

King's College Health Centre

Quality Report

3rd Floor Macadam Building,
Surrey Street,
London,
WC2R 2LS
Tel: 020 7848 2613
Website: www.kingscollegenhshealthcentre.com

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at King's College Health Centre on 19 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The practice had good facilities and in most respects was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Ensure all appropriate spill kits are available within the practice.
- Monitor improvements to medicines management to ensure systems remain robust.
- Complete and record a risk assessment of the practice's decision not to stock medicine excluded from the emergency medicines kit.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Advertise in the reception area that translation services are available.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. On the day of the inspection we identified some deficiencies in medicines management and ancillary equipment in the emergency kit but the practice addressed these immediately after the inspection and provided supporting evidence for this.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed some patient outcomes were at or above average compared to the national average and some below. The practice's predominantly young student population impacted on the practice's performance in some indicators but the practice had taken action to address these and had achieved improvements.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, one of the GP partners was vice chair of Central London CCG governing board and was involved in the design of young persons and students Joint Strategic Needs Assessment(JSNA).
- Some patients said they found it difficult to book routine appointments in advance with a named GP. However, the practice was taking steps to address this including improved monitoring of waiting times and further promotion of the daily telephone triage service. There were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice had less than 10 patients in this population group and treated them on an individual basis offering proactive, personalised care to meet their needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Searches were run to ensure patients were invited for the shingles vaccinations.
- Bowel screening non-responders were contacted by nurses.
- 'Mini mental' tests were carried out and referrals made to the community clinic for further assessment if dementia was suspected.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Given the practice population group the majority of long-term conditions were those seen in younger people. This included asthma, epilepsy, type 1 diabetes, and mental health conditions including eating disorders.
- Patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Designated staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was a nurse lead for asthma and a GP and healthcare assistant led on diabetes, supported by a second GP who was undertaking the diabetes diploma.
- Performance in 2014/15 for diabetes related QOF indicators was below the national average: 67% compared to 89%. However in 2015/16 this had improved slightly to 70% as a result of providing advanced in-house care and specialist expertise.
- Longer appointments were available when needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- The practice did not have patients registered under the age of 16 years. They nevertheless supported students who were pregnant by providing shared antenatal care. The practice encouraged them to engage with/register at a local practice with family/children's facilities prior to their confinement date.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice's whole population was comprised of staff and students of the university and their spouses and the services were specifically tailored for this group.
- The practice provided extensive sexual health services including sexual health screens for patients through the hosting of a specialist clinic twice a week and close links with the local sexual health clinic. The level of screening was one of the highest in Westminster for the national screening campaign.
- Health promotion services were integrated with the university, working together on campaigns and supporting and working with the other student services team members and attending the college health and wellbeing group.
- The practice aimed to provide enhanced engagement and follow up for patients with many not having used primary care services independently before. There were on-going campaigns throughout the year to enable students to catch up on any vaccinations they have missed, with regular text reminders. The practice also offered an extensive travel service, including vaccinations to support students in their gap year and those taking up elective medical placements abroad.
- Reports from out of hours services and walk-in clinics were reviewed by the nurses each day and calls made to patients as appropriate to follow up their condition, provide advice and arrange appointments if needed.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had implemented social media networks at the request of student groups, through online websites, social media sites, student radio and an input to the residents' newsletter.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance in 2014/15 for mental health related QOF indicators was below the national average: 59% compared to 93%. However, the practice had improved performance to 66% in 2015/16.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice offered a wide range of services for people with poor mental health. These included GPs with particular mental health expertise, close liaison with the university's in-house psychiatrist and counselling team, including cognitive behaviour therapists, and close liaison with the local Improving Access to Psychological Therapies (IAPT) service and a Primary Care Plus psychiatric nurse, who saw patients on-site.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and two survey forms were distributed and 29 were returned. This represented less than one percent of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received.

We spoke with 13 patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some patients told us they had experienced delays in booking routine appointments. In the latest NHS friends and families test data 83% of patients said they would recommend the practice of six responses received.

King's College Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to King's College Health Centre

King's College Medical Centre provides primary medical services through a Personal Medical Services (PMS) contract within the London Borough of Westminster. The practice is part of NHS Central London (Westminster) CCG and the South Westminster village network of GP practices. The services are provided from a single location to around 11,000 patients within premises owned by King's College London University. There were plans to relocate the practice in 2017 to Bush House in the Aldwych with ten consulting rooms and increased space and facilities to deliver an expanded service, including the take on of additional patients. The whole patient population comprises staff and students of the University and their spouses only and the services are specifically tailored for this group, mainly in the 18-25 year age group. There are no patients under the age of 16 registered at the practice and significantly below average numbers over age 35. The practice has been taking on an increasing proportion of International and mature students with varying expectations of NHS services.

