The practice had acted upon most of the recommendations made within specified timescales. A finding of the IPC audit was that some water outlets did not have hot water. The practice told us this was due to a broken boiler. We saw evidence that this had been reported to the private landlord but no action had been taken. We saw from monthly temperature recording sheets that all clinical rooms had hot water but some toilet facilities, a baby change and some staff areas did not have hot water. The practice had addressed this by making hand sanitizer gel available and displayed signage advising patients, visitors and staff that there was no running hot water with instruction that directed them to reception for further advice.
- The practice was scheduled to have a follow-up Legionella risk assessment undertaken on 27.12.18.
- Handwashing and sharps injury posters were displayed in clinical rooms.
- Spillage kits were available in the practice and staff we spoke with knew where they were located.
- Staff we spoke with knew how handle clinical specimens on reception and had access to personal protective equipment.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
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.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.61	0.59	0.94	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	9.1%	11.6%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes

Medicines management	Y/N/Partial
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes*
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a high-risk drug protocol in place. We identified and reviewed a selection of patients who had been prescribed warfarin, methotrexate and lithium in the previous 12 months and found that appropriate monitoring had been undertaken. The practice told us they did not carry emergency medicines in the doctors' bag on home visits but had not undertaken a formal risk assessment to support their decision. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes

Number of events recorded in last 12 months:	1
Number of events that required action:	1
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was a GP lead for significant events, a practice policy and an incident reporting form. The practice had only recorded one significant event in the past 12 months which was a safeguarding-related incident. The incident had been formally recorded but was still on-going so there were no learning outcomes recorded. The practice told us they would follow-up on the incident and discuss any outcomes at a future clinical meeting. The lead GP told us that incidents are sometimes discussed informally in the daily de-brief peer review meeting and weekly clinical meetings and not always documented in a formal style, but could not provide any recent examples. 	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The practice told us that alerts were received by the lead GP and practice manager and were disseminated to all clinical staff. The lead GP made a decision on their relevance and we saw that some recent alerts had been acted upon and patient searches and follow-up undertaken. However, the practice only maintained a log of the alerts where action had been taken and not all alerts received and why no action had been taken.	

Effective

Rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	1.22	1.04	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Staff who were responsible for reviews of patients with long-term conditions had received specific training. GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Adults with newly diagnosed cardio-vascular disease were offered statins. Patients with suspected hypertension were offered ambulatory blood pressure monitoring. Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	81.8%	78.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.2% (7)	10.6%	13.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	77.2%	75.6%	77.7%	No statistical variation

Exception rate (number of exceptions).	6.5% (14)	9.4%	9.8%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	77.6%	78.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.3% (20)	10.3%	13.5%	N/A
Any additional information or comments: <ul style="list-style-type: none"> There was a GP lead for diabetes care and we saw the practice had achieved considerable improvement in its management of patients with diabetes as part of the CCG transforming diabetes care reporting dashboard which monitored nine key care processes, for example, percentage of patients with a blood pressure and cholesterol reading. We saw that when the provider took over the practice in December 2016 the overall practice achievement had been 7% Data for December 2018 showed that the overall achievement had significantly improved to 74%. 				
Other long-term conditions	Practice	CCG average	England average	England comparison
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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	93.7%	77.9%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	1.0% (2)	7.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.9%	88.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	6.0% (3)	12.5%	11.5%	N/A
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.0%	79.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.2% (23)	3.8%	4.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	97.4%	87.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	19.1% (9)	6.7%	6.7%	N/A

Findings

- Childhood immunisation uptake rates for children aged one met the World Health Organisation (WHO) target, but fell below for children aged two. However, we saw improvement had been made on uptake rates since our last inspection.
- The practice was participating in the local NHS Trust's Connecting Care for Children (CC4C) paediatric integrated care model. As part of a Child Health Hub a paediatric consultant visited the practice to take part in child health multidisciplinary team meetings to support case management and undertake joint GP and consultant-led patient consultations. This was the preferred referral pathway and often avoid the need for secondary care referral.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	48	52	92.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	41	58	70.7%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	42	58	72.4%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	44	58	75.9%	Below 80% (Significant variation negative)

Any additional evidence or comments

At our previous inspection in January 2018, we noted that childhood immunisation uptake rates for children aged one and two were below the World Health Organisation (WHO) targets. At that time the practice told us they had undertaken audits of its children's register to ensure it was up-to-date due to its transient patient population, had recruited a dedicated data administrator responsible for patient recall and worked with its allocated health visitor who attended the practice once a month to discuss patients who had failed to attend for an appointment.

