

Elliott Hall Medical Centre

Quality Report

165-167 Uxbridge Road
Hatch End
Pinner
Middlesex
HA5 4EA
Tel: 020 8428 4019
Website: www.ehmc.co.uk

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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	Outstanding	☆
Are services safe?	Outstanding	☆
Are services effective?	Outstanding	☆
Are services caring?	Outstanding	☆
Are services responsive to people's needs?	Outstanding	☆
Are services well-led?	Outstanding	☆

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 Elliott Hall Medical Centre on 17 November 2016. Overall the practice is rated as outstanding.

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

- There was a strong, open and embedded culture at the practice in respect of patient safety and the practice used every opportunity to learn from incidents. We observed a genuine open culture in which all safety concerns raised by staff were highly valued and integral to learning and improvement. All staff were encouraged to participate in learning and to improve safety as much as possible. We saw evidence that incidents were shared externally to enhance learning on a wider basis.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Comprehensive systems were in place to keep people safe, which took account of current best practice. For

example, there was an effective system in place to review patients on high risk medicines which included a nominated lead, an alert on the clinical system, a recall system and regular patient audits to ensure prescribing was in line with safe and best practice.

- There was evidence of quality improvement including clinical audit. We saw that the practice had put in place a comprehensive audit programme which was driven by the needs of the practice population in order to improve patient outcomes.
- Feedback from patients about their care was consistently positive. Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs and there were innovative approaches to providing integrated patient-centred care. For example, patients over the age of 65 and with complex long-term conditions and multiple health problems

Summary of findings

were supported through the 'Virtual Ward' system which provided multidisciplinary care management of complex patients to prevent unnecessary hospital admissions and avoid readmissions.

- There was a strong, visible, person-centred culture. We observed staff members to be highly motivated to offer care that was kind and promoted people's dignity.
- The practice had a very proactive and engaged Patient Participation Group (PPG) which the practice referred to as the Patient Association (PA). This worked closely with the practice to support and provide services to its patients, which included bereavement and carer support.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. The provider was aware of and complied with the requirements of the duty of candour.
- Leaders had an inspiring shared purpose and a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff and the Patient Association. There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- There was a strong focus on continuous learning and improvement at all levels. The practice took pride in its role as a teaching and training practice and we saw that a learning and reflection culture was embedded in the organisation.

We saw several areas of outstanding practice:

- There was an holistic approach to assessing, planning and delivering care and treatment to people who use services. For example, the practice had developed over several years the 'supportive care register' (SCR) and anticipatory care plan which enabled patients to have choice and make decisions about their care. Both of which had been adopted within the locality and the latter being recognised locally for an award.
- The practice had a very proactive and engaged Patient Participation Group (PPG) which was known as the Patient Association (PA). This worked in conjunction with the practice through a team of volunteers to help support patients and reduce social isolation through carers' groups, home visiting and bereavement support services. A patient transport service supported patients unable to use public transport with access to the practice.
- The partners led an innovative and committed team, and promoted a strong inclusive culture with a focus on continuous quality improvement. The partners encouraged effective communication within the team and demonstrated a comprehensive meeting structure which included daily clinical and non-clinical meetings to enhance their formal operational and governance frameworks.

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 outstanding for providing safe services.

- There was a strong, open and embedded culture at the practice in respect of patient safety and the practice used every opportunity to learn from incidents. We observed a genuine open culture in which safety concerns raised by staff were highly valued and integral to learning and improvement. Staff we spoke with on the day told us they were encouraged to report incidents within a supportive 'no blame' culture. Learning was based on a thorough analysis and investigation. We saw evidence that incidents were shared externally to enhance learning on a wider basis.
- 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 which we saw had been in place for many years to keep patients safe and safeguarded from abuse and which took account of current best practice. For example, we saw an effective process in place to review patients on high risk medicines which included a nominated lead, an alert on the clinical system, a recall system and regular patient audits for patients on medicines such as warfarin and disease-modifying anti-rheumatic drugs (DMARDs) to ensure prescribing was in line with safe and best practice.
- A proactive approach to anticipating and managing risks to people was embedded and all staff we spoke with were aware of their responsibilities.

Outstanding



Are services effective?

The practice is rated as outstanding for providing effective services.

- The most recent published Quality and Outcome Framework (QOF) data for 2015/16 showed the practice had achieved 100% of the total number of points available (CCG 94.5%; national 95.3%) with a 5.2% overall exception reporting (CCG 6.1%; national 5.7%).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. The practice demonstrated quality improvement work was

Outstanding



Summary of findings

thoroughly embedded into its ethos and approach to clinical care. All staff were encouraged to be part of the audit programme and we saw non-clinical staff had undertaken audits relating to appointment capacity and demand which enabled the practice to effectively resource plan.

- There was an holistic approach to assessing, planning and delivering care and treatment to people who use services. For example, the practice had developed over several years the 'supportive care register' (SCR) and anticipatory care plan which enabled patients to have choice and make decisions about their care. Both of which had been adopted within the locality and the latter being recognised locally for an award.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- There was evidence of appraisals and personal development plans for all staff. The senior management team also had a 360 degree appraisal prior to their annual appraisal. (A 360 degree appraisal is a performance review in which subordinates, co-workers, and managers all anonymously rate the employee. This information is then incorporated into that person's performance review).
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example, for all its satisfaction scores on consultations with GPs and nurses, 95% of patients said the last GP they spoke to was good at treating them with care and concern and 97% of patients said the last nurse they spoke to was good at treating them with care and concern.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Data from the national GP patient survey showed 91% of patients said the last GP they saw was good at involving them in decisions about their care and 89% of patients said the last nurse they saw was good at involving them in decisions about their care.

