

Preston Hill Surgery

Quality Report

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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?

Requires improvement



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 Preston Hill Surgery on 10 March 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 a system in place for reporting and recording significant events. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice had expanded the range of services available to patients. The practice was aware of its performance and taking action to identify and improve.
- Patients commented they were treated with care and concern and it was easy to obtain an appointment. Urgent appointments were available the same day.

- Patients could consult a male or female GP. The practice team spoke a number of languages and a translation service was available.
- The practice had good facilities and was equipped to treat patients and meet their needs. The practice provided in house phlebotomy and was able to refer patients to its sister practice for a greater range of clinics and services.
- There was a clear leadership structure, an open culture and staff said they were well supported and encouraged to develop in their roles. The practice proactively sought feedback from patients, which it acted on.

Information about services was available and improvements were made to the quality of care as a result of complaints and concerns.

We saw one area of outstanding practice:

The practice was keen to engage patients and had set up regular 'over 75s tea' meetings. The practice used these

Summary of findings

meetings to obtain feedback on the service but also as an opportunity to provide health advice on subjects of interest, for example on carers support and dementia and as a way of tackling social isolation of older people in the local community.

However there were areas where the practice must make improvements:

- The practice must be able to provide evidence that all necessary recruitment checks have been carried out prior to employing new staff.

Additionally the practice should:

- Continue to work with the patient participation group to improve patient satisfaction scores on the national patient survey.

- Assess its capacity to provide a responsive service to a large cohort of patients with complex needs and to engage effectively with care home staff and managers.
- Continue its efforts to identify carers with the aim of increasing the number of identified carers who receive appropriate support.
- Keep written records to show that all emergency equipment including the fire alarms are tested and check that fire safety protocols are understood and being followed.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events. Lessons were shared with all staff and action was taken to improve safety.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had effective systems in place to protect patients from abuse and shared relevant information with other statutory agencies promptly.
- Most risks to patients were assessed and well managed. However, the practice could not demonstrate that it was carrying out adequate recruitment checks prior to employing new staff.
- The practice had systems in place to handle emergencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed the practice was in line with other practices for most indicators. However, the practice was scoring below average for its diabetes control and had identified this as an area for action. It had introduced joint clinics enabling patients to easily access the community diabetic nurse specialist, insulin initiation and the GP regularly reviewed more complex cases with the nurse specialist.
- The practice reviewed its performance and carried out clinical audit and other quality improvement work such as locality prescribing audits and benchmarking.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff told us the practice provided good educational support and access to training.
- Staff shared information appropriately and worked with other health care professionals to meet the range and complexity of patients' needs.

Summary of findings

- The practice provided a range of health promotion and screening services. The practice uptake rates for cancer screening programmes were in line with local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice overall received mixed results compared to others. (It was not possible to isolate feedback specifically about Preston Hill Surgery site.)
- Patients participating in the inspection said they were treated with compassion and respect. They were positive about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Staff took care to protect patients' privacy.
- Patients' emotional needs were considered and several patients commented positively on this. The practice liaised with palliative care teams when providing end of life care.

Good



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 locality group of practices and the clinical commissioning group to secure improvements to services where these were identified. For example, the practice attended the locality based complex care meetings to review specific cases.
- The service was accessible to patients and had increased the number of appointments following patient feedback. Urgent appointments were available the same day.
- The practice was popular with patients living in a nearby nursing home and one of the GPs made regular visits. There was some evidence to suggest that the practice might not have sufficient capacity to be responsive to these patients needs and to effectively engage with the care home staff.
- The practice was well equipped to treat patients and meet their needs.
- The practice responded to and learned from complaints.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a vision and a strategy and there was a documented leadership structure.
- The practice had a number of policies and procedures to govern activity and they were all in date.
- However, the practice was not always ensuring it followed its own policies and procedures, for example in relation to recruitment checks. The the governance systems needed improvement. The practice had recognised this and had recently appointed a consultant practice manager.
- The practice actively sought and responded to patient feedback. There were a number of staff feedback mechanisms.

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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice wrote to patients over 75 to inform them of their named GP and what this meant.
- The practice had become increasingly popular with patients in the local nursing home. One of the GPs made regular visits to the nursing home, including joint visits with the district nurse and was working in partnership with the local prescribing team. However, there was mixed feedback about the practice's capacity to be responsive to these patients' needs.
- The practice ran regular 'over 75s teas' to obtain feedback, provide relevant health advice and combat social isolation.

