

The Law Medical Group Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Law Medical Group Practice on 2 February 2016. Overall the practice is rated as good.

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

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

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice had responded to the high proportion of young families in its population group by creating in the waiting area, a large and engaging visual display about the background and benefits of childhood immunisations. The result was that the practice had immunisation rates which were consistently higher, by as much as 10%, than the CCG average for every age group and every vaccination type.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 92% of patients said the last GP they saw or spoke to was good at listening to them, 92% said the last GP they saw or spoke to was good at explaining tests and treatments.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.

Good



Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The practice had built effective relationships with organisations that provided bereavement counselling for patients with life limiting conditions as well as for their families.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Patients said they felt the practice valued diversity and demonstrated this in ways that were meaningful.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice was involved in a collaborative project between 12 local GP practices and used this to provide appointments up to 9:00pm, Monday to Friday and weekend appointments on Saturdays and Sundays. There were dedicated emergency and pre-bookable slots which could also be used for childhood immunisations and cytology.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For instance, as a result of patient feedback, the practice had made improvements to its telephone service and increased the range of online services that patients could access.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Every patient aged over 75 had a named GP and patients could see that GP when required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a protocol which ensured that every patient who was on an 'at risk' register who had been discharged from hospital was contacted by a GP within 48 hours of discharge.
- The practice provided GP services for one care home and a named GP undertook weekly ward rounds and a practice nurse visited the care home occasionally to support care staff with wound care.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Performance indicators for patients with diabetes were comparable to the national average. For example, 96% percentage of patients with diabetes had had influenza immunisation in the preceding 12 months compared to the national average of 94% and 82% of patients on the diabetes register had a foot examination and risk classification within the preceding 12 months compared to the national average of 88%.
- All patients with long term conditions 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.
- One GP had attended additional training on palliative care and disseminated their learning amongst other members of staff at the practice.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had created a prominent and engaging visual display about the background and benefits of childhood immunisation. Immunisation rates were consistently higher than CCG and national averages for all standard childhood immunisations.
-
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 80%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided a chlamydia screening programme.
- The practice had arranged an innovative two weekly joint clinic with a paediatric consultant from a local hospital. This benefitted patients by providing convenient local access to specialists.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice provided alternative access arrangements for patients who found it hard to attend during normal opening times. There was one late evening clinic each week and every GP session had slots reserved for telephone consultations.

Summary of findings

- The practice was involved in a Kilburn locality pilot programme using an online consultation system. This allowed patients to review their symptoms without coming into the practice and helped them to decide if they needed an appointment or not.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- 84% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with local and national averages. Four hundred survey forms were distributed and 110 were returned, a response rate of 28%

- 57% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 92% said the last GP they saw or spoke to was good at listening to them (CCG average 85%, national average 89%)
- 92% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 82%, national average 86%)
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).

- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 69%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients said they thought clinicians were caring and good at listening and reception staff were kind and helpful.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients said they liked the range of services available at the surgery, though some also expressed frustration with the appointment system.

The Law Medical Group Practice

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 CQC Inspection Manager, a GP specialist adviser and a practice manager specialist adviser.

Background to The Law Medical Group Practice

The Law Medical Group Practice in Willesden, Brent is one of two practices owned and operated by The Law Medical Group Practice. Both practices are registered separately. The Willesden based practice provides GP primary care services to approximately 8,600 people living in the Willesden neighbourhood of Brent. The practice is in an area that is in the fourth more deprived decile and has a larger than average number of patients in the ages of 25 and 45.

The two practices share managerial and administrative resources. Doctors and nurses are primarily attached to one or other surgery but regularly move between surgeries depending on demand. In total, The Law Medical Group Practice has two GP partners, both male who work full time. In addition there are seven part time salaried GPs, four female and three male. It is a training practice with two GP registrars, one female and one male and two F2 trainee doctors.

The practice use a computer modelling tool to match resources and demand across the two locations with the

number of sessions offered in each practice varying monthly. The number of sessions and appointments is prepared monthly in advance, and is calculated taking into account seasonal requirements, practice performance data and staff leave. The practice aims to provide appointments based on a ratio of 72 appointment slots per 1,000 patients, with some fine tuning at weekly practice meetings.

