

Care Quality Commission

Inspection Evidence Table

Kensington Partnership (1-540471151)

Inspection date: 14 December 2018

Date of data download: 13 December 2018

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

We carried out an announced comprehensive inspection at Kensington Partnership on 18 July 2018. The overall rating for the practice at that time was good. However, the practice was rated as requires improvement for providing safe services. At this inspection on 14 December 2018 we saw that the provider had responded to these concerns and the practice is now rated as good for providing safe services.

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. There were adequate systems to assess, monitor and manage risks to patient safety which were embedded into the team.

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
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care	Yes

Safeguarding	Y/N/Partial
professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection on 18 July 2018 we found the provider had not done everything that was reasonably practicable to ensure the safety of children undergoing circumcision at the practice.</p> <p>Following this inspection on 14 December 2018 we found that the provider had implemented a number of additional procedures to ensure that patients using the circumcision service at the practice were safe. Several computer based templates had been developed specifically for circumcision which were completed before and after the procedure. The initial contact template ensured that parental identification had been obtained and that communication regarding the appointment details and pre-operative advice was clear. The templates also required the completion of a number of fields including the verification of the parents' identity by photographic ID, completion of a written consent form and sight of the child's birth certificate.</p> <p>On the day of circumcision, possible complications were explained by the GP to the parents and were supported by a leaflet available in the relevant language.</p> <p>The practice was able to demonstrate that a full clinical assessment of the child took place prior to the procedure being undertaken, and that any further treatment or concerns were documented. Clinical notes regarding the procedure included an assessment of the health of the child, including the feeding method and weight of child and a record of instruments used and the expiry dates of any medicines used. We saw that the name of the chaperone was recorded and details of the procedure.</p> <p>Parents were provided with after care guidelines and a number to call 24 hours if they had any concerns post procedure.</p> <p>Consent to share the patient record was obtained. Notes were shared appropriately with relevant health professionals. Templates within the computer system linked to safeguarding information which meant that clinicians could view any possible safeguarding concerns.</p> <p>An initial patient feedback form was completed on the day of the procedure and patients were followed up four weeks after the procedure and a second feedback form was requested to be completed.</p> <p>An audit of the procedure between 26/9/2018 and 13/12/2018 showed that of the procedures performed</p> <ul style="list-style-type: none"> • In 100% of cases parental/ guardian identity had been confirmed • 100% of patients had written consent noted in their records. • 97% of patients' parents/guardians who answered the question (94 responses) said they were satisfied with procedure/outcome. • The audit did not identify any post-procedural infections. • For parents and guardians who were not satisfied with the procedure/outcome, these were followed up individually. 	

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 were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	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

Effective staffing

At the inspection in July 2018 we said that the provider should continue to review and update the training of the staff team and ensure that it reflects practice policy. At this inspection on 14 December 2018 we found that 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.	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
Explanation of any answers and additional evidence:	
At this inspection in December 2018 we found that the practice had reviewed and updated the training of the staff team.	

At the inspection in July 2018 we said that the provider should continue to review access to the service and ensure the patients are able to access appointments in a way which meets their needs. At the inspection on 14 December 2018 we found that the practice had continued to review and improve access to the service.

Responding to and meeting people's needs

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13756	427	96	22.5%	0.70%

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)	88.8%	90.6%	94.8%	No statistical variation

Any additional evidence or comments

Since the inspection in July 2018, the practice had joined a federated healthcare group and had begun to offer extended access appointments at three 'hub' sites across the city. Appointments were available between 6.30pm and 9.30pm Monday to Friday and between 10am and 1pm on Saturday and Sunday. Patients could see a GP, nurse, physio or a healthcare assistant. The practice had also met with the patient participation group and explained the role of the advanced nurse practitioner including their skills and training, following the completion of their training. This information was also available to the wider patient community via a leaflet. From October 2018 the practice had also commenced additional face to face clinical pharmacist reviews for patients with respiratory conditions and those requiring medicines reviews. A further review of the appointment system since the last inspection of July 2018 had resulted in a wider mix of appointments being made available including on the day appointments. The practice had also introduced short monthly patient surveys. These surveys were easy to complete with an aim to encourage real time patient feedback and engagement within the practice. Patients were asked to voice their opinions and views.

Timely access to the service

The practice continued to review access to care and treatment to ensure that patients were able to access services in a timely way.

National GP Survey results

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)	30.4%	55.9%	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)	46.0%	57.7%	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)	53.1%	60.9%	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)	62.9%	66.2%	74.4%	No statistical variation

The above results were published in August 2018, patients were asked for their feedback between January and March 2018.

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. Results showed that of 94 patients that had responded, 71% of those patients would be likely or extremely likely to recommend the surgery to their friends and family.
NHS choices feedback	No additional comments had been posted on the NHS website since our last inspection in July 2018.

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.