Good



People with long term conditions

The provider was rated as good for the care of people with long term conditions.

- The practice had identified diabetes control as an area for improvement. For example, the percentage of diabetic patients whose blood sugar levels were adequately controlled in 2014/15 was 64% compared to the national average of 78%. The practice was aware of this and had introduced joint clinics with the community diabetic nurse specialist and insulin initiation for eligible patients. The practice had recently audited its management of diabetes and could demonstrate positive improvement.
- The practice systematically identified patients at risk of hospital admission and developed care plans with those patients and their carers where appropriate.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed. The practice appointment system was set up so that patients with long term conditions experienced continuity of care with the patient's named or preferred GP.

Good



Summary of findings

- Patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. The practice offered in-house phlebotomy to reduce the need for patients to travel for routine blood tests.

Families, children and young people

The provider was rated as good for the care of families, children and young people

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with the CCG averages for standard childhood immunisations for all age cohorts. Non attendance was followed-up.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young children and babies were prioritised and seen the same day.

Good



Working age people (including those recently retired and students)

The provider was rated as good for the care of working age people (including those recently retired and students)

- The practice was proactive in offering a full range of health promotion and screening services reflecting the needs for this age group. The practice had identified patients with previously undiagnosed diabetes through the NHS health checks programme for patients aged 40-74 years.
- Cervical screening coverage was in line with the national average at 83%.
- The practice offered a range of contraceptive services and advice.
- The practice offered evening surgeries until 7.00pm four days a week. Local primary care 'hub' appointments were available at other locations in Brent during the evening and at weekends if no suitable appointments at the surgery were. The practice informed patients about these services and how to make an appointment.
- The practice enabled patients to book appointments and request repeat prescriptions online. Patients were also able to consult a GP over the telephone.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held registers of patients in vulnerable circumstances including people with a learning disability. These patients were offered an annual or more frequent review depending on their needs.
- The practice asked new patients when they registered whether they had caring responsibilities.
- The practice offered longer appointments for patients with communication difficulties.
- The practice facilitated registration for homeless patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and also involved carers whenever appropriate.
- 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.

Good



People experiencing poor mental health (including people with dementia)

The provider was rated as good for the care of people experiencing poor mental health (including people with dementia)

- The practice provided screening for dementia with referral for specialist diagnosis.
- Thirty-two of 35 patients with a diagnosed psychosis (across both the Preston Hill and its sister surgery) had a documented care plan which was in line with the national average. The practice regularly monitored these patients' physical health.
- The practice acknowledged that some patients required longer and more frequent appointments. The practice had patients who attended the practice on a weekly basis.
- 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.
- The practice offered six-week postnatal checks and screened mothers for post-natal depression.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The survey results cover both Preston Hill Surgery and its sister surgery (Aksyr Medical Practice). In total, 391 survey forms were distributed and 119 were returned, that is a 30% response rate (or 2% of the total patient list). The practice as a whole tended to perform below the national average.

- 63% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 68% and the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and the national average of 76%.

- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients who used the Preston Hill surgery prior to our inspection. We received 11 comment cards which were all highly positive about the service. Comments described the staff as professional, respectful and kind. Several patients commented that the lead GP at the branch practice had gone out of their way to help them or had exceeded their expectations.

Areas for improvement

Action the service **MUST** take to improve

The practice must:

- Be able to provide evidence that all necessary recruitment checks have been carried out prior to employing new staff.

Action the service **SHOULD** take to improve

The practice should:

- Continue to work with the patient participation group to improve patient satisfaction scores on the national patient survey.

- Assess its capacity to provide a responsive service to a large cohort of patients with complex needs and to engage effectively with care home staff and managers.
- Continue its efforts to identify carers with the aim of increasing the number of identified carers who receive appropriate support.
- Keep written records to show that all emergency equipment including the fire alarms are tested and check that fire safety protocols are understood and being followed.

Outstanding practice

The practice was keen to engage patients and had set up regular 'over 75s tea' meetings. The practice used these meetings to obtain feedback on the service but also as an

opportunity to provide health advice on subjects of interest, for example on carers support and dementia and as a way of tackling social isolation of older people in the local community.