There are two nurse practitioners, one practice nurse, three healthcare assistants and a phlebotomist. There is a practice manager, a practice manager's personal assistant, a reception co-ordinator and 18 administrative staff. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice opening hours are 7:30am to 8:00pm on Mondays, 8:00am to 6:30pm on Tuesdays and Wednesdays, 8:00am to 12:00pm on Thursdays and 8:00am to 5:30pm on Fridays. The practice is closed on Saturdays and Sundays. The practice is a member of The Kilburn Primary Care Co-op and has dedicated appointment slots available at a local hub until 9:00pm every weekday evening as well as at weekends between 9:00am and 3:00pm. These appointments are available with GPs and nurses, include childhood immunisations and cytology, and can be booked in advance.

The 'out of hours' services are provided by Care UK. The details of the 'out of hours' service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website. The practice provides a wide range of services including clinics for diabetes, phlebotomy, chronic

Detailed findings

obstructive pulmonary disease (COPD), contraception and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

Brent is the seventh largest of London's 32 boroughs in terms of population and the population profile varies greatly from ward to ward. The borough of Brent is ethnically diverse and the practice population reflects this diversity. In the latest census in Brent, 36% gave their ethnicity as white, 35% as Asian, 20% as Black and 4.5% as of mixed or multiple ethnicities, the remainder identifying as Arab or other ethnicity.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff including GP's, practice nurse, managers, and administration staff. We also spoke with patients who used the service. We observed how patients were being cared and reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also looked at documents such as policies and meeting minutes as evidence to support what staff and patients told us.

- We spoke with a local community pharmacist with whom the practice has developed a close working relationship.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 16 comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke with six patients during our inspection visit and observed how patients were greeted at reception
- We inspected the premises and equipment
- We reviewed a range of practice policy documents, procedures and monitoring checks

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice computer system.
- The practice carried out a thorough analysis of the significant events.
- Reviewing significant events was a standing item on practice meeting agendas and we saw minutes which showed that events were discussed candidly and learning points shared.
- Clinicians told us they were familiar with the NHS Yellow Card Scheme (a scheme for reporting unwanted side effects intended to help understand and improve medicines) and had used it in the past.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice and we saw minutes which showed that these lessons were discussed with all members of staff. For example, a faxed letter from a local hospital in which a referral request was rejected was mislaid whilst waiting to be checked by a doctor. This was treated as a Significant Event. Following a discussion at the practice meeting, administrative staff were reminded of the need to scan documents on first receipt and prior to any further processing.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence of an occasion when the practice had realised that an email malfunction prevented a number of referral requests being sent out. As soon as the incident was noticed, patients were contacted, an apology and explanation was given and the referrals were forwarded properly.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and Nurses were trained to Safeguarding level 3, Healthcare Assistants to level 2 and all other members of staff were trained to level 1. Local safeguarding team contact details were available in all consulting rooms and in the reception area. We saw records of regular communication with health visitors and school nurses.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff told us that in addition to annual formal training, refresher training was provided by the nurse during practice meetings.
- Vulnerable patients were highlighted on the computer system and reception staff were prompted to offer additional support as appropriate, for example to book longer appointments or an interpreter.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff, including the cleaner had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

Information on proper waste management was placed in each consulting room and staff told us that the practice nurse often undertook spot checks of bins to ensure compliance.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Prescription stationary was left in printers overnight, but all rooms were self-locking using combination keypad locks.
- The practice kept an emergency doctor's bag in a lockable cupboard in the reception area and this was managed by the practice nurse. We checked the contents and noted that all contents were within expiry dates and saw records which indicated that the bag had been checked monthly by the nurse.
- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.
- A box for collecting samples was located in reception. The box was collected by courier every afternoon and samples were not accepted after lunch to ensure that none were kept in the practice overnight. In the event that a doctor or nurse considered a sample delivered late was urgent, staff would take these to the pathology laboratory in person and suitably specified sample transport bags were kept at the practice for this purpose.
- There were spill kits for body fluids and blood and these were kept in reception. All packs were sealed and within expiry dates and extra stock was held in a storage area.
- The practice had a sharps policy and a copy of this and the sharps injury procedure was available in every consulting room. Sharps bins were available in every consulting room and were signed, dated and situated properly.
- Patients with long term conditions had annual condition review dates noted on their records. Receptionist staff told us that they usually checked these dates when speaking to patients, and would alert them and prompt them to make an appointment when they were coming close to their annual review date.
- GPs told us that certain medicines, anti-coagulants for instance, were never placed on repeat whilst others (e.g. anti-depressants) were reviewed after a certain number of repeats following which the patient would be asked to make an appointment to discuss their treatment. We were told that all patients with repeat prescriptions had an annual medicines review and patient records we looked at indicated this had been done.
- Reception staff notified GPs of any prescription which were not collected within two weeks. When this happened, the prescription was destroyed and a note placed on the patient record to this effect. GPs told us they checked patient records when this happened and would take action depending on the needs of the patient.
- Nurses told us that during annual reviews or other appointments, they would check how frequently patients had requested their repeat prescriptions and use this to help gauge whether patients were using their medicines correctly. We were told of a patient whose

