

## The London General Practice Limited

# The London General Practice

## Inspection report

The London General Practice  
114A Harley Street  
London  
W1G 7JL  
Tel: 0207 935 1000  
Website: [www.thelondongeneralpractice.com](http://www.thelondongeneralpractice.com)

Date of inspection visit: 16 January 2018  
Date of publication: This is auto-populated when the report is published

### Overall summary

We carried out an announced comprehensive inspection on 16 January 2018 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

#### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations underpinning the Health and Social Care Act 2008.

The London General Practice provides a range of health assessments, GP services, and occupational health related services.

This practice is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those occupational health related services provided to clients under a contractual arrangement through their employer or government department are exempt by law from CQC regulation and did not fall into the scope of our inspection.

The managing director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

Five patients provided feedback about the service. All the comments we received were positive about the service, for example patients described the care as excellent and having made a significant contribution to their health and wellbeing.

## Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred lessons were learned and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities under the duty of candour.
- There were effective arrangements in place for the management of medicines.
- The service had arrangements in place to respond to medical emergencies.
- Staff were aware of current evidence based guidance. Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.

- The practice's patient survey information and Care Quality Commission (CQC) comment cards indicated that patients were very satisfied with the service they received.
- Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management and worked well together as a team.
- There was a clear vision to provide a personalised, high quality service.
- The practice had reviewed and implemented its clinical governance systems and had put processes in place to ensure the quality of service provision.

There were areas where the provider should make improvements:

- The practice should review the scope of its clinical audit programme and its use of other improvement tools, such as benchmarking, to ensure it is maximising opportunities to monitor and improve clinical performance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

The service had systems, processes and risk assessments in place to keep patients and staff safe. The service used safety incidents and alerts as an opportunity for learning and improvement. Medicines including those used in an emergency were managed safely within the practice.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

The service provided care and treatment in line with current guidelines, and had systems in place to ensure that all staff had the skills, knowledge and ongoing professional development to deliver a clinically effective service. The practice was in the process of modernising its electronic patient record system to improve the information available to appropriate staff.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

Patients commented that the service was caring. The staff were polite, helpful and aware of the need to maintain patient privacy and confidentiality. The practice involved patients in decisions about their care and provided clear information including about the likely costs, prior to the start of treatment.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

The service was responsive to patient needs. Patients were able to access appointments the same or next day as preferred with rapid access to test results. The practice was accessible and could arrange translation services. The practice sought feedback from patients and responded promptly to concerns and complaints.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

There was a clear leadership structure, vision and strategy for the service. The service had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance. The practice supported staff members to develop in their role and there was a focus on continuous improvement.

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# The London General Practice

## Detailed findings

### Background to this inspection

The service offers appointments with GPs and nurses with referral to specialist services as required. The practice is open from Monday to Friday from 8.30am to 6pm with a 24 hour on call GP service. The practice treats adults and children. Patients can book appointments by telephone or in person. It has a registered patient list receiving ongoing primary care as required and also provides services on an ad hoc basis, for example to tourists. The practice estimates that it currently has around 10,000 registered patients actively using its services. Around 8% of registered patients are children and around 8% are over 65 years old.

The practice has recently moved to newly refurbished premises. Patient facilities are provided over three floors and the practice has a lift and entrance ramp facilitating physical access. The landlord provides a range of property services (for example an emergency crash team and the IT hardware) and employs the nurses and receptionists who work at the practice. All other staff are employed or contracted directly by the practice.

We carried out this inspection of The London General Practice on 16 January 2017. The inspection team comprised a CQC inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service and asked the practice to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with a range of staff including the medical director (who was also a practising doctor in the practice), two other GPs, a nurse, the registered manager, a receptionist and a medical administrator.
- Reviewed comment cards where patients had shared their views and experiences of the service in the days running up to the inspection.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records alongside one of the GPs. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.

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?