At the time of our inspection, there were 2.79 whole time equivalent (WTE) GPs comprising the one partner GP (female), three salaried GPs (two female and one male); and a retired GP (male) who provided ad hoc locum cover.

One GP was on maternity leave but due to return in July 2016. The GPs provided 20 clinical sessions per week. Additional ad hoc GP sessions were provided by three regular locums. There was also a nurse partner/centre manager (1 WTE) and a deputy practice manager (1.07 WTE). In addition, the practice employed three practice nurses (two female and one male, 2.04 WTE); two healthcare assistants (0.75 WTE); and three receptionists/administrative assistants, (a total of 3.5 WTE).

The practice reception is open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9.00am to 6.30pm Monday to Friday. Extended hours appointments are offered between 6.30pm and 8.30pm on Tuesday and Thursday term time only). In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that needed them. If patients have a medical concern the practice offers a telephone triage advice line Monday to Friday. They will be able to make a same day appointment during the call, if necessary.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

In addition patients are provided with details of four GP surgeries open on Saturdays and Sundays in the Westminster area for patients to attend if required. These surgeries offer a walk-in service, so patients can turn up at these practices and they will be seen.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2016. During our visit we:

- Spoke with a range of staff (the partner GP, two salaried GPs, the nurse partner and centre manager, two practice nurses, the deputy practice manager, a healthcare assistant, and two receptionists/administrative assistants) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment the practice, followed the principles of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a dosage prescribing error, which was quickly corrected, the need for continued vigilance was discussed among the doctors when prescribing and they were reminded to ensure they double checked prescription prompts to avoid incorrect dosing.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse partner and centre manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted that there were blood spill kits available but none for vomit or urine.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found some shortcomings in these arrangements. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. There were arrangements in place to maintain medicines at the appropriate temperatures. However, these arrangements were applied inconsistently. There were gaps in the daily recording of vaccine fridge temperatures and action taken and advice received when the temperatures exceeded the required ranges had not been documented. Immediately after the

Are services safe?

inspection the practice submitted evidence of action taken to address these issues. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed the personnel files of the two most recently recruited members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice was also in the process of introducing a new 'dashboard' system which would provide timely data to be able match staff resources to demand for services.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents but there were some shortcomings in these arrangements.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, three masks had passed their expiry date. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice kept a list of the medicines but the list did not fully match the contents of the emergency kit; there were three medicines listed which the practice had decided to discontinue using and which were no longer included but there was no documented risk assessment of the reasons for this. In addition, one set of non-disposable forceps had passed the expiry date. Immediately after the inspection the practice submitted evidence of action taken to address these issues.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/15 were 70% of the total number of points available.

Data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average: 67% compared to 89%.
- Performance for mental health related indicators was below the national average: 59% compared to 93%.

The practice had since taken action to address these lower than average areas of achievement. Based on the practice's unpublished QOF data for 2015/16, performance for diabetes had improved to 70% and mental health to 66%. The practice explained that the window of opportunity to review these areas with students was limited to nine months during attendance at the College. They were nevertheless striving to maintain improvements in QOF performance, for example for diabetes by providing advanced in-house care and specialist expertise provided by one of the GP team, supported by the healthcare assistant.

Prior to the inspection CQC identified the following very large variations for further enquiry:

- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) (01/04/2014 to 31/03/2015) – Practice 0.09; CCG 0.59; National 0.71.
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) (01/04/2014 to 31/03/2015) – Practice 0; CCG 0.3; National 0.63.
- The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2014 to 31/03/2015). Practice - No meetings.

We discussed this data with the practice. In relation to CHD there were only two patients on the CHD register and the practice's up to date QOF data for 2015/16 showed a performance of 100% for two of the three indicators for secondary prevention of CHD. For COPD there were no patients on the COPD register which reflected the mostly under 25 student population registered with the practice. There were also no patients on the palliative care register, so no multidisciplinary meetings.

There was evidence of quality improvement including clinical audit.

- The practice submitted evidence of twelve clinical audits completed in the last year; three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, the practice carried out an audit of patients following a medicines alert providing important new information and strengthened warnings related to safety during pregnancy of certain medicines primarily used to treat epilepsy and bipolar disorder and to prevent migraine headaches. As a result of the second cycle audit one patient stopped taking the medicine following advice and information from the practice. Another patient continued taking the medicine but was given appropriate advice about the importance of contraception in relation to their medication.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was recorded in patient records audits.