Outstanding



Summary of findings

- Feedback from patients about their care and treatment was consistently positive. We received 41 CQC comment cards which were all extremely positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were outstandingly caring, treated them with dignity and respect and listened to their needs.
- The practice had identified 4% of its patient list as carers and worked closely with its Patient Participation Group (PPG) referred to by the practice as the Patient Association (PA). This provided a volunteer carers support group which included the opportunity for support for carers. The patient cared for could be supported via the home visiting service if needed.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. For example, the practice had initiated a confidentiality card system on reception which enabled patients who wished to have a private conversation to indicate this discreetly by handing a confidentiality card to the receptionist. The patient would then be escorted to a private room. The system was advertised in the waiting room and on the patient information screen.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs and there were innovative approaches to providing integrated patient-centred care. For example, patients over the age of 65 and with complex long-term conditions were supported through the local 'Virtual Ward' system which provided multidisciplinary care management of complex patients to prevent unnecessary hospital admissions and avoid readmissions.
- The practice had a proactive approach to understanding the needs of different groups of people and deliver care in a way that met their needs.
- Data from the national GP patient survey showed patients rated the practice higher than others for its satisfaction scores on access to care and treatment. For example, 92% of patients said they could get through easily to the practice by phone (CCG average 64%; national average 73%).
- The practice had a very proactive and engaged Patient Participation Group (PPG) which the practice referred to as the

Outstanding



Summary of findings

Patient Association (PA) which worked closely with the practice to support and provide services to its patients through a network of volunteers. For example, a driver service and bereavement and carer support.

- Patients could access appointments and services in a way and at a time that suited them. The practice offered a 'Commuter's Clinic' from 7am to 8am Monday to Friday for working patients who could not attend during normal opening hours. Results of the national GP patient survey showed 92% of patients said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%; national average 85%) and 59% of patient usually get to see or speak to their preferred GP (local average 49%; national average 59%).
- The practice had good, modern facilities and was well equipped to treat patients and meet their needs.
- The practice hosted a range of external stakeholders at the practice. Some of the services included midwife, dietician, diabetic nurse specialist, mental health nurse, anticoagulation clinic and physiotherapist. These clinics were well-received and much appreciated by patients we spoke with.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff in weekly meetings and we saw evidence that the practice undertook an end of year review of complaints to identify themes and trends.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with staff and patients and was regularly reviewed and discussed.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- 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.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff we spoke with were

Outstanding



Summary of findings

proud of the practice as a place to work, spoke highly of the culture and felt respected, valued and supported. The partners funded several staff social events each year which staff told us they appreciated.

- The practice gathered feedback from patients using new technology, for example social networking and social microblogging and utilised a text messaging service to collect feedback for the Friends and Family Test (FFT).
- The practice had a very engaged Patient Participation Group (PPG) which the practice referred to as the Patient Association (PA) which influenced practice development.

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 outstanding 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 maintained a supportive care register (SCR) for older patients most at risk, for example in care homes, patients with dementia, those with two or more non-elective admissions in the last 12 months and those with a predicted risk of emergency admission score of more than 50%. We saw that all patients had personalised care plans.
- The practice had a larger than average proportion of patients between the age ranges 75-79, 80-84 and 85 and above. Patients over the age of 65 and with complex long-term conditions and multiple health problems were supported through the local 'Virtual Ward' system which provided multidisciplinary care management of complex patients to prevent unnecessary hospital admissions and avoid readmissions.
- All patients over 75 had a named accountable GP acting as their care co-ordinator.
- The practice was responsive to the needs of older people and offered flexible appointment times, same day appointments, home visits and telephone consultations for those with enhanced needs.
- The practice met with the Macmillan Team and district nurses on a monthly basis to discuss its patients requiring palliative care. A member of the clinical team had worked for 17 years at a local hospice and provided an added resource for palliative advice and end of life care.
- All patients near the end of their life had a comprehensive anticipatory care plan (a plan that anticipates significant changes in a patient, or their needs, and describes action which could be taken to manage the anticipated problem in the best way) in place which included the preferred place of death.
- The practice Patient Association ran a carer's group, offered home visits, ran social groups and arranged transport for its elderly patients to surgery and local clinics.

Outstanding



People with long term conditions

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

Outstanding



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice ran specialised diabetic and respiratory clinics and a dietician ran a clinic once a week.
- The practice had increased the routine doctor appointment time for patients with long-term and complex conditions to 15 minutes. 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.
- Performance for diabetes related indicators was higher than national averages. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 84% (national average 78%) with a practice exception reporting of 12% (national 12%), the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 80% (national average 78%) with a practice exception reporting of 9% (national 9%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 86% (national average 80%) with a practice exception reporting of 11% (national 13%).
- The practice identified it had a large cohort of pre-diabetic patients (approximately 850) and coded them on its clinical system to ensure effective recall and monitoring. To engage with this cohort the practice held a pre-diabetes health fair which focussed on understanding what an HbA1c reading was, healthy eating, understanding what increases blood glucose levels and how exercise can reduce blood glucose levels. Over 300 patients attended. The practice collected qualitative feedback which was positive.