These questions formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

### Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to practice policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff and patients if relevant.

The service had well defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had recruitment procedures to ensure that staff were suitable for the role and to protect the public. The company contracted with a human resources specialist to advise on recruitment and employment related policy and procedures. We looked at the recruitment files for two members of staff including one of the GPs. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service checks for all staff working in the practice. Staff employed by the landlord also had undergone DBS checks. (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). Clinical staff members had provided evidence of appropriate indemnity insurance and immunisation status before starting work.
- One of the GPs was the designated safeguarding lead for the practice. The service had safeguarding policies, protocols and contact details for the local statutory safeguarding team. Staff had ready access to information outlining who to contact for further guidance if they had concerns about a patient's welfare. Staff understood their responsibilities and had received safeguarding training relevant to their role, for example all the GPs were trained to safeguarding children level 3 and updated their training as required. The practice had never raised a safeguarding alert but the safeguarding lead in the practice had worked to make safeguarding a visible issue in the practice, for example providing updates at practice meetings and identifying a list of patients potentially vulnerable to abuse.
- We were informed on the day of the inspection that patients sometimes requested a chaperone. The practice displayed posters informing patients of this facility. Practice policy was to use the nurses as chaperones whenever possible. The medical administrators had received in-house training on the chaperoning role and could fulfil the role in the event that a nurse was unavailable.
- The premises had been refurbished taking account of infection control standards. The premises were clean and tidy on the day of the inspection. There were cleaning schedules and monitoring systems in place in relation to hygiene and infection control with the landlord responsible for the general cleaning of the premises. The practice had designated one of the GPs as the infection control lead with the nurses and clinical staff having day to day responsibilities for maintaining the clinical areas. The practice had infection prevention and control policies and protocols in place and the mandatory staff training programme included infection prevention and control. There were regular infection control audits including handwashing. The landlord was responsible for organising the disposal of clinical waste and provided the practice with relevant information, for example evidence of waste disposal destruction notices.
- The premises were suitable for the service provided. The practice was located in an older building, over four floors which had recently been refurbished with patient treatment facilities provided over three floors, accessible by a lift.
- The practice had comprehensive health and safety policies in place. Staff had access to guidance on health and safety in the staff handbook and through the practice policies. Health and safety risk assessments for the premises, equipment and materials had been carried out or organised by the landlord including a fire safety risk assessment and a Legionella risk assessment. Fire safety equipment was regularly tested and the provider carried out fire drills periodically. The landlord shared risk assessments and any mitigating actions put in place with the practice management.

# Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. This included staffing the practice's on call service so that home and hotel visit requests were responded to promptly. The practice had a lone working policy to support staff making home and hotel visits. The practice planned ahead to ensure cover was in place for holiday leave.

## Risks to patients

The service had arrangements in place to respond to emergencies and major incidents:

- Staff could access 'emergency call' buttons to call the crash team (staffed by the landlord and based at the next door clinic).
- All staff received annual basic life support training.
- The service had an emergency trolley which was equipped with emergency oxygen with adult and child masks, a defibrillator and there was also a first aid kit available.
- The practice kept a small stock of emergency medicines to treat patients in an emergency for example patients experiencing symptoms of anaphylaxis.
- The medicines were in date and the emergency equipment was regularly checked.
- The practice had run two simulated emergency drills to ensure the emergency procedure worked smoothly following the recent move to new premises.

## Information to deliver safe care and treatment

On booking an appointment and at each consultation, clinicians had access to the patient's previous records held by the service. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth, details of their NHS GP, medical and family history and any current treatment or health conditions. Registered patients were also asked to bring any prescribed medicines with them to their first consultation to enable the doctor to carry out a thorough clinical assessment.

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

and shared computer drives. The practice was in the process of switching to a different electronic patient record system with improved functionality and had run dummy data transfers and staff training sessions in preparation.

The practice actively sought patients' consent to share information about care and treatment provided by the practice with their NHS GP.