At this inspection we saw that childhood immunisation uptake rates for children aged one exceeded the WHO target. In addition, we saw improvement in uptake for children aged two. For example:

- The percentage of children aged two who have received their booster immunisation for Pneumococcal infection had improved from 66% to 71%;
- The percentage of children aged two who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) had improved from 62% to 74%;
- The percentage of children aged two who have received immunisation for measles, mumps and rubella (one dose of MMR) had improved from 66% to 76%.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	55.2%	52.2%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	62.4%	55.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	37.6%	36.9%	54.6%	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)	75.0%	62.2%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	42.9%	53.5%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware that its cervical screening uptake was comparable with other local practices but below the national target. The practice told us it was working hard to overcome the challenges presented by transient and difficult to engage patient population. The practice had a dedicated administrator responsible for patient recall and doctors told us they would opportunistically offer cervical screening when patients presented for other consultations.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice utilised Coordinate My Care (CMC), a personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	81.2%	89.5%	Variation (positive)
Exception rate (number of exceptions).	8.0% (2)	9.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	87.8%	90.0%	Variation (positive)

Exception rate (number of exceptions).	4.0% (1)	7.6%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	72.2%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.3% (1)	7.5%	6.6%	N/A

Any additional evidence or comments

The practice hosted a mental health counsellor and a mental health worker in-house once a week which enabled them to refer and fast track patients on to the most appropriate care pathway. The practice told us patients were discussed at monthly multidisciplinary team meetings. Patients who failed to attend for appointments were proactively followed up by a phone call.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	546.8	520.2	537.5
Overall QOF exception reporting (all domains)	3.8%	6.7%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of quality improvement and used information about care and treatment to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our last inspection the provider had undertaken 23 baseline audits to evaluate patient outcomes at the point they took over the practice and identify areas for improvement. The audits included safeguarding, medicine management and chronic disease management. At this inspection the practice provided six two-cycle audits to demonstrate ongoing monitoring of quality improvement. The practice told us they also met on a quarterly basis with the CCG's medicines optimisation team who undertake audits and monitored prescribing initiatives, including antibacterial prescribing which was lower than the England average (practice average 0.6; England average 0.94). 	

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

An audit had been undertaken to review that patients on repeat medication had received an annual medication review. A baseline audit undertaken when the provider took over the practice in 2016 showed that 54% had been reviewed. A repeat audit in August 2017 showed that 74% had been reviewed and a third audit in August 2018 found that 84% had been reviewed. The practice had used the audit to align repeat prescriptions for those on polypharmacy (the concurrent use of multiple medicines by a patient) and planned to align medication reviews to care plan and health checks. The practice told us it would repeat the audit in 12 months' time.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes

Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
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Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
Staff we spoke with told us they encouraged and supported patients to be involved in monitoring and managing their own health and they utilised the patient care navigator, who was allocated to the practice one day a week, to help signpost patients to health, social care and voluntary sector services.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.5%	95.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (6)	1.2%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinical staff we spoke with demonstrated they were competent in identifying consent issues and understood the general principles of Gillick competencies and Fraser guidelines. We saw that clinical staff had undertaken Mental Capacity Act (MCA) training. 	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	24
Number of CQC comments received which were positive about the service.	24
Number of comments cards received which were mixed about the service.	7
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Cards	All 24 comment cards received contained positive feedback and indicated that the practice was well organised and efficient and staff were kind, helpful, caring and friendly. Seven cards contained mixed comments about perceived rudeness of reception staff and punctuality of appointments.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4785	421	86	20.4%	1.80%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	92.8%	84.3%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	84.5%	83.3%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	90.8%	94.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	87.4%	79.3%	83.8%	No statistical variation

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

Any additional evidence
<p>At the time of our inspection the practice told us they were undertaking an internal patient survey during the month of December 2018 aligned to the national GP patient survey to gather more information specifically around the appointment system and appointment wait times. As the survey was ongoing no outcome data was available.</p> <p>We saw that the practice had undertaken an in-house survey in September 2017 and had made some changes in response to feedback. For example, changing the functionality of the front of house reception and the back office to improve confidentiality in the reception and waiting room area and improve workflow.</p> <p>The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for November and December 2018, based on 24 responses, showed that 96% of patients would be extremely likely to recommend the service.</p>

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes

Staff helped patients and their carers find further information and access community and advocacy services.	Yes
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Source	Feedback
Comments Cards	Patient said they felt listened to, involved in their treatment and care and treated with dignity and respect.
NHS Friends & Family	Patients said they felt the practice was friendly and efficient. Patients said they felt the doctors were caring and listened to patients.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	85.6%	90.1%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that all staff had undertaken training on the Accessible Information Standard and staff we spoke with told us patients could access information in a variety of formats, for example, large print and easy read. The practice website, which included information on support groups, had the functionality to translate to other languages. The practice used a text messaging services to advertise health campaigns, for example the annual influenza immunisation. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 62 carers, which was over one per cent of the practice population.
How the practice supported carers.	<ul style="list-style-type: none"> The practice told us they identified carers at the point of registration and on an on-going basis through clinical consultations and referral to the care navigator. The practice offered extended appointments and influenza vaccination for carers.