Preston Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a second CQC inspector and a GP specialist advisor.

Background to Preston Hill Surgery

Preston Hill Surgery provides NHS primary medical services to around 3000 patients in the Harrow Weald, Kenton and Kingsbury areas of North West London through a general medical services contract.

The practice partnership provides services from two locations Preston Hill Surgery and Aksyr Medical Practice, both in the borough of Brent, around four miles apart. The local practice populations have markedly different socio-economic and demographic profiles. The practice population at Preston Hill Surgery has a higher proportion of older patients and is generally more affluent. The surgery also serves a number of patients living in a local nursing home.

The practice as a whole is run by three GP partners. The staff team based at Preston Hill Surgery comprises two of the GP partners (male and female), one practice nurse, a phlebotomist, and an administrative team of managers and receptionists. The practice also employs two regular locum doctors (female). The GPs work part-time at the practice and typically provide 9 or 10 clinical sessions in total per week.

Preston Hill Surgery is open from 9.00am to 1.00pm Monday to Friday and between 4.00pm and 7.00pm except

on Thursday when the practice closes for the afternoon. Appointments are available from 9.30am-11.30pm and between 5.00pm and 7.00pm. The GPs undertake home visits for patients who are housebound or are too ill to visit the practice and regularly visit patients in residential care.

Patients ringing the practice when the lines are closed are provided with recorded information on the practice opening hours and instructions on how to contact the out of hours provider or the “111” telephone line. This information is also provided in the practice leaflet and on the website. The practice informs patients about local urgent care centres and ‘hub’ practices which offer primary care appointments in the evening and at weekends.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services and surgical procedures. Minor surgery is not carried out at the Preston Hill site.

This inspection report focuses on the service provided at Preston Hill Surgery which is registered with the Care Quality Commission as a distinct location.

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 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.

Detailed findings

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 10 March 2016. During our visit we:

- Spoke with a range of staff normally based at Preston Hill Surgery including one of the GP partners, the consultant practice manager, practice nurse, the health care assistant and, a receptionist. We also spoke with a community based prescribing advisor and obtained feedback from a local nursing home.
- We made observations around the premises.
- Reviewed an anonymised sample of the personal care or treatment records of patients and documentation including audits and practice policies.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with one patient who was also a member of the patient participation group.

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.

Also, the services at Preston Hill Surgery and Aksyr Medical Practice are provided through a single NHS contract and any reference to the Quality and Outcomes Framework data and the national GP patient survey results in this report relate to the combined performance of both surgeries.

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events.

- Staff told us they would inform one of the GP partners of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under 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 practice reported kept a log of significant events. When things went 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.
- Significant events were shared at the monthly meeting and lessons were learnt. For example the practice had updated its lone working policy following one incident involving a patient. The practice had also reported relevant incidents through the NHS National Reporting and Learning System (NRLS) to promote wider learning.
- The doctors and nurse at Preston Hill Surgery were signed up to receive safety alerts electronically. The practice checked that staff had received these and had acted on any that were relevant. The GP partners said they took responsibility for following up medicines alerts that might affect practice patients.

Overview of safety systems and processes

There were systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- The practice safeguarding 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 had all received training relevant to their role. GPs were trained to child safeguarding level 3. The nurse had been

trained to safeguarding level 2 and other staff to level 1. The practice had a proactive approach, for example screening newly registering patients against various risks including domestic abuse.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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). Staff had received in-house training from the GPs and knew how to carry out the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had an infection control lead and the practice nurse had day to day responsibility for infection control. The practice 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. The practice also carried out periodic audits of infection control.
- The practice generally had safe arrangements for managing medicines to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 CCG, to ensure prescribing was in line with best practice guidelines.
- Blank prescription stationery was securely stored and removed from printers overnight. The practice had a system for checking that no forms or pads were missing.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- The practice worked in partnership with the local prescribing advisor on a CCG-led initiative to improve medicines management for patients living in residential care. The prescribing advisor described the practice as responsive to their advice. The GP who was the practice lead for the nursing home was aware of the human rights issues and risks involved in prescribing covert

Are services safe?

medicines and the use of alternative strategies to encourage voluntary compliance. The practice did not prescribe hypnotic medicines or antipsychotic medicines to control behavioural problems.

