Dr Amobi and partners

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Amobi and partners on 28 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice had a significant number of patients who were residents at a local Travellers site (3% of the patient list). The practice had put arrangements in place to support this population group. A flexible appointment system had been adopted which was suited to the needs of the Travelling Community. For instance, when an appointment was booked, the practice would arrange for longer than normal appointments so that several health related matters could be discussed during the appointment. The practice would also arrange to have other services available for the same time, including

Summary of findings

immunisations, cervical screening and long term condition review. The practice's mental health nurse worked closely with a specialist community support worker, visiting Travellers at home to promote better enagagement with health care providers and to help patients access other support organisations.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- The practice also looked at significant events that had been shared at locality meetings by other practices and used these to review their own policies.
- The practice had stress-tested their business continuity plan in order to estimate the amount of time it would take to resume services in an emergency and had estimated that urgent care services could be restored within 30 minutes of a complete emergency shutdown.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice had developed a 'Care Plan Clinic' for patients. This consisted of dedicated appointments with clinical staff during which existing care plans were reviewed to ensure they were up to date and creating care plans for patients who needed them for the first time.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held special annual health review clinics on Saturdays for patients who needed to attend with carers. This was to make it easier for carers to attend.
- Carers had direct access to a named member of staff who helped to co-ordinate internal and external appointments to minimise the number of visits needed.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice provided a flexible appointment system for members of the Travelling Community so that several health related matters could be managed during a single visit.
- The practice had a higher than average number of patients with mental health problems and had employed a specialist mental health nurse to support this patient group.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had a specific Staff Well Being policy to monitor and promote a healthy work environment. Clinical staff had a 'well-being' buddy for support and all salaried GPs were mentored by a partner.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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 arranged GP and health care assistant visits to patients living in a sheltered housing facility to help people to continue living independently and to prevent avoidable hospital admissions.
- The practice team worked closely with the local short-term assessment, rehabilitation and reablement service (STARRS) and complex care team to provide care for patients in their own homes.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For instance, 84% of patients had well controlled blood sugar levels, compared to the CCG average of 74% and the national average of 76%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.

Families, children and young people

Good

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

Summary of findings

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 73%, which was below the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and community outreach workers.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided late evening surgeries and telephone consultations for patients who were unable to attend during normal opening hours.

People whose circumstances may make them vulnerable

Outstanding

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- The practice had developed a flexible appointment system for Travellers to ensure that a wide range of health issues could be addressed at each visit. For instance, longer appointments were

provided and when appointment had been arranged, the practice would put arrangements in place to provide immunisations or cervical screening if these were overdue or pending.
- The practice's mental health nurse worked closely with a specialist community support worker, visiting Travellers at home to promote better engagement with health care providers and to help patients access organisations which provide support relevant to this population group.
- The practice offered longer appointments for patients with a learning disability and had arranged special Saturday clinics for annual health reviews and these were often used to accommodate patients who were uncomfortable visiting when the practice was very busy.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations including for instance, organisations who helped with alcohol and substance misuse, domestic violence and social isolation.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is the same as the CCG average and similar to the national average of 84%.
- Performance for mental health related indicators was similar to the national average The percentage of patients schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented was 93% compared to the CCG average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice employed a specialist mental health nurse who worked with patients experiencing poor mental health and helped them 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.
- All staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Three hundred and seventy survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list.

- 51% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Amobi and partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Amobi and partners

Dr Amobi and partners, also known as Brentfield Medical Centre provides GP primary care services to approximately 8,900 people living in Willesden, London Borough of Brent. The practice had a Personal Medical Services (PMS) contract for providing general practice services to the local population.

There are currently three GP partners, two female and one male all of whom are full time. There are three female salaried GPs, one full time and two work part time. The practice provides a total of 44 GP sessions per week.

The clinical team is completed by one practice nurse who works part time, a registered mental health nurse who works part time, one full time and two part time health care assistants and a full time phlebotomist (Phlebotomists are specialist healthcare assistants who take blood samples from patients for testing in laboratories).

There is a practice manager who is also a partner, a deputy practice manager, an office manager, and an assistant office manager, a finance and human resources manager and eight administrative and reception staff. The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury, diagnostic and screening procedures and family planning.