Are services safe?

asthma condition meant that they should have been using one inhaler per month but the nurse had observed that the patient was only ordering one every three months. On that occasion, the nurse was able to discuss the matter with the patient and encourage them to follow clinical advice more closely.

- The practice had a dedicated email account to receive incoming test results. This was checked daily and abnormal results were sent electronically to GPs for consideration. Patients were advised to call for results after five days. Patients whose results were abnormal were contacted immediately and asked to make an appointment.
- A member of the reception team had been nominated as a 'Facility Officer' and undertook a weekly inspection of the premises and recorded issues and defects on a form created for the purpose. We did not see records showing what specific actions had been taken but could see that defects recorded on the form were resolved. For instance, one entry referred to storage boxes being an obstacle in a passageway and when we checked, the boxes had been moved to a proper storage area.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. We were shown records of fire drills that had taken place and saw practice meeting minutes where fire drills had been reviewed with learning points identified and feedback given to staff regarding any areas for improvement.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw that Portable Appliance Testing (PAT) was undertaken in December 2015. Clinical equipment had last been calibrated in August 2015.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had devised a computer modelling tool to assist calculating anticipated demand and allocating resources. This took a variety of variables into consideration, including seasonal fluctuations, patient review dates, annual leave and other predictable staff absences.

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 panic button and an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The practice nurse had responsibility for monitoring oxygen supplies and the defibrillator and there was a named deputy to cover absences. Records attached to the cylinders showed that each had been checked weekly.
- 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 fit for use.
- We saw evidence in practice meeting minutes that showed practice management regularly considered upcoming events that could interrupt patient care and looked for ways of mitigating that interruption. For instance, we saw that during a recent meeting, a strike by junior doctors and its potential impact on patients had been discussed and measures taken to mitigate that impact. This included contacting patients likely to be affected and helping to re-arrange appointments.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage and epidemics. The plan included emergency contact numbers for staff and detailed plans for relocating

Are services safe?

services to the Law Medical Group's second practice or to another local surgery. We were told that the practice had experienced an interruption to its telephone service and had successfully diverted all calls to its second 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 peoples' needs.
- During our inspection, we saw a folder on the computer system which contained safety alerts dating back over three years. This folder was available to all staff and those we spoke to were able to locate it quickly. Clinical staff received guidelines and alerts directly but these were also circulated and filed by the admin team as a failsafe measure. Important updates and alerts were discussed at the practice's weekly meetings and protocols were updated as necessary.
- Nurses told us they received updates from the British Thoracic Society which they used to maintain and update their knowledge in caring for patients with asthma and COPD. Nurses also told us they regularly accessed the Royal College of Nursing's electronic library to keep up to date with current practice.
- The practice worked closely with the local CCG pharmacy team to review prescribing guidelines.
- The practice worked closely with a local community pharmacist to coordinate care for patients. We spoke with the pharmacist who told us the practice was proactive in seeking pharmacy advice for individual patients when necessary. The pharmacist told us that they were regularly asked to participate in clinical reviews of complex patients and felt that this benefitted patients and had prevented harm on occasions.
- The practice held a weekly clinical meeting in which guidelines and updates were discussed. For instance, we saw one set of minutes where dementia templates were discussed along with a review of the process for identifying dementia patients
- The practice maintained an integrated care planning register and this was discussed at weekly multidisciplinary team (MDT) meetings.