- We reviewed four personnel files. The practice routinely requested professional registration details for clinical staff and locums and Disclosure and Barring Service checks for all new members of staff. However, the practice could not demonstrate that all necessary recruitment checks been undertaken prior to employment. For example, in some cases there was no evidence that the practice had sought evidence of applicants' conduct in previous jobs or had checked proof of identity or that professionals' had indemnity insurance. The practice subsequently provided evidence that this information had been requested and obtained within a few days of the inspection visit.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments, evacuation plan, carried out regular fire drills and had installed fire safety equipment that was regularly checked by a specialist contractor. Staff had received training and understood their roles and responsibilities in the event of an evacuation. The practice told us that the fire alarm was routinely tested but it had not kept written records of this. A member of staff was a designated fire marshal. On the day of the inspection, one of the external doors providing a fire escape route was locked. The relevant practice protocol required the door to be unlocked when the practice was open. 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).

- The practice stored paper records including medical records in shelves in the administrative area to the rear of the reception. This information was not visible to patients at the reception desk and the office was kept locked when the practice was closed. We noted that the shelves were open and records were potentially accessible to anyone working in the office, for example, contract staff out of hours. The practice required contractors to sign a confidentiality agreement. Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty. There was some flexibility between Preston Hill Surgery and its sister practice so that staff from either site could cover for unexpected absence. We were told that this was rarely required.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice had recently updated its lone worker policy and reminded staff about this.
- All staff had received training on basic life support. The practice had a defibrillator and oxygen on the premises with adult and children's masks and a nebuliser. All staff knew where the emergency equipment was located. 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. All the medicines we checked were in date and stored securely.
- 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 and arrangements to maintain the service should the practice premises.

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 discussion, audit and checks of patient records.

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 Preston Hill Surgery and its sister practice in 2014/2015 were 85.4% of the total number of points available compared to the national average of 94.8%. Data (again for both surgeries combined) from 2014/2015 showed:

- Performance for diabetes related indicators was lower than the national average. The percentage of diabetic patients whose blood sugar levels were adequately controlled in 2014/15 (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 64% compared to the national average of 78%. The percentage of diabetic patients whose last blood pressure reading was in the normal range was 66% compared to the national average of 78%. More positively, 89% of the practice's diabetic patients had a recorded foot examination within the last year which was in line with the national average of 88%.
- The practice had identified better management of diabetes in the community as one of their biggest challenges and a priority for action. The prevalence of diabetes was high particularly in the Preston Hill area. The practice had started providing insulin initiation in the practice and had introduced joint clinics with the community diabetic nurse specialist with a greater focus

on education and review. A designated staff member had been given responsibility for recalling patients for their review and these patients were offered flexible appointments. The GP also regularly reviewed more complex cases with the nurse specialist.

- Performance for key mental health related indicators showed that 84% of patients diagnosed with dementia had a face to face review in the preceding 12 months, in line with the national average. The practice screened patients at risk and referred to a specialist memory clinic.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of clinical audits completed in the last two years including one which was a completed audit where the improvements made were implemented and monitored. This was an insulin audit undertaken to determine if insulin initiation in the community was beneficial in reducing the average blood sugar levels for patients initiated on insulin in the practice. The audit had demonstrated significant improvements in diabetic blood sugar control and patient-reported wellbeing.
- One of the GP partners was able to describe other more informal audits they carried out following changes to guidelines or clinical updates, for example they had checked whether they had patients taking bisphosphonate medicines for more than five years to treat osteoporosis following a clinical update. The practice used tools such as 'Qrisk' to systematically assess individual patients' risk of heart disease.
- The practice participated in local audits, national benchmarking, accreditation and peer review and research. The practice was an accredited 'hub' practice for NHS research. The practice also worked closely with the local prescribing team.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care but there were some areas for improvement.

- 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

Are services effective?

(for example, treatment is effective)

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 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 and the practice provided evidence of staff appraisals. Staff members consistently told us they received good educational support. The practice nurse said she had received advice and support with revalidation through the CCG. Staff members were able to give us examples of their career progression within the practice.
- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.

Coordinating patient care and information sharing

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. For example, the practice worked closely with the local prescribing team to reduce polypharmacy when appropriate (that is, where patients are taking multiple medicines).