Families, children and young people

The practice is rated as outstanding 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. The practice also monitored children who failed to attend appointments in primary and secondary care.

Outstanding



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. Data for the 1 April 2015 to 31 March 2016 for the under two year olds were above the standard of 90% and ranged from 92% to 93%. Immunisation rates for five year olds ranged from 89% to 93% which was comparable with the national average of 88% to 94%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 81% (exception reporting 1.6%) which was above the national average of 76% (exception reporting 7.9%).
- The practice's uptake for the cervical screening programme was 82% (exception reporting 6.9%), which was comparable to the national average of 81% (exception reporting 6.5%).
- The practice provided intrauterine device (coil) fittings for contraceptive purposes.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Baby changing and breast feeding facilities were available.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice had run some 'working together clinics' where paediatric registrars from the local hospital ran joint clinics at the practice.

Working age people (including those recently retired and students)

The practice is rated as outstanding 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 offered a 'Commuter's Clinic' from 7am to 8am Monday to Friday for working patients who could not attend during normal opening hours. The practice had also offered some Saturday morning influenza clinics for this cohort.
- 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 utilised a social networking and social microblogging site to keep its patients up-to-date.

Outstanding



People whose circumstances may make them vulnerable

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

Outstanding



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The clinical team had undertaken learning disability awareness training.
- The practice offered longer appointments for patients with a learning disability and those requiring an interpreter.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The clinical team had undertaken domestic violence awareness training.
- The practice, in conjunction with trained bereavement volunteers working with the Patient Participation Group (PPG) which the practice referred to as the Patient Association (PA), offered a bereavement visiting service to patients' homes or a location of their choice. This was on a referral basis by the practice's clinical team to ensure suitability and was available for as long as the bereaving patient required it. The bereavement volunteers also ran a monthly friendship group for patients to have an opportunity to meet, have some refreshments and chat.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was above CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% (82 patients) compared to the CCG average of 91% and the national average of 89% (practice exception reporting 7%; CCG 8%; national 13%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months months was 99% compared to the CCG average of 90% and the national average of 89% (practice exception reporting 6%; CCG 9%; national 10%).

Outstanding



Summary of findings

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 93% (91 patients) compared to the CCG average of 87% and the national average of 84% (practice exception reporting 4%; CCG average 5%; national 7%).
- The practice hosted a community primary care mental health worker once a week in the surgery and were able to make direct referrals.
- All the clinical team had undertaken Dementia Friends (an Alzheimer's Society initiative) training and the practice had a dementia champion. We saw evidence from minutes of attendance by representatives from the Alzheimer's Society and Dementia Friends at practice meetings to increase awareness of services available.
- All patients diagnosed with dementia were on the supportive care register (SCR) and had a nominated GP. We saw evidence of comprehensive care plans for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and showed patients rated the practice higher than others for almost all its responses. Two hundred and thirty survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list and a response rate of 49%.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 92% 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 81% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 94% 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 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received.

We spoke with nine patients during the inspection, all of whom said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice captured results of the Friends and Family Test (FFT) through questionnaires and elicited responses from patients after consultations through a text message for those patients enrolled in the text messaging service. For the period August to October 2016 the practice had collected 964 responses. The results showed that 96% of patients would recommend the practice.

Outstanding practice

- There was an holistic approach to assessing, planning and delivering care and treatment to people who use services. For example, the practice had developed over several years the 'supportive care register' (SCR) and anticipatory care plan which enabled patients to have choice and make decisions about their care. Both of which had been adopted within the locality and the latter being recognised locally for an award.
- The practice had a very proactive and engaged Patient Participation Group (PPG) which was known as the Patient Association (PA). This worked in conjunction with the practice through a team of

volunteers to help support patients and reduce social isolation through carers' groups, home visiting and bereavement support services. A patient transport service supported patients unable to use public transport with access to the practice.

- The partners led an innovative and committed team, and promoted a strong inclusive culture with a focus on continuous quality improvement. The partners encouraged effective communication within the team and demonstrated a comprehensive meeting structure which included daily clinical and non-clinical meetings to enhance their formal operational and governance frameworks.

Elliott Hall Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Elliott Hall Medical Centre

Elliott Hall Medical Centre is located at 165-167 Uxbridge Road, Hatch End, Pinner, Middlesex, HA5 4EA. The practice provides NHS primary care services to approximately 11,200 patients through a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is within the Harrow Clinical Commissioning Group (CCG) area.

The practice operates from a three storey purpose-built premises with access to nine consulting rooms on the ground floor and 10 consulting rooms on the first floor. The first floor was accessible by stairs and a patient lift. At the time of our inspection the practice were undertaking renovation having received primary care infrastructure funding. The refurbishment would provide three additional consulting rooms, reconfiguration of administrative space and create a new seminar and common room. On day of the inspection we observed the practice to be managing the building work with no apparent disruption to the day-to-day services.

The practice has a larger than average proportion of patients between the age ranges 75-79, 80-84 and 85 and above.

The practice staff comprises three male and one female partner (totalling 34 sessions per week), six female GP associates (salaried GPs) totalling 32 sessions per week, a GP returner (an induction and refresher scheme designed to support GPs who had previously been in practice back into the workforce), four trainee GPs and a medical student. The clinical team was supported by a nurse practitioner, four practice nurses, a healthcare assistant and two phlebotomists. The administration team consisted of a practice and deputy practice manager, administration staff and 12 receptionists.