- The practice provided GP services for a local residential care home. A named GP had lead responsibility for this and visited the home twice weekly. Every patient had a personalised care plan and each had a monthly review with their doctor.
- Care plans had been completed for patients who needed them though not every plan was fully completed as per the template and not all patients had received a paper copy of their care plan.
- A named member of the member of administrative team reviewed all hospital admissions and highlighted any vulnerable patient admissions to GPs.

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 91% of the total number of points available, with 8.5% exception reporting. (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).

- Performance for diabetes related indicators was similar to the national average. For example, 73% of patients with diabetes had well controlled blood sugar levels in the previous 12 months (national average 77%). The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 12 months was 96% compared to the national average of 94%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 82% compared to the national average of 88%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 90% in line with the national average of 90%.
- Performance for some mental health related indicators were comparable to the national average. For instance, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review

Are services effective?

(for example, treatment is effective)

in the preceding 12 months was 84% compared to the national average of 84%. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 92% compared to the national average of 94%

The practice was below the national average for other mental health indicators. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 74% compared to the national average of 88%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 69% compared to the national average of 89%. We were told this variance was the result of a coding error and that clinicians were reviewing records.

The practice employed a part-time data analyst whose duties included regular reviewing of QOF data. When data showed a significant variation from national averages, the matter was discussed at a clinical meeting and remedial plans developed where appropriate. For instance, the data analyst reported that the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 74% compared to the national average of 84%. The practice worked with a community pharmacist to investigate the issue and established a joint hypertension clinic with the pharmacist. Similarly, when the practice identified a reduction in the recorded number of diabetic patients who had had a foot check in the same period, the practice manager and nurses created extra appointments for patients with diabetes.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two 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. For example, recent action taken as a result of a completed audit cycle included patients with COPD

being offered 'rescue packs' which included appropriate provision of antibiotics and corticosteroids for self-treatment at home along with instructions and a named emergency contact at the practice.

- Practice nurses were involved in clinical audits. We were told of a recent review of diabetes care undertaken by a local hospital to which the practice nursing team had made a significant contribution.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had developed an in house staff training programme which incorporated scenarios and role play as part of the training methodology. Staff we spoke with told us this was a very effective approach to training and had helped to improve customer service standards significantly.

Are services effective?

(for example, treatment is effective)

- The practice told us they reviewed their work flow and work patterns regularly and arranged training and recruitment accordingly. For instance having identified a likely increase in the use of electronic records, the practice had increased its scanning team from one person to three.
- Trainee doctors told us they felt very well supported by GPs. They described their support as including joint consultations, daily reviews of their note taking and record keeping as well as weekly tutorial sessions and regular debriefing meetings. The General Medical Council 2015 national training survey results indicated that the practice was rated above average for most indicators, including a 100% rating for educational supervision.
- One of the practice GPs had a special interest in diabetes and was a clinical lead at Brent Integrated Diabetes Service (BIDS). This doctor had contributed significantly to a programme of care which aspired to ensure that patients could be discharged from BIDS back to the GP with a clear tailored care plan, without the need for further visits to the service.
- One GP had attended additional extended training in palliative care. The GP disseminated their learning amongst other members of staff at the practice.

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 patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- There were regular meetings with district nurses, the community diabetes nurse as well as regular contact with diabetes staff at local hospital.
- Practice nurses were closely involved in the Kilburn locality nurses forum and frequently contributed to training sessions. We saw evidence that one of the nurses organised a 'Nurses in Primary Service' support group to promote education and training of practice nurses through its website, teaching events, and

meetings. This nurse also mentored nursing students to encourage them to work in primary care, and promoted integrated care to bring both practice and specialist nurses together.