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, substance misuse and smoking and alcohol cessation and those in at risk groups including patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service.
- The nursing staff provided nutrition and exercise advice and referred patients identified as obese or with eating disorders were referred for counselling. The practice also liaised with the university health and wellbeing team to promote healthy lifestyle projects including for example cooking skills in residences and a prescription exercise scheme which was in the process of being set up. The practice nurse was a trained stop smoking advisor and patients could book appointments for this throughout the week. There were also in-house 'Kick it' advisor sessions including phone consultations every Friday morning. A total of 1332 smokers had been identified and around 99% had been offered cessation advice. Fifty seven smokers had stopped smoking in the last 12 months.
- The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG

Are services effective? (for example, treatment is effective)

average of 74% but below the national average of 82%. This had been identified by CQC as a large variation for further enquiry in relation to women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding five years. The practice explained that it had a mostly young and mobile student patient population many of whom left the practice before the age of 25. The practice nevertheless encouraged patients to attend for the test. There was a policy to offer written and text reminders for patients who did not attend. There was also a system in place to ensure results were received for all samples and for following up women who were referred as a result of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice did not have patients registered under the age of 16 years and did not therefore provide childhood immunisations.

Patients had access to appropriate health assessments and checks. Given the large volume of new registrations each year the practice no longer routinely offered new patient health checks. However, information to patients offered a check if they would like one and all new patients forms were checked and proactively followed up if any health concerns were identified. Health checks also included NHS health checks for patients aged 40–74. As a student practice, only 1.3% of the practice population were in this age group. Of 146 eligible patients 58 (39%) have received a health check against a Public Health Officer target of 20%. If a health concern was detected the practice booked patients for a GP appointment as well as giving health and lifestyle advice.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the four patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average in most respects for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. There were, however, no notices in the reception areas informing patients this service was available.

Some information leaflets were available in other languages, for example looking after your heart in Bengali.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Given the predominantly student population

the practice had identified only one patient as a carer (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if patients had suffered bereavement, they were booked in for a GP appointment to give them support and offer advice on contacting in-house counselling support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the GP partners was vice chair of Central London CCG governing board and was involved in the design of young persons and students Joint Strategic Needs Assessment (JSNA).

- The practice offered a 'extended evening clinics on a Tuesday and Thursday evening until 8.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them including those with a learning disability.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for patients with medical problems that require same day consultation.
- The practice offered an extensive travel service to support students in their gap year and those taking up elective medical placements abroad. Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- Practice nurses provided sexual health screens for patients and hosted a specialist Genito-Urinary Medicine (GUM) nurse clinic twice a week and had close links with the local GUM clinic.
- The practice offered a wide range of services for people with poor mental health. These included GPs with particular mental health expertise, close liaison with the university's in-house psychiatrist and counselling team, including cognitive behaviour therapists, and close liaison with the local Improving Access to Psychological Therapies (IAPT) service and a Primary Care Plus psychiatric nurse, who saw patients on-site.

Access to the service

The practice reception was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9.00am to 6.30pm Monday to Friday. Extended hours appointments

were offered between 6.30pm and 8.30pm on Tuesday and Thursday (term time only). In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. If patients have a medical concern the practice offers a telephone triage advice line Monday to Friday. They were able to make a same day appointment during the call, if necessary.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Some people told us on the day of the inspection that they were able to get appointments when they needed them. However, others said there were long delays in being able to book routine appointments. We discussed this with the practice who told us they were taking steps to address this including improved monitoring of waiting times and further promotion of the daily telephone triage service. GP sessions had also been increased to 25 per week to help reduce the wait for routine appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

If patients needed a home visit they were asked to contact the surgery as early in the day as possible to enable the doctor to judge whether a home visit was appropriate and the urgency of the patient's needs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a notices in the waiting area, a complaints leaflet available at the reception and details in the practice leaflet and on the practice website

We looked at six complaints received in the last 12 months. We found these were satisfactorily handled, dealt with in a

timely way, and showed openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint from a patient who was unhappy about not being prescribed antibiotics, this raised discussion among the clinical team around the level of international students registered and that there had been some increase in unmet expectations due to differences in international health services. The team recognised the need to be aware of and sensitive to this in managing patients' expectations.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement set out in its statement of purpose and staff knew and understood the values of the practice. There was also a patients' charter which was on display in the practice waiting area and was included within the practice leaflet and available on the practice website.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This was closely aligned to the University's and North West London health and well-being strategy.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held periodically, the last being in August 2015.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a patient survey completed in September 2015 in which patients raised issues about waiting times to speak to a GP, GPs took over morning triages from nurses; triage slots were added to GP afternoon sessions to be used for patients who still needed to come in after an initial telephone assessment.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings,

Are services well-led?

Good 

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

appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was trialling a new IT dashboard to provide detailed management information on a range of issues, such as waiting time analysis for appointments.

The practice was also proactive in promoting a healthy lifestyle and wellbeing for patients. The practice placed importance on integrating with the University, working together on campaigns and supporting and working with the other student services team members. This included meetings with student services staff, tutor groups, residences staff, the student union and other student groups; attendance at and supporting student health fairs, developing health promotion campaigns geared to different cultural groups; and attending the college Health and Wellbeing group.