The practice is a training and teaching practice and had GP registrars, a foundation year two doctor and a medical student attached to the practice. The practice supported the GP returner scheme and at the time of our inspection the practice had one GP returner. The practice also participates in undergraduate and postgraduate nurse placement training.

The practice premises are open from 8am to 6.30pm Monday to Friday. Extended hours are provided from 7am to 8am Monday to Friday.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, including intrauterine device (coil) fitting, cervical smears, minor surgical procedures and travel advice and immunisations.

When the practice is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

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

Detailed findings

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.

The practice had not been previously inspected.

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 17 November 2016. During our visit we:

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

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

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

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

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

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



Are services safe?

Our findings

Safe track record and learning

There was a strong, open and embedded culture at the practice in respect of patient safety and the practice used every opportunity to learn from incidents. We observed a genuine open culture in which safety concerns raised by staff were highly valued and integral to learning and improvement. All staff were encouraged to participate in learning and to improve safety as much as possible. Staff we spoke with on the day told us they were encouraged to report incidents within a supportive 'no blame' culture. Learning was based on a thorough analysis and investigation.

- There was an effective system in place for reporting and recording significant events. The practice had recorded 31 significant events in the past 12 months. It had sub-categorised these as incidents and near misses, of which there were 23 incidents and eight near misses. All staff had access to a significant event reporting protocol which outlined the definitions of events and near misses to be reported.
- An electronic significant event reporting form was readily available to all staff. 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).
- Completed incident forms were reviewed by the designated lead GP and practice manager. Incidents were immediately assessed to determine their potential severity and to consider if any remedial or urgent action was indicated. Incidents requiring immediate action were discussed at the clinical meeting and reception meeting. Incidents not requiring immediate action were categorised as clinical and non-clinical and investigated by the appropriate responsible person. Investigation outcomes and actions taken in response to an incident were discussed in weekly clinical meetings and monthly non-clinical staff meetings. We saw documentation that reflected that agreed actions had been completed and minutes from meetings where incidents had been discussed. We saw evidence that non-clinical staff had raised incidents and had participated in their investigation, sharing of learning outcomes and process

change. A summary of completed significant events were available on the shared drive with links to all documentation relating to the incident. Staff we spoke with knew how to access these.

- Patients received an apology and appropriate support when there had been an unintended or unexpected incident. The practice informed us they would either meet with the individual concerned or write to them, depending on the situation.
- Relevant incidents were also reported to external stakeholders which included the National Reporting and Learning System (NRLS) which is a central database of patient safety incident reports across England and Wales to enhance learning on a wider basis.

We saw evidence of learning that had been applied following significant events. For example, the practice refined its systems to monitor cervical screening samples sent to the laboratory when it was identified that some results had not been received by the practice. The practice undertook a baseline audit to ascertain how many results had not been received and followed each one up. The practice then implemented a failsafe system for each smear-taker to follow to ensure results were received for all cervical screening samples sent to the laboratory. We saw a protocol to support this system.

The practice had a process to review all safety alerts received including those from the Medicines Health and Regulatory Authority (MHRA). There was a lead GP responsible for overseeing all alerts. Alerts were cascaded to individual clinicians and depending on their urgency were discussed at the daily clinical meeting or the weekly practice meeting. When concerns were raised about specific medicines, patient searches were undertaken to identify which patients may be affected. Effective action was then taken by clinicians to ensure patients were safe, for example, by reviewing their prescribed medicines. We saw evidence that a patient search had been undertaken for an alert received regarding glucose monitoring test strips. The practice maintained a comprehensive log of all the alerts received which included the actions taken in response to each alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices which we saw had been in place for many years to keep patients safe and safeguarded from abuse, which included:



Are services safe?

- 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. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. The practice also had a process in place to identify and monitor children and vulnerable families who did not attend child health appointments. We saw evidence of fortnightly meetings with health visitors where these were discussed. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All the GPs and two of the practice nurses were trained to safeguarding level three. The remaining practice nurses, healthcare assistant and phlebotomists were trained to safeguarding level two. Non-clinical staff were trained to safeguarding level one.
- Notices in the waiting room, consulting rooms and on patient information screens 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 only used clinical staff members to chaperone. Staff we spoke with on the day confirmed this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice engaged an external cleaning company and we saw evidence of a cleaning schedule and that infection control training had been undertaken by the nominated cleaner. There was a material safety data sheet (a document that contains information on the potential health effects of exposure to chemicals, or other potentially dangerous substances, and on safeworking procedures when handling chemical products) available for each cleaning product used. A Control of Substances Hazardous to Health (COSHH) risk assessment for the cleaning process had been undertaken.
- 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. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- An external infection control audit had been undertaken in February 2015 and an internal audit undertaken in May 2016. We saw evidence that action was taken to address any improvements identified as a result, for example replacing carpets in consulting rooms with seamless and impermeable flooring in line with guidance.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example, all patients on disease-modifying anti-rheumatic drugs (DMARDs) had an alert on the clinical system and were included in a recall system for blood testing. The GP lead for DMARDs undertook regular patient audits to ensure blood results had been undertaken and reviewed. In addition, a two-cycle audit had been undertaken to review patients on the medicine warfarin (an anticoagulant taken to prevent the blood from clotting) to ensure prescribing was in line with guidance on the safe use of warfarin.
- 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. The practice utilised prescribing optimisation software which interfaced with the practice's clinical system to ensure safe and appropriate prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended



Are services safe?

role. 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.) All PGDs had been signed by the practice nurse and the prescribing lead. The healthcare assistant had been trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (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).