The practice opening hours are 8:30am to 8.00pm on Mondays and alternate Tuesdays, 8:30am to 6:30pm on Wednesdays, Thursday and Fridays and alternate Tuesdays. The practice is closed on Saturdays and Sundays. Telephones are answered between 8:30am and 6:30pm daily.

The practice is a member of a collaborative network of 21 GP practices which offers urgent care at a walk in centre between 8:00am and 8:00pm from Monday to Friday and which provides GP appointments at a local hub which is open between 6:00 pm and 9:00pm from Monday to Friday, between 9:00am and 6:00pm on Saturdays and 9:00am and 3:00pm Sundays.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to six weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The out of hours services (OOH) are provided by Care UK. The details of the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

Detailed findings

The practice provides a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is 41% and is higher than the CCG average of 28% and the national average of 16%. Income Deprivation Affecting Children (IDACI) is also 41% (CCG average 27%, national average 20%). Information published in the Brent Joint Strategic Needs Assessment shows that the practice had the highest levels of deprivation of any practice in the area with large populations of Travellers, Black Caribbean, Black African and Eastern European patients.

The practice is located in a single storey purpose built health centre and all treatment and consulting rooms are fully accessible.

The practice was inspected in February 2014 using our previous inspection methodology and was found to be meeting the required standards in place at the time.

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.

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. Prior to our visit, we also spoke with one member of the practice staff that we were told would not be available for interview on the day of the inspection. We carried out an announced visit on 28 April 2016. During our visit we:

- Spoke with a range of staff including GPs, mental health nurse, practice nurse, health care assistant, members of the reception and administration teams and a care co-ordinator from the local integrated care team. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that 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.
- The practice carried out a thorough analysis of the significant events at monthly practice meetings and undertook a whole year review at the practice annual away day.
- The practice shared information about its own significant events with other practices and also looked at significant events that had occurred at other practices and used these to review their own policies. For instance we saw a record from another practice which had involved a learning point about septic shock. The practice had discussed this at a practice meeting and had updated clinical policies as a result.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had recorded four significant events in the previous twelve months and we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a comprehensive record of an incident when a patient had gone missing from the reception area whilst their carer was in a consulting room. Records showed that the incident had been resolved quickly. The practice had held a meeting to discuss this incident and had identified actions that worked well and identified areas where improvements needed to be made. For instance, the practice had contacted emergency services with due urgency and had undertaken a systematic search of the premises and had provided training to staff to ensure that patients who were also carers were better supported duing consultations. We saw learning from this incident had been shared amongst the practice and with patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses and health care assistants were trained to level 2 and non-clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Good

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (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. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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, up to date business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and contained details of a buddy practice. The plan was stored off-site by all partners, including the practice manager who was also a partner. The practice told us they had undertaken a simulated exercise which involved an emergency shutdown of the surgery and had found that by following the continuity plan, the practice could resume urgent care within 30 minutes.

Good

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 a clinical lead for ensuring that systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample 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 were 99% of the total number of points available.

The practice exception reporting rate for was 18%, compared to the CCG average of 12% and national average of 13%. The practice had reviewed this and told us that they had a high number of patients who were already receiving the maximum tolerated therapy for their condition and a significant number of patients with multiple complex conditions which prevented further treatment for diabetes.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For instance, 84% of patients had well controlled blood sugar levels, compared to the CCG average of 74% and the national average of 76%. Data also showed 86% had well controlled cholesterol levels (CCG average 78%, national average 81%) and 92% had had a food examination in the previous twelve months (CCG average 90%, national average 88%).
- Performance for mental health related indicators was similar to the national average The percentage of patients schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented was 93% compared to the CCG average of 89% and national average of 88%. Data showed that 86% of patients with dementia had had their care reviewed in a face to face review in the preceding twelve months (CCG average 86%, national average 84%).
- 84% of patients with hypertension had well controlled blood pressure (CCG average 82%, national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had audited the care of HIV patients to determine whether patients with HIV, who had an increased risk of cardiovascular disease (CVD), were engaging with appropriate health screening programmes. The first audit cycle showed that only 4% of these patients had had a CVD risk calculated. As a result of this the practice had invited all eligible patients to undergo an assessment for CVD risk and had liaised with specialist clinics to co-ordinate this activity. The second cycle showed the number of patients who had been assessed for the risk had increased from 4% to 48%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice maintained a detailed training matrix and used an electronic diary system to ensure that training was kept up to date.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice team worked closely with the local short-term assessment, rehabilitation and reablement service (STARRS) and complex care team to provide care for patients in their own homes.
- The practice had developed a 'Care Plan Clinic' for patients. This consisted of dedicated appointments with clinical staff during which existing care plans were reviewed to ensure they were up to date and creating care plans for patients who needed them for the first time. The practice used a risk stratification tool and reviewed hospital discharge summaries to assist in identifying patients who might need extra support, including written care plans.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs. These meetings were routinely attended by district nurses, a Care Co-ordinator linked to social services and specialist advisors from other services when this was helpful. We saw evidence that meetings with other professionals had taken place in patient's homes when that had been appropriate.