## Safe and appropriate use of medicines

The provider had effective arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing and security).

- The practice had protocols for prescribing and repeat prescribing.
- The practice carried out audits to ensure it was managing medicines in line with its policy and protocols. Audits included medical record keeping, fridge temperature monitoring and security of medicines and prescription materials.
- The GPs routinely reviewed updates to national guidelines and medicines safety alerts to ensure safe prescribing.
- The nurses led on stock control of medicines, for example keeping a record of vaccines received, used or returned. The practice used stock control software to maintain an audit trail.
- The fridge temperature was monitored on a daily basis, and we saw evidence that the cold chain was maintained.
- Patients were offered the choice of branded or generic medicines where appropriate and given information about the relative costs.

## Track record on safety

The service maintained a log of serious incidents, accidents and complaints. The practice had not experienced any serious incidents involving significant harm to patients or staff. National safety alerts were logged, assessed for relevance and assigned to a designated member of the clinical team to oversee implementation as necessary.

## Lessons learned and improvements made

There were systems in place for identifying, investigating and learning from safety incidents. The practice had a clear definition of a 'serious incident' which staff were required

## Are services safe?

to report. It had also encouraged staff to report less serious incidents which might lead to improvement. Staff told us they would inform the registered manager or medical director of incidents and complete an incident form.

The practice had reviewed its clinical governance structures over the previous year and had introduced

monthly clinical governance meetings which the clinical team and senior managers attended. Action and learning arising from incidents was also reviewed at practice meetings to which all staff were invited.

Practice staff and managers we interviewed understood the duty of candour and their responsibility to be open with patients when things went wrong. Practice policy was to ensure that any affected patients were given reasonable support, a truthful explanation and an apology.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

The GPs we interviewed provided evidence that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards. Updates to guidelines were assessed for relevance, discussed and shared across the clinical team.

The practice offered a range of in-house diagnostic tests and also used diagnostic services run by other independent providers in the same area of London offering patients same-day testing and results for many tests.

The practice had developed links with a wide range of specialists to facilitate appropriate referrals.

### Monitoring care and treatment

The service had systems in place to monitor the quality of care and treatment. For example, the practice undertook regular audits of medical record keeping and the adequacy of cervical smear taking.

The practice did not have a well developed clinical audit programme but it had recently audited the management of patients with positive PSA (prostate-specific antigen) test results and positive CA125 test results (used in the diagnosis and monitoring of patients with ovarian cancer). These were both completed two-cycle audits, that is, where the audit has been repeated to ensure that positive results are sustained. Both of these audits had shown that the practice was monitoring patients and following up positive tests in line with current guidelines.

The practice was not generally benchmarking its clinical activity, for example against published NHS norms and targets. This sort of monitoring exercise might help identify areas for further focus.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. This included safeguarding, infection prevention and control, fire safety, health and safety and information governance.

- The practice could demonstrate how it ensured role-specific training and updating for relevant staff. For example the practice ran weekly educational sessions. Specialist consultants were regularly invited to present at these.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service 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, clinical supervision and support for revalidating GPs. All non-clinical staff had received an appraisal within the last 12 months with their manager. The GPs had an annual appraisal with an appropriate designated appraiser (external) and an internal appraisal with the lead GP.
- Staff received training that included: safeguarding, fire safety awareness, and 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 service shared information to plan and co-ordinate patient care effectively.

- From the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other relevant health care professionals such as hospital consultants to assess and plan ongoing care and treatment.
- Information was shared between services with patients' consent. Patients were actively encouraged to allow the practice to share information about their treatment with their NHS GP.
- The practice had recently invested in a new electronic patient record system with greater integration and functionality.

### Supporting patients to live healthier lives

- The practice had a strong focus on preventative health and offered a range of preventative health services, including 'well-woman', 'well-man' and '50 plus' checks and recommended patients attend for an annual screening check.