- The practice had arranged an innovative fortnightly joint clinic with a paediatric consultant from a local hospital. GPs told us this benefitted patients by providing convenient access to specialists.
- Doctors we spoke with told us the practice had an open culture and staff were encouraged to ask for advice and support from colleagues. GPs held a daily mid-morning meeting during which they would discuss patient care and review any issues that had arisen.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We checked records of patients that had been discharged from hospital and saw evidence every patient had been contacted after discharge if on the appropriate register, or if clinically required. We also saw that GPs reserved the first appointment of every afternoon session for patients who had recently been discharged.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

computer system and attached to patient notes. Patient notes were also updated when verbal consent had been obtained, for instance when administering vaccines and immunisations.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Carers were identified on the system and were offered health checks. The practice maintained a 'Carers Corner' in the waiting area and this was used to provide information about resources and community support for carers.
- There was a large display in the waiting area providing accessible information about the benefits of childhood immunisations. This included a visual narrative describing the history of vaccinations, the risks associated with failure to immunise and advice on what to do if a carer was concerned about any side effects.
- Childhood immunisation rates for the vaccinations given were higher than CCG averages for all age groups

and all vaccinations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 66% to 74% (CCG rates ranged from 61% to 68%) and five year olds from 65% to 88%. (CCG rates ranged from 55% to 81%)

- A dietician was available on the premises and patients were referred for advice if appropriate.
- The practice hosted a weekly smoking cessation clinic.

The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 68% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake rates were comparable to CCG and national averages

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. If any concerning risk factor was identified at a check, the patient was referred to a doctor or nurse for follow-up.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Patients arriving at the practice were directed by a sign to queue away from where patients were being seen at the reception desk. This allowed patients to be able to speak with receptionists without being overheard.
- 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 space to discuss their needs.
- During our visit we observed staff being attentive to patients in the waiting area and providing assistance and support when it was needed.
- Reception staff have received training in customer service and confidentiality.
- Staff told us that the practice understood and valued the diversity of their practice community.
- Patients we spoke with told us they appreciated they had been made aware when vaccinations had ingredients, or involved development processes which could be incompatible with their beliefs or principles, thus allowing them to make informed decisions.

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

We spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also told us they believed that the practice had a solid understanding of and genuinely valued the diversity of the practice population.

Results from the national GP patient survey 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:

- 92% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 81%, national average 86%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 88% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%)
- 83% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 89%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Carers were offered health checks and staff told us they tried to be flexible arranging appointments so that carers could be seen on the same day as the person for whom they were providing care. Written information was available to direct carers to the various avenues of support available to them.

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

The practice hosted an in-house counsellor and patients who needed extra support coping with bereavement were able to access this service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- Uptake at seasonal flu clinics was reviewed annually. During the most recent annual review, the practice had identified that weekend clinics were popular with patients and a decision had been made to commence the next season with a weekend clinic.
- The practice kept a register of vulnerable patients and the top 2% of their most vulnerable patients (as identified through a systematic risk assessment) had alerts on their records so that they were prioritised when they contacted the practice. Staff would also follow up on attendance and results when patients in this group were referred for tests and medical procedures and informed the GPs if patients had not attended for tests.
- There were longer appointments available for patients with a learning disability.
- Double appointments were available for patients with complex needs and for patients who required translators.
- The practice offered different length nurse appointment slots of between 10 minutes and 30 minutes depending on the nature of the appointment. These could not be booked using the online booking system to ensure patients were booked into the appropriate appointment slot.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, including a fully automated front door. A hearing loop and translation services were also available.
- Every GP session included three slots reserved for telephone consultations. This benefitted patients who found it difficult to attend the practice in person or were unsure if their problem required medical attention.

- Homeless patients were registered at the practice address.
- During Ramadan, patients who were fasting were given suitable support. For instance, those requiring blood tests were given advice about how to time their tests in such a way as to minimise risk or discomfort.

The practice reviewed capacity and demand on a monthly basis and had developed a computer modelling tool which allowed the practice to match estimated demand with available resources, taking into consideration the type of appointments likely to be required in a given month. For instance, the practice took into account seasonal requirements, annual leave constraints and GP registrar availability. Results from the national GP patient survey published in July 2015 indicated that patients may have held mixed views about this system. For instance, 64% said they had been able to get an appointment last time they had tried (national average 76%) and 93% said the last appointment they got was convenient (CCG 87%, national average 92%). However, 58% described their experience of making an appointment as good (CCG average 67%, national average 73%). The practice told us they were aware of these results and were reviewing the appointment system.