We spoke with a care co-ordinator who worked in the local integrated care team. They told us that the practice was one of the highest referrers of patients in the locality. The co-ordinator visited the practice every Friday to discuss existing referrals and review new referrals. We were told that the practice worked with the care-coordinator to help patients maintain independent living and to address social isolation and in doing so, had helped to organise adaptive equipment in patients homes and had helped patients to join yoga and painting classes.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- A number of patients lived in a warden controlled sheltered housing facility and a GP and a health care

Good

Are services effective?

(for example, treatment is effective)

assistant visited regularly and undertook the equivalent of ward rounds to help people to continue living independently and to prevent avoidable hospital admissions.

- 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.
- The practice held a weekly smoking cessation clinic and records for the period October 2014 to April 2016 indicated the practice had a success rate of 54% of patients who engaged with the cessation programme. (Twenty seven out of fifty participants).
- The practice had been a major contributor along with other practices in the locality in holding a health fare in a local public park. This event drew together community and health organisations involved in health and wellbeing, including Brent CCG, Public Health England, Brent Council and local community groups and was attended by over 800 people. .

The practice's uptake for the cervical screening programme was 73%, which was below the CCG average of 78% and 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 for those with a learning disability and they ensured a female sample taker was available. The practice had also produced its own invitation letter which it felt might have more impact in promoting the cervical screening programme amongst its population group. 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. For instance, the mental health nurse employed by the practice spoke with patients with mental health needs who were eligible for screening programmes. The mental health nurse also utilised her knowledge and contacts within the Travelling Community to encourage greater participation in screening programmes. A total of 45% of people eligible attended screening for bowel cancer which was similar to the CCG average of 47% and below the national average of 58%. A total of 65% of eligible women received breast screening which is comparable to the CCG average of 66% and lower than the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages, including practices in significantly less deprived areas. For example, childhood immunisation rates for the vaccinations given to one year olds ranged from 46% to 67% (CCG averages 44% to 67%), under two year olds ranged from 56% to 66% (CCG averages 61% to 68%) and five year olds from 60% to 90% (CCG averages 56% to 82%).

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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 checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 80%, national average 87%).
- 97% of patients said they had confidence and trust in the last GP (CCG average of 93%, national average 95%).
- 88% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 87% of patients said they found the receptionists at the practice helpful (CCG average of 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 88% 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%.
- 78% 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%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients could check-in for appointments using an automated system which was available in a variety of prevalent community languages.
- Information leaflets were available in easy read format.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 163 patients as carers (2% of the practice list) and had undertaken a detailed analysis of this group, including identifying ages, genders and cultural backgrounds of carers and had used this profiling to develop suitable support systems. For instance, the practice had identified that a significant number of carers were of working age and this had influenced their decision to hold special annual health check reviews for patients with learning difficulties on Saturday mornings when the practice was otherwise closed. Carers were also provided with a direct line to a named member of staff who provided support by helping to co-ordinate appointments at the surgery and with other health care providers. Carers were offered seasonal flu vaccination and annual health reviews of their own and the practice hosted a carers group. The practice proactively sought to identify carers and had included a slide presentation about carers on the television screen in the waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

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 population included a significant number of people who were members of the Travelling Community and the practice had held meetings with a support worker to help improve access to the practice for this population group.

- The practice offered a extended opening hours on a Monday and alternate Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer routine appointments available for patients with a learning disability. The practice also held Saturday morning clinics with 40 minute appointment slots and these were reserved for annual health reviews of patients with learning difficulties. This also accommodated carers who were working during the week and some patients who were uncomfortable visiting the practice when it was busier.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities including designated parking areas and a hearing loop and
- The practice provided translation and interpreter services to patients who needed them.
- Patients with complex needs were encouraged to book longer appointments so conditions could be reviewed holistically.
- The practice hosted a weekly psychological therapy clinic.