# Are services effective?

(for example, treatment is effective)

- The practice provided written report to patients following screening checks and motivational advice for patients on making healthy lifestyle choices.
- The practice offered a comprehensive range of travel services and was registered to provide yellow fever vaccination.
- The practice provided contraceptive advice. It did not fit contraceptive implants or IUDs.

## **Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance. The clinical staff understood the relevant consent and decision-making requirements of legislation and guidance relating to adults and children and including the Mental Capacity Act 2005. The practice checked that children were registered by an adult with parental authority or their legal guardian.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### Kindness, respect and compassion

The practice team told us they prided themselves on providing a caring and patient-centred service. The practice's statement of purpose included as a key aim the development of personal, meaningful relationships with all patients.

We received five CQC comment cards from patients which were wholly positive about the service. Patients commented that the service was excellent and described the GPs variously as exceptional, caring, knowledgeable and professional. Some patients also commented on the value of the continuity of care they had received from the lead GP over a number of years. The lead GP visited patients if they were admitted to hospital.

The practice had recently gathered patient feedback through an electronic email survey to patients attending a consultation in December 2017. The practice had received 25 responses. Patients were asked to rate their experience from 1 to 5 (with 5 being the most positive score). The practice scored highly across all aspects of service. The average patient score for the welcome they received at the practice was 4.5; privacy and dignity scored 4.9 and the amount of time spent with the doctor scored 4.8. Patients' overall rating of the service was 4.8 out of 5. Ninety-six per cent of patients said they would recommend the service to others. The practice told us they planned to continue with the survey as a regular method of patient feedback.

### Involvement in decisions about care and treatment

The service ensured that patients were provided with information, including costs, to make decisions about their

treatment. In the recent survey run by the practice, patients had scored the practice as 4.9 (out of 5) for both the quality of the GPs' explanations and for answering their questions fully. We received five CQC comment cards which included comments that all aspects of the service were excellent.

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

- Staff told us that most patients spoke English fluently. Patients who did not speak English nor have someone suitable to interpret could request an interpreter or translation service.
- Information leaflets were available explaining the services available.
- The practice provided written reports following health checks and had recently conducted a review into how to make these reports more useful for patients and easy to understand.
- The practice supported patients with the referral process. The medical secretaries met with patients to confirm referral preferences (for example suitable dates and times) and the practice actively tracked the referral process to ensure that appointments had been made.

### Privacy and dignity

Curtains and screens 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 and that conversations taking place in these rooms could not be overheard. The waiting rooms were located away from the reception. Low level music was played in the public areas to provide a relaxed environment and reduce the risk of conversations at reception being overheard. Staff were aware of the importance of protecting patient confidentiality and received annual training on information governance.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice understood the needs of its population and tailored services in response to those needs. For example the practice provided a 24 hour on call service including home and hotel visits to meet the needs of patients outside of the working day. In another example, the practice had developed a specific prescribing and treatment protocol for performers experiencing throat symptoms during theatrical runs.

The practice had recently moved into newly refurbished premises which were suitable for the service provided. The practice made reasonable adjustments to ensure that patients with disabilities could access the service. For example, the practice had been designed with wide corridors and doorways and had an accessible lift. Signage included Braille inscriptions. There was an induction hearing loop installed at reception. The GPs were ready to swap consultation rooms if for example, a patient needed to be seen on the ground floor.

There was a separate waiting room for children and families and toys (washable) available if children were attending. There were accessible and baby change facilities available.

We were told that the majority of patients who attended were able to speak English fluently. The practice could also arrange an interpreter or translation service. The receptionist we spoke with knew how to do this.

### Timely access to the service

Appointments could be made over the telephone or face to face. The practice had recently run a survey which included consulting with patients about whether an online booking service would be useful. The practice was open from Monday to Friday from 8.30am to 6pm with a 24 hour on call GP service available seven days a week.