The practice also worked with the palliative care team, integrated care coordinators and rapid response team. 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. The practice was an active member of the locality group of GP practices attending meetings, professional network and educational sessions and making use of other shared resources, for example updates and guidance.

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.
- The GP partner was able to give us examples when a formal capacity assessment had been necessary and the patient was deemed to have capacity to make a specific decision.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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 and those requiring advice on their diet, smoking and alcohol cessation and children and young people with special needs. Patients were signposted to the relevant service.
- A dietician was available in house and the practice offered smoking cessation clinics.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 50% to 76% and five year olds from 54% to 88% across both surgeries.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and

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

checks were made, where abnormalities or risk factors were identified. We were told that the practice had identified a number of patients with previously undiagnosed diabetes through these checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were welcoming, polite and helpful to patients.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was a notice informing patients that reception staff could discuss sensitive issues in a more private area of the surgery to discuss their needs.

All of the 11 Care Quality Commission comment cards we received were wholly positive about the service experienced. Comments described the staff as professional, respectful and kind. Several patients commented that their GP at the branch practice had gone out of their way to help them and had exceeded their expectations. Patients also praised the reception staff and said they were always helpful.

We spoke with one member of Preston Hill's patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said this had noticeably improved over the last few years, for example, there was a wider range of services available.

Results from the national GP patient survey published in January 2016. The practice tended to score close to the clinical commissioning group (CCG) average for quality of GP consultations. The satisfaction with nurse consultations tended to be somewhat lower than the CCG and national averages. The results are aggregated across both the Preston Hill surgery and its sister practice so it is not possible to know the extent to which the results relate to each individual surgery.

- 83% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 68% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%

The practice was aware of these results and had recently recruited a nurse practitioner to the sister practice but had not identified any specific actions for Preston Hill to improve.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive about involvement in decisions. We also saw that care plans were personalised. Results from the national GP patient survey published in January 2016 showed results were lower than local and national averages. For example:

- 77% 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%.
- 73% 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%.
- 72% 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:

- Practice staff between them spoke a range of languages other than English including Hindi, Gujarati and Urdu. Staff told us that translation services were available for patients who did not have English as a first language. The practice website had a translation facility.
- Information leaflets were available in the waiting room in English. Practice staff were able to provide patients with leaflets in different languages if required.
- Discussion and communication by email was offered to patients and was particularly directed to the working age group.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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. The practice had identified less than 1% of patients as carers. The practice told us that they encouraged carers to inform the practice on registration but patients were reluctant to accept support for a variety of reasons including cultural factors. The practice was

actively targeting carers and had assigned a member of staff to lead on this. For example, the practice had invited a speaker from the local Carers Centre to attend the over 75 afternoon tea meeting. There was also information for carers in the waiting room. Carers were also offered suitable appointments, a carers' needs assessment, health checks, flu vaccinations and advice and signposted carers to local support services including the local carers centre.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered their condolences. Patients in this situation were offered a consultation if they wished and referred to bereavement counselling services suitable for adults or children.

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.

- The practice was open in the late afternoon and early evenings four days a week for working patients who could not attend during normal opening hours. Patients could also be referred to the primary care 'hub' service available to Brent residents which offered evening and weekend appointments.
- Patients over 75 had a named GP, care plans in place and input from the multidisciplinary teams to prevent hospital admission in cases where they were having difficulty coping or deteriorating.
- There were longer appointments available for patients with a long term condition or learning disability and they were seen on the same day. These patients were also offered annual health reviews.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. One of the GPs regularly visited a local nursing home. Sixty people living at the home were registered patients with the practice.
- Same day appointments were available for children and patients with urgent medical problems.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered electronic prescription requests as well as online and telephone booking for working age people. Ten per cent of patients had signed up for the online appointment service. Telephone consultations were also offered.
- The practice offered pregnant mothers flu vaccinations as well as antenatal and postnatal care. Baby changing facilities were also available. The changing table was high and awkwardly positioned but the practice had not carried out a risk assessment.
- The practice offered sexual health screening as well as family planning services and advice for young people. Meningitis C vaccinations were offered to all new university students.