- We reviewed six 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

A proactive approach to anticipating and managing risks to patients were embedded 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 reception office which identified the local health and safety representative.
- We saw evidence that all staff, including the clinical team, had undertaken training in health and safety training, manual handling, and Control of Substances Hazardous to Health (COSHH).
- There was a fire procedure in place and we saw evidence that the fire alarm system and fire extinguishers were regularly maintained. Regular fire evacuation drills were undertaken and we saw a log of these. We saw evidence that the practice had also undertaken a fire evacuation desktop exercise (a review by key personnel to discuss simulated scenarios). The practice had nominated and trained a fire marshal. All staff we spoke with knew who this was and the location of the fire evacuation assembly point. A fire risk assessment had been undertaken in October 2016 and we saw evidence that actions identified had been completed. All staff had received fire awareness training.

- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken annually and was tested in November 2016. We saw that portable electrical appliances had been checked in January 2016. The practice had protocols in place for the cleaning of specific equipment used in the management of patients, for example, an ear irrigator and spirometer (an instrument for measuring the air capacity of the lungs).
- The practice had undertaken a health and safety, premises and COSHH risk assessment. We saw evidence that the health and safety and premises risk assessments had been reviewed during the course of building work being undertaken at the premises.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in August 2015 by an external company and we saw evidence that action had been taken as a result of the findings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice demonstrated a comprehensive understanding of its appointment demand and capacity and shared audits undertaken for the last three years of appointment usage. The practice had calculated, based on historical data, the percentage of routine and urgent appointment required each day, week or month based from the total number of appointments available. The manager responsible for resource planning demonstrated how rotas were prepared in advance to ensure enough staff were on duty and how planned peaks and fluctuations in demand such as holiday periods and staff sickness were managed. The practice also monitored the number of patients who did not attend (DNA) for a booked appointment. A review of data between 2012 and 2016 showed that the practice had reduced its DNA rate from eight per cent to five per cent of annual booked appointments through active engagement, patient education and an appointment text reminder service.



Are services safe?

Arrangements to deal with emergencies and major incidents

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

- There was a system in place on the computer system in all the consultation and treatment rooms which alerted staff to any emergency. We saw evidence of a protocol and staff we spoke with told us the procedure to respond to an emergency had been rehearsed.
- All staff received annual basic life support training which included anaphylaxis training for the clinical team.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available on both clinical floors 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. The practice had established a 'buddy' system with a neighbouring practice.



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 also had access to guidance via an electronic medical library portal on its clinical system.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice used its weekly practice meetings as a forum for clinical updates. We saw evidence that the practice had hosted internal and external speakers on the topics such as the diagnosis and management of prostate cancer, dyspepsia and recurrent urinary tract infection.

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 100% of the total number of points available (CCG 94.5%; national 95.3%) with 5.2% overall exception reporting (CCG 6.1%; national 5.7%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

All staff were actively engaged in activities to monitor and improve quality and outcomes. The practice had a comprehensive understanding of its performance. The Quality and Outcomes Framework (QOF) was managed by the entire team with a clinical and non-clinical lead for each indicator. Performance tables were displayed to encourage team ownership. The practice told us they had achieved 100% QOF points every year since its inception. We reviewed published results of the last three years of the

QOF and found in 2014/15 achievement was 100% (exception reporting 9.2%), in 2013/14 achievement was 100% (exception reporting 7.4%) and in 2012/13 achievement was 100% (exception reporting 3.7%).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed that the practice was performing above local and national average for several indicators:

- Performance for diabetes related indicators were higher than local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 84% (CCG average 78%; national average 78%) with a practice exception reporting of 12% (CCG 9%; national 12%), the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 80% (CCG average 75%; national average 78%) with a practice exception reporting of 9% (CCG 8%; national 9%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 86% (CCG average 80%; national average 80%) with a practice exception reporting of 11% (CCG 10%; national 13%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 87% (CCG average 83%; national average 83%) with a practice exception reporting of 4% (CCG 3%; national 4%).
- Performance for mental health related indicators was above CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% (82 patients) compared to the CCG average of 91% and the national average of 89% (practice exception reporting 7%; CCG 8%; national 13%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 99% compared to the CCG average of 90% and the national average of 89% (practice exception reporting 6%; CCG 9%; national 10%).



Are services effective?

(for example, treatment is effective)

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 93% (91 patients) compared to the CCG average of 87% and the national average of 84% (practice exception reporting 4%; CCG average 5%; national 7%).

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits undertaken in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services and we saw evidence that the practice had undertaken a clinical audit in response to significant events. For example, an audit had been undertaken to review patients on alendronic acid (a medicine used for osteoporosis) after it was identified that a patient had been prescribed the medicine for more than 10 years, which was outside the recommended guidance without appropriate review. The first cycle audit undertaken in May 2015 revealed 200 patients were on alendronic acid, of which 26 had been prescribed the medicine for more than 10 years. All patients were reviewed in line with guidance and the practice initiated a system on its clinical system to code start and stop dates of the medicine to assist with the audit of prescribing. A second cycle audit was undertaken in October 2015 which found 24 patients were on the medicine and only 26% had been coded with a start and stop date. The practice acknowledged limited progress and undertook and third and fourth cycle audit. An audit undertaken in October 2016 revealed 10 patients were on the medicine for more than 10 years, all had been appropriately reviewed and managed, and 95% had a start and stop date coded.