Patients were able to pre-book appointments with same and next appointments usually available as preferred. The out of hours on-call service aimed to respond to calls within 30 minutes where a home or hotel visit was indicated. The practice monitored the timeliness of diagnostic services with the aim of providing test results as soon as possible, for example, the same day for common tests and procedures. Waiting times, delays and cancellations were minimal and managed appropriately.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. For example, it had received complaints about the timeliness of patient reports and had reviewed ways of speeding these up and had looked at the quality and usefulness of the information these contained.

Information about how to make a complaint or raise concerns was available from reception, in the practice leaflet and via the website or by asking staff members. The complaint policy and procedures were in line with recognised guidance. The practice had received 14 complaints over the last 12 months. None of these had related to the clinical quality of care but tended to be issues related to reports and insurance claims. These had been handled in accordance with the complaints policy with patients receiving a written apology, explanation and information about actions being taken to reduce the risk of reoccurrence. Following some complaints and patient feedback about the timeliness of reports from the practice, the practice had carried out a review of the report process with actions to produce these more quickly.

# Are services well-led?

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

## Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

### Leadership capacity and capability

The practice was led by the founding GP who was the designated clinical lead for the service who was supported by a managing director. The practice had established board and clinical governance committees with appointed members and agreed terms of reference. Leaders had the capacity and skills to deliver high quality, sustainable care. They had identified clear priorities for maintaining the reputation, quality and future of the service. They understood the challenges facing the sector and the service and had developed a strategy to address these. We were consistently told by staff and patients that the practice leads were visible and approachable.

### Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. The practice vision was underpinned by a set of values which had been discussed with staff during the development phase. The provider had also recently reviewed its organisational and clinical governance structures and recruited a senior manager to oversee these changes into practice. There was a realistic strategy and supporting business plans to achieve identified priorities, with a clinical governance committee which held regular meetings. Staff we spoke with supported the changes and were aware of and understood the vision, values and strategy and their own role in achieving these.

### Culture

There was a positive and professional working culture at the practice. Staff stated they felt respected, supported and valued. They told us they were able to raise any concerns and were encouraged to do so. They had confidence that these would be addressed. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.

### Governance arrangements

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

management. The structures, policies, processes and systems were clearly set out, accessible and the senior managers had systems in place to assure these were operating as intended.

There were processes for providing all staff with training and development. This included regular appraisal and career development. All staff received regular annual appraisals with an appropriate manager or clinical lead (in addition to any required external clinical appraisal) and had been appraised in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

The management team had oversight of relevant safety alerts, incidents, audit results and complaints. There was clear evidence of action to change practice to improve quality.

The practice had trained staff for major incidents and had ready access to the premises business continuity plan including contact details for key contractors and utilities should there be a major environmental issue.

### Appropriate and accurate information

The practice acted on appropriate and accurate information. There were arrangements in line with data security standards for the accessibility, integrity and confidentiality of patient identifiable data and other key records. Clinical governance meetings drew on the latest information on safeguarding, significant events and complaints. Outcomes and learning from these meetings were cascaded to staff. The practice had recently invested in a new electronic patient information system with the capability to provide improved management reporting.

The practice carried out a variety of audits including some clinical audit. The registered manager told us they were considering but had not yet implemented additional ways of measuring clinical performance and outcomes.

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

# Are services well-led?

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

The practice involved patients, staff and external partners to support the service and planned to embed its recent patient survey as a regular feedback channel with patients following an attendance at the practice. Staff were encouraged to attend practice meetings and discuss ideas for further improvement.

## **Continuous improvement and innovation**

There was a focus on continuous learning and improvement at all levels within the practice. For example the practice had recently consulted with patients to gauge the demand for more online services. It had also introduced a 'health concierge' type service for patients who wanted an individualised, responsive, retainer-based service. The practice had developed international links enabling referral and access to a range of specialists for patients working or living abroad.