- The practice utilised the single point of access service for mental health patients and their carers. Patients received quick access to the community mental health team as well as the home treatment team in times of crisis. They were offered same day appointments and referrals to external organisations for further support.
- The practice accepted homeless patients and facilitated their registration.
- The premises at Preston Hill were accessible to patients with mobility difficulties and was equipped with an induction hearing loop. Patients could be offered a British Sign Language (BSL) interpreter if required.
- The practice team spoke several languages commonly spoken locally such as Gujarati. There were translation services available.

Access to the service

Preston Hill Surgery opened from 9.00am to 1.00pm Monday to Friday and between 4.00pm and 7.00pm except on Thursday when the practice closed for the afternoon. Appointments were available from 9.30am-11.30pm and between 5.00pm and 7.00pm. The GPs undertook home visits for patients who were housebound or too ill to visit the practice and regularly visited patients in residential care. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had taken steps to improve access to patient appointments by the introduction of the online appointments, increasing the number of appointments and allocating two receptionists to the morning session when the practice was busier. 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.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The reception team kept an updated list of their at risk patients so they could readily identify patients who may be in need of a fast track GP service. The lead GP was

Are services responsive to people's needs?

(for example, to feedback?)

responsible for triaging urgent home visit requests and the at risk group of patients were offered priority assessment and a home visit if unable to attend the surgery. 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.

The two GP partners at the surgery provided seven clinical sessions in total per week to serve a population of around 3000 patients. Additional evening sessions were provided by locum GPs who did not carry out home visits. The practice had sixty patients who lived at a local nursing home, many of whom had complex needs or were unable to travel. We received feedback from the home that the out of hours service was consulted more often for their service users who were registered with Preston Hill Surgery than with other GPs in the area. This disrupted continuity of care and increased the risk of hospital admission. They also fed back that the GPs at Preston Hill seemed to have less time to spend with individual patients than other GPs who visited the home. More positively, the home told us that when their named GP at Preston Hill was available they responded to requests to visit or review particular patients and it was clear from the number of patients at the home who wished to register with the practice that the practice was a popular choice.

The practice had a system for sharing key information (for example, about patients receiving palliative care) with the out of hours service.

Listening and learning from concerns and complaints

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

- 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.
- However there was little information available to help patients understand the complaints system for example, the available leaflet did not inform patients what to do if they were dissatisfied with the practice response. Following the inspection, the practice sent us updated complaints materials for patients addressing this issue.

We looked at one written complaint received in the last 12 months. This had been handled in line with the complaints policy and acknowledged and investigated promptly with a written apology and an offer to discuss the findings further. Lessons were learnt from individual concerns and complaints and action was taken as a result.

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 vision to deliver high quality care and promote good outcomes for patients. The practice staff we spoke with knew and understood the values. The partners were committed to providing compassionate care to patients and provided many examples of patient-centred care.

Governance arrangements

The practice's overarching governance framework which supported the delivery of the strategy and good quality care was not effective .

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, although the practice could do more to assess the service it provides to a nearby care home.
- The practice was undertaking clinical audit and could demonstrate improvement in patient outcomes as a result. The arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions were in place.
- The practice had recognised that it needed to strengthen its management systems and had recently employed a consultant practice manager who was in the process of reviewing recruitment and appraisal records

Leadership and culture

One of the practice partners in particular was a visible leader at Preston Hill Surgery. 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 however, we were not assured that the practice was systematically recording all significant incidents.
- The practice held regular team monthly 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.

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 and made suggestions to the practice management team. For example, the PPG had highlighted issues with the appointment system and the practice had introduced more appointments and increased the morning staffing in reception.
- The practice had gathered feedback from staff generally through staff meetings, individual staff appraisal and informal discussion. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues. They said they were well supported.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and took part of local pilot schemes to improve outcomes for patients in the area. One of the GP partners worked part time in A&E, was the clinical director of the locality group of GPs and also one of the clinical leads at Brent clinical commissioning group. The practice benefited from the expertise, knowledge and contacts that these links provided. Preston Hill had participated in a number of NHS clinical research projects and had recruited patients so successfully it had been awarded 'hub' status by the National Institute of Health Research (NIHR). This meant one of the GP partners now sat on steering group meetings and influenced the design of clinical research at an early stage for the long term benefit of patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met The practice was unable to provide full information as specified in Schedule 3 in relation to persons employed.