Effective staffing

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

- The practice demonstrated a comprehensive clinical and non-clinical induction programme for all newly appointed staff, which included a programme for GP

trainees. The induction included role-specific training and mentoring and also covered generic topics such 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, those reviewing patients with long-term conditions had diabetes and asthma update training.
- 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, mentoring, clinical supervision and facilitation and support for revalidating GPs and practice nurses undertaking the Nurse and Midwifery Council (NMC) revalidation process.
- All staff had received an appraisal within the last 12 months. The senior management team also had a 360 degree appraisal prior to their annual appraisal. (A 360 degree appraisal is a performance review in which subordinates, co-workers, and managers all anonymously rate the employee. This information is then incorporated into that person's performance review).
- All staff, including the clinical team, had received training that included safeguarding, fire safety awareness, basic life support, information governance, equality and diversity, consent, conflict resolution, infection control and whistleblowing. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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



Are services effective?

(for example, treatment is effective)

- 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 maintained a register of its two-week wait referrals and contacted patients to ensure they had received an appointment. The practice had produced a patient information letter which was given to all patients referred on the two-week wait pathway.
- Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway was 55% (CCG average 50%; national average 49%). This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which can positively impact survival rates.
- The practice used an IT interface system which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs had full and detailed medical records available to them for a new patient's first consultation.
- The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw that daily clinical meetings included participation of the district nurses and health visitors on alternate weeks. Monthly supportive care and palliative care meetings with the Macmillan team were held. We saw that care plans were comprehensive, routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. We saw evidence that all the doctors and nurses had undertaken MCA training and all doctors had undertaken Deprivation of Liberty Safeguards (DoLS) training.
- 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:

- 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 were signposted to the relevant service.
- The practice hosted a range of clinics at the practice which included a dietician, diabetic nurse specialist, mental health nurse, anticoagulation clinic and physiotherapist. Patients also had access on-site to non-NHS services such as osteopathy, chiropody and acupuncture.
- Smoking cessation advice was available at the practice and from local support groups. We saw evidence from minutes of attendance by a representative from the local council's stop smoking service to discuss support and smoking cessation products available to patients.
- The practice had a higher than average prevalence of older people aged 75 years and above and had developed over the last nine years systems and services to improve the identification, risk stratification and care for this cohort which had led to the development of the 'supportive care register' (SCR). Over the last three years this approach had been shared across the locality and helped Harrow CCG develop its Whole Systems Integrated Care (WSIC) model. Patients on the SCR, for example those in care homes, patients with dementia,



Are services effective?

(for example, treatment is effective)

those with two or more non-elective admissions in the last 12 months and those with a predicted risk of emergency admission score of more than 50% have a named clinical care co-ordinator, a care plan which is anticipatory and details what the areas of concern are, why they constitute a concern, what has been done to maintain/improve the problem and what could be done to help if the problem area deteriorated. The practice had identified 350 patients on its register and we saw examples of detailed care plans. The anticipatory care plan (a plan that anticipates significant changes in a patient, or their needs, and describes action which could be taken to manage the anticipated problem in the best way) template developed at the practice had been adopted across Harrow and the practice had participated in a funded initiative to disseminate best practice in the care of patients at end of life within the locality. This work had been awarded a 'best programme for multi-professional team based learning in primary and community care' in August 2016 by Health Education North West London.

We saw evidence that the practice had 42% of patients who had died in their preferred place of death compared to the CCG average of 19% which the practice attributed to its case management approach of its SCR patients with a named clinician and anticipatory care planning.

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. 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 were relatively high. Data for the period 1 April 2015 to 31 March 2016 for the under two year olds were above the standard of 90% and ranged from 92% to 93%. Immunisation rates for five year olds ranged from 89% to 93%.

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.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

There was a strong, visible, person-centred culture. We observed staff members to be highly motivated to offer care that was kind and promoted people's dignity.

- 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.
- We saw evidence that all clinical and non-clinical staff had received training in customer care, patient conflict resolution and equality and diversity.
- The practice had initiated a confidentiality card system on reception which enabled patients who wished to have a private conversation to indicate this discreetly by handing a confidentiality card to the receptionist. The patient would then be escorted to a private room. The system was advertised in the waiting room and on the patient information screen.

Feedback from people who used the service was continually positive about the way staff treated them. All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service, staff went the extra mile and were helpful, caring and treated them with dignity and respect.

We spoke with three members of the Patient Participation Group (PPG) which the practice referred to as the Patient Association (PA). They 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 published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 98% of patients said the nurse was good at listening to them compared to the CCG average of 85% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared to the CCG average of 88% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

We also saw that care plans were personalised. Comprehensive care plans were seen for patients most at risk for example those in care homes, patients with dementia, those with two or more non-elective admissions in the last 12 months and those with a predicted risk of emergency admission score of more than 50%.



Are services caring?

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 above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and 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. The practice coded the preferred language of its patient through its clinical system. This was then flagged at the point of appointment booking.
- The practice website had the functionality to translate to other languages and the patient check-in screen was available in other languages aligned to the practice demographic.
- Information leaflets were available in easy read format and health information and videos were relayed on information screens in the waiting rooms which

included information such as advice for carers, bereavement, cancer prevention promotion, alcohol advice. Health and self-management advice was available on the practice website.