	<ul style="list-style-type: none"> Carer information was available on the practice website which had the functionality to translate to other languages.
How the practice supported recently bereaved patients.	Staff we spoke with told us that recently bereaved patients were sent a letter or a sympathy card and offered a GP consultation or a home visit. The practice told us it signposted to bereavement services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The computer on the reception desk was positioned so patients could not view the screen. There was an office behind the reception area where confidential calls were taken. Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view. We saw that privacy and dignity training was included for all staff as part of the mandatory training schedule. 	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Extended hours appointments: The practice did not offer extended hours appointments. Patients were directed to call NHS 111 out of surgery hours. In addition, patients could access GP and practice nurse appointments from 6.30pm-8pm on Monday to Friday and from 8am-8pm on Saturdays and Sundays at three hub surgeries within Westminster. Patients could book appointments via the practice team when the surgery was open. We saw details regarding the hub surgeries and out-of-hours provision was advertised in the practice leaflet and website.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4785	421	86	20.4%	1.80%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	87.9%	92.0%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice liaised regularly with the local district nursing team to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Telephone consultations are available for those who are unable to attend the surgery during core hours.
- Patients could access GP and practice nurse appointments from 6.30pm-8pm on Monday to Friday and from 8am–8pm on Saturdays and Sundays at three hub surgeries within Westminster.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	
When a request for a home visit was received, reception staff took details of the request and added it to the triage list. The duty doctor would determine whether a visit was necessary. If an urgent request was received the duty doctor was advised straight away of the request.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	93.3%	83.2%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	79.8%	66.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	67.6%	63.8%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	81.3%	70.6%	74.4%	No statistical variation

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There was a complaint policy, which was accessible to staff, written in line with recognised guidance.• Information about how to complain was available for patients, for example, on the practice website.• There was a system in place to record verbal complaints to ensure all opportunities to learn from feedback was captured.• We saw that complaints were discussed in practice meetings as a standing agenda item.	

Example of learning from complaints.

Complaint	Specific action taken
Out of stock consumable required for a procedure which resulted in the patient being unable to have the procedure.	<ul style="list-style-type: none">• Apology to patient.• Rebooked the procedure.• System to order consumables reviewed.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had been responsive to feedback from our previous inspection and had addressed all our findings.• The partners and management team told us there was a drive to continue to improve outcomes for patients.	

- The partners discussed the challenges of taking over a practice in special measures and the ongoing issues with the private landlord and the premises lease. The practice had been in legal negotiations since our last inspection to remove the previous partnership and add the new partnership to the lease. During this transition period, and in the absence of a valid lease, the landlord had not carried out routine maintenance which included acting upon the breakdown of a boiler which provided hot water to a section of the building. The practice told us the situation had caused disruption and stress and had not been resolved.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice's mission statement was 'providing quality healthcare in the heart of the local community.' The practice told us this ethos was underpinned by four core values: compassion; to be aspirational; respectful and effective. • Staff we spoke with told us they felt the practice was caring and compassionate. 	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was an emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff we spoke with told us they felt listened to and respected. They told us there was an open culture at the practice. • We saw staff had undertaken health and safety and display screen equipment (DSE) training as part of the mandatory training schedule. 	

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

Source	Feedback
Staff Interviews	Staff we spoke with told us the GPs and management were very approachable and the practice worked as a team.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a meeting structure which included a daily de-brief and peer review for GPs at the end of each morning's clinical session as a forum to discuss clinical and organisational issues in real time, weekly clinical meetings and monthly practice and multi-disciplinary team meetings. The practice also engaged with practices in its locality as part of local initiatives. There were practice-specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team. All staff we spoke with knew how to access the policies. The practice had nominated designated leads, for example safeguarding, infection prevention and control and complaints. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice demonstrated a structured approach to the management and oversight of its Quality and Outcome Framework (QOF) achievement which included a patient recall structure. 	

- We saw that the practice had identified and acted upon risk identified, for example had updated its fire evacuation plan to include an amendment to its fire evacuation escape routes and assembly point.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw that the practice had acted upon the findings of an internal patient survey undertaken in 2017 and was in the process of carrying out a follow-up survey. • The practice sought patient feedback through the NHS Friends and Family Test (FFT) and reviewed feedback from the national GP patient survey. • The provider told us that since taking over the practice it had struggled to engage patients to join the Patient Participation Group (PPG) and the practice did not currently have an active PPG. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: Although we saw that learning outcomes from complaints and significant events which had been recorded were shared with staff, the scope and consistency of documenting incidents required review.	

Examples of continuous learning and improvement

The practice engaged with the CCG in local current and future initiatives which included the Primary Care Home initiative (an approach to strengthening and redesigning primary care to focus on local population needs and provide care closer to patients' homes.) and providing services in-house, for example, ECGs as part of the out of hospital services initiative.

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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.