The practice population included a significant number of patients (3% of the practice population) who were members of the Travelling Community and the practice had made arrangements to provide care in a way that was responsive to the needs of this group. The practice provided a flexible appointment system to allow multiple matters to be dealt with during a single visit. When attending an appointment for any reason, patients were offered an opportunity to discuss any health matters which were outstanding. For instance, a parent attending an appointment could also have an annual review for a long term condition, undergo a health check, have a cervical screening check or update immunisations for children. The practice had also developed a protocol to share patient information with health care providers in other parts of the country where patients who were Travellers sometimes needed care.

The practice had a register of patients with mental health problems which included 1.5% of the practice population. The practice had reviewed the provision of mental health support in the community and had chosen to employ a mental health nurse at the practice. The mental health nurse undertook assessment and short term counselling and helped patients to access specialist care when necessary. They encouraged and monitored patient attendance at appointments and helped patients to manage their medicines. The nurse had also made contact with and was supporting a project to assess how residents of a local traveller's site engaged with health care and was actively encouraging patients from the Travelling Community to engage with the practice and with immunisations and health screening programmes.

Access to the service

The practice was open between 8:30am and 8:00pm on Mondays and alternate Tuesdays and between 8:30 and 6:30pm on all other Tuesdays and from Wednesday to Friday. Appointments were from 9:00am to 12:30pm every morning and 2:30pm to 6:00pm daily. Extended hours appointments were offered between 6:30pm and 8:00pm on Monday evenings and alternate Tuesday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 51% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had acknowledged telephone access as a key challenge and had undertaken a further survey to develop a more informed understanding of patient's dissatisfaction. They had also interrogated data from the telephone management system to identify peak times, reasons for calls and patients who needed to call the practice with higher frequency. As a result of this work, the practice had put measures in place to relieve pressure from the team answering the telephone. The practice had created a direct line to a named member of staff which could be used by carers who needed to get through urgently. The practice had also created a direct line for patients who wished to request repeat prescriptions so they did not have to wait in the telephone queueing system. Other measures included making online appointments bookable four weeks in advance instead of two weeks and proactively promoting online access and had added a feature to the telephone management system which advised patients of their position in the queue which meant that patients could decide whether to continue or to call back later if their call was less urgent. The practice told us they had scheduled a second audit of the telephone management system to measure the impact of the changes.

People told us on the day of the inspection that they were able to get appointments when they needed them. We checked the appointment system and saw that next day appointments were available with GPs and the nurse.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Complaints could be made using the practice complaint form, verbally, or by email. Details about how to use the complaint system were available on the practice website. A leaflet explaining the complaint system was available in several different languages.

We saw minutes of practice meetings which showed that complaints were reviewed and discussed. The practice produced an annual complaints report which included a detailed analysis of complaints and follow up information on action points from the previous report and recommendations for the next year. We saw that the practice used this report to identify trends and patterns. For instance, the practice looked at the ethnicity, age, gender and ability of complainants to determine whether any aspect of the service needed to be improved. We were also told that the practice used this report when planning support and training for staff.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. For instance, we saw a complaint from a patient who felt that a clinician had been abrupt with them. The practice had reviewed the complaint with the clinician and had undertaken suitable actions to help the clinician improve this aspect of their consultation style. The patient had received an apology.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice arranged staff away days and partner strategy weekends to discuss, develop and share the overall vision of the practice. We saw a well-structured business plan for the current year, similar plans from previous years and we saw evidence that these had been properly reviewed with successes noted and outstanding issues carried forward when this was appropriate, for instance work around greater patient engagement and involvement.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management. The practice had a specific policy to monitor and promote Staff Well Being. Clinical staff had a 'well-being' buddy for support and all salaried GPs were mentored by a partner.

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through quarterly surveys and from complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we were told that the PPG had been instrumental in organising a

Are services well-led?

Good

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

review of the parking provision at the practice and had helped to devise a layout which significantly improved access for people with mobility difficulties. The PPG had its own information display in the reception area.

- The practice produced a newsletter to keep patients informed with changes at the practice such as staff leaving and joining, topical healthy living advice, new services and different ways of accessing services.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management .Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had instigated an outreach programme to engage some hard to reach patients with health screening programmes and had been one of the major contributors to a large scale health event in a local public park.