Access to the service

The practice was open between 7:30am and 8:00pm on Mondays, 8:00am to 6.30pm on Tuesdays and Wednesdays, 8:00am to 12:00pm on Thursdays and 8:00am to 5:30pm on Fridays.

Extended surgery hours were offered between 7:30am and 8:00am on Monday mornings and between 6:30pm and 8:00pm on Monday evenings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice was a member of The Kilburn Primary Care Co-op and had dedicated appointment slots available at a local hub until 9:00pm every weekday evening as well as at weekends between 9:00am and 3:00pm. These appointments were available with GPs and nurses, included childhood immunisations and cytology, and could be booked in advance.

Comprehensive information was available to patients about appointments on the practice website which allowed patients to book or cancel appointments, order repeat prescriptions and provided details on how to access

Are services responsive to people's needs?

(for example, to feedback?)

test results. Information was displayed in the practice waiting room and on the website directing patients to the NHS 111 and the out of hours service when the practice was closed. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out of hours service was also provided to patients in the practice information leaflet. The practice information leaflet also provided information on self-treatment for common conditions, helplines and other useful contacts, as well as information about individual GPs areas of special interest.

The practice was trialling the use of an online consulting system. This was a platform that enabled patients to self-manage and consult online with their own GP through the practice website. A member of staff had been appointed to oversee this project. The practice was monitoring how this service was being used, including frequency of use, type of concern which prompted patients to access, and how far into the computer programme patient engagement went.

Results from the national GP patient survey showed that patient satisfaction with some aspects of how they could access care and treatment was worse than national averages (local averages were not available)

- 66% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 57% of patients said they found it easy to get through to this surgery by phone (national average 73%).
- 62% of patients felt they normally had to wait too long to be seen (national average 35%)

We asked the practice how they were managing this. We were told that the issues were largely connected with the practice's 'same day clinic'. The 'same day clinic' process involved patients being given a time window in which they would be seen rather than a specific appointment time. The practice was currently using a text message based survey of every patient (with a registered mobile number) who used this service and was analysing feedback.

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

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.
- The practice maintained a comprehensive record of complaints including those passed verbally to receptionists as well as complaints identified by GPs during consultations. Staff were actively encouraged to record all complaints and compliments and records we saw indicated that this was being done with diligence and consistency.
- All complaints were reviewed by a designated person and complainants were provided with a meaningful response which included an apology, an explanation and information about any resulting changes in practice.
- We saw that information was available to help patients understand the complaints system.
- There was a complaints box in a prominent position in the waiting area as well as a suggestion box and a box for Family and Friends Test feedback forms.
- The practice undertook a review of complaints to look for patterns. This review also analysed compliments received in order to identify aspects of the service which patients felt were particularly good.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from complaints and action was taken to as a result to improve the quality of care. For example, following several complaints, the practice acknowledged that patients were unhappy at the charges incurred when dialling the telephone number with a 0844 prefix and replaced it with a standard local number.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw a well-structured annual business plan with clear objectives, defined milestones, action points and project owners.
- There was an active approach to succession planning. Following the recent retirement of a previous partner, another GP had begun the process of becoming a partner. There was also evidence of staff being developed through training and given opportunities to take on new responsibilities at all levels.

Governance arrangements

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

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

Leadership and culture

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

The practice had a culture of looking for ways of supporting the community in different ways and was working with an organisation that sought to support doctors displaced from their countries of origin and who had refugee status. This involved providing such doctors who were not registered to practice in this country, with opportunities to maintain patient contact whilst they worked towards qualifying to practice in the UK.

Staff said they were encouraged and supported towards personal and professional development. Staff also told us they thought the practice was consistently outward looking, quality oriented and safety driven.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 held regular team meetings.
- Staff described the culture of the practice as open and transparent, and that they felt they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We saw evidence of the team enjoying special occasions organised by the practice and they told us this helped them to work more cohesively.
- 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.
- Positive feedback was brought to the attention of staff members and attached to staff files.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, a suggestion box and complaints received. For example, the practice had a policy of seeking feedback from every patient who had accessed an appointment at the 'same day clinic'.
- There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we saw an action plan prepared in partnership with the PPG and saw examples of actions that had been followed through.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For instance the practice told us they were one of the first in the area to offer an online consulting service.