Patient and carer support to cope emotionally with care and treatment

Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account.

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. The practice website had a carers page which included resources, guidance and useful contact numbers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 456 patients as carers (4% of the practice list). In addition to written information and guidance available on the practice website, the practice's Patient Association offered a volunteer carers support group.

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. The practice had designed a bereavement leaflet which guided patients on immediate considerations, such as registering a death and funeral arrangements, and how to access help and support. The practice, in conjunction with trained bereavement volunteers working with the Patient Participation Group (PPG) which the practice referred to as the Patient Association (PA), offered a bereavement visiting service to patients' homes or a location of their choice. This was on a referral basis by the practice's clinical team to ensure suitability and was available for as long as the bereaving patient required it. The bereavement volunteers also ran a monthly friendship group for patients to have an opportunity to meet, have some refreshments and chat.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the Harrow CCG Whole Systems Integrated Care model which included the 'Virtual Ward' system ('Virtual Wards' work like a hospital ward with the same staffing, systems and daily routines, except the patients stay in their own homes throughout with an aim to prevent unnecessary hospital admissions and avoid readmissions).

- The practice offered a 'Commuter's Clinic' from 7am to 8am Monday to Friday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those requiring an interpreter.
- The practice registered patients with no registered GP or fixed abode by using the practice as their address.
- 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.
- The practice had a text messaging appointment reminder system and all patients enrolled on the service got a text reminder of their appointment the day before. The practice also used the text messaging service to collect patient feedback for the Friends and Family Test (FFT).
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- The practice hosted a range of external stakeholders at the practice. Some of the services included midwife, dietician, diabetic nurse specialist, mental health nurse, anticoagulation clinic and physiotherapist. These clinics were well-received and much appreciated by patients.
- The practice identified it had a large cohort of pre-diabetic patients (approximately 850) and coded

them on its clinical system to ensure effective recall and monitoring. To engage with this cohort the practice held a pre-diabetes health fair which focussed on understanding what an HbA1c reading was, healthy eating, understanding what increases blood glucose levels and how exercise can reduce blood glucose levels. Over 300 patients attended. The practice collected qualitative feedback which was positive.

- Patients over the age of 65 and with complex long-term conditions were supported through the 'Virtual Ward' system which provided multidisciplinary care management of complex patients to prevent unnecessary hospital admissions and avoid readmissions.
- The practice shared a CCG-employed care navigator who worked with the administration team to monitor at risk older patients with the aim to avoid unnecessary hospital admissions.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11am every morning and 2.30pm to 5.50pm daily. This included a mix of GP, nurse practitioner, practice nurse and healthcare assistant appointments. Extended hours appointments were offered from 7am to 8am Monday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments and telephone consultations were also available for people who needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 92% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 85% of patients describe their experience of making an appointment as good compared to the CCG average of 67% and the national average of 73%.



Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them.

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. All home visits were triaged by the morning duty doctor and assigned, where possible, to the patients nominated GP.

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.

- All staff, including the clinical team, had received training on handling complaints and there was a complaint procedure protocol available to staff.
- We saw that information was available to help patients understand the complaints system, for example, information in the practice patient leaflet, a complaint leaflet which included a form which could be completed by the patient, poster displayed in the practice and information on the practice website.
- The practice recorded written and verbal complaints. We saw evidence that complaints were discussed in clinical meetings and practice meeting. An end of year review of all complaints was undertaken to analyse any trends and review action taken to ensure improvement in quality of care.

The practice had reported 15 complaints in the past 12 months, of which eight were verbal and seven were written. All the complaints we reviewed had been handled satisfactorily and in a timely manner. We saw evidence of apology letters to patients which included further guidance on how to escalate their concern if they were not happy with the response.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The leadership and culture of the practice was used to drive improvements and deliver high quality patient-centred care. The practice used innovative and proactive methods to improve patient outcomes, working with other organisations to deliver the best outcomes and deliver care within the community wherever possible.

The practice shared with us a clear vision, mission and values which was to deliver the highest quality care through teamwork, education, evidence-based medicine and research. Staff we spoke with on the day were engaged and aware of their responsibilities to fulfil the vision.

The practice had a comprehensive strategy and supporting practice development plan which was written in conjunction with the Patients' Association. It reflected the vision and values of the practice and was reviewed annually. The practice business plan had a number of actions based on improving the quality and effectiveness of the service. For example, practice premises extension as part of primary care infrastructure funding which included the addition of three consulting rooms. This work was ongoing at the time of our inspection.

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:

- The practice demonstrated a comprehensive management structure with the partners taking lead roles in the eight core areas (human resources, customer care, information technology, teaching and training, clinical performance, external networking, finance and premises). Within the core management structure all GPs, nurses and the practice management team had key roles, with leads for safeguarding, information governance, significant events, complaints and clinical governance. All staff we spoke with were aware of their responsibilities within the structure.
- A comprehensive understanding of the performance of the practice was maintained. For example, Quality and Outcomes Framework (QOF), medicines optimisation, enhanced services and local incentive schemes. We saw

that QOF was managed by the entire team with a clinical and non-clinical lead for each indicator. Performance tables were displayed to encourage team ownership and staff we spoke with demonstrated their understanding of the practice's performance told us they felt motivated within their teams to achieve positive results. The practice told us they had achieved 100% QOF points every year since its inception and we saw evidence of this.

- There was clear evidence of quality improvement including clinical audit. We saw that the practice had put in place a comprehensive audit programme which was driven by the needs of the practice population in order to improve patient outcomes. This also ensured that audits were completed through to their second cycle in order to monitor the changes and any improvements made.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was a strong, open and embedded culture at the practice in respect of patient safety and the practice used every opportunity to learn from incidents. The practice had a low threshold to complete significant events for any learning opportunity and all staff were encouraged to report incidents within a supportive 'no blame' culture.
- Practice specific policies were implemented and were available to all staff and reviewed on an annual basis. All staff we spoke with knew how to access them.
- The practice managed the demand and capacity of its appointments through audits and had calculated the percentage of routine and urgent appointment required each day, week or month from the overall number of appointments available.

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. The partners told us they prioritised safe, high quality and compassionate care. The practice management team had an inspiring shared purpose, strove to deliver high quality care and motivated staff to succeed. 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

Are services well-led?

Outstanding



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

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 demonstrated a comprehensive meeting structure. Specifically, the doctors held daily clinical meetings to discuss issues in real time and the receptionists held a daily team 'huddle' to ensure effective changeover and transfer of work between reception shifts. Other meetings on a weekly basis included practice and clinical meetings and on a monthly basis practice nurse and reception meetings. Weekly learner joint tutorials with the registrars, medical students and foundation year students were led by the educators. We saw evidence that the partners met quarterly with the practice manager to discuss practice strategy which fed into an annual strategy meeting which included participation of the senior management team and the Patients' Association in the development of the Practice Development Plan. Meetings were structured, detailed and well attended and we saw evidence of good quality minutes.
- 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. Staff had access to a whistleblowing policy and had undertaken whistleblowing and 'Being Open' (acknowledging, apologising and explaining when things go wrong) training. Staff we spoke with on the day understood their responsibilities to raise concerns.
- The practice encouraged and supported its staff to develop skills and progress their careers. We saw numerous examples of staff within the practice who had

engaged in training to take on new roles and responsibilities within the practice. For example, a non-clinical staff member training to become a healthcare assistant.

- We found a high level of staff satisfaction with all staff we interviewed. 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.
- Staff told us the partners funded an annual festive lunch and evening dinner party and a Summer barbecue, which was hosted in rotation at a partner's home.

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 Association (PA), surveys, NHS Choices, complaints and the Friends and Family Test (FFT). The practice captured results of the FFT through questionnaires and elicited responses from patients after consultations through a text message for those patients enrolled in the text messaging service. For the period August to October 2016 the practice had collected 964 responses. The results showed that 96% of patients would recommend the practice. The practice had also utilised a FFT feedback forms designed for children and young people to give their feedback. These were colourful and had space for children to draw a picture.
- The practice shared with us a selection of thank you cards and letters which had been received from patients regarding the care and treatment received by the staff.
- The practice utilised a social networking and social microblogging site to communicate with its patients.
- The practice had created a 'who's who' noticeboard in reception with the names and photographs of all members of the team.

The practice had a very proactive and engaged Patient Participation Group (PPG) which the practice referred to as the Patient Association (PA). The Elliott Hall Medical Centre

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Patients' Association (EHMCPA) was formed in 1993 and was a registered charity. The PA had over 200 volunteers and, in liaison with the practice, provided services directly to patients, supported patient groups and organised fundraising events. Specifically, in collaboration with the practice, they were active in:

- Producing a newsletter, The Elliott Ear, which was distributed to every patient household twice a year by a team of over 100 volunteers. Recently the newsletter had also become available electronically on the practice website.
- Offering a volunteer driver services by a team of 23 drivers to provide transport from a patient's home to the practice or local hospital and a shopping service for housebound patients.
- Offering a carers support group and organising social events to enable potentially isolated patients to meet for a chat, for example, tea parties.
- Offering bereavement support through seven trained volunteers who meet with patients who have been referred by practice GPs in their home or at a location of their choice. The team also ran a monthly friendship group.
- We saw evidence of a practice-led selection process of volunteer groups which included governance arrangements and risk assessment.

We found a high level of constructive engagement with staff and a high level of staff satisfaction from the staff we spoke with. The practice had gathered feedback from staff through staff meetings, appraisals, discussion and a comments box in the staff rest room which enabled staff to leave comments anonymously if preferred. Comments would then be discussed at practice meetings. The practice also held small break-out meetings for clinical and non-clinical to encourage staff who were not confident

raising issues in large meetings to find their voice. Staff we spoke with 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 and we saw that learning was embedded in the organisation. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice participated in the Harrow CCG Whole Systems Integrated Care model which included the 'Virtual Ward' system ('Virtual Wards' work like a hospital ward with the same staffing, systems and daily routines, except the patients stay in their own homes throughout with an aim to prevent unnecessary hospital admissions and avoid readmissions).
- The practice took pride in its role as a training and teaching practice and had GP registrars, foundation year doctors and medical students attached to the practice. The practice supported the GP returner scheme (an induction and refresher scheme designed to support GPs who had previously been in practice back into the workforce). The practice also hosted a graduate and student nurse community (primary care) placement scheme. The principal GP partner told us he was a senior examiner for the Diploma in Geriatric Medicine at the Royal College of Physicians and has an advisory role supporting the development of services for older people in Harrow and chairs the newly constituted 'Virtual Ward'.