

Oxgate Gardens Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		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 Oxgate Gardens Surgery on 21 March 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and 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 and had expanded the range of services available to patients.
- Patients said they were treated well at the practice and we received positive feedback about the practice. The practice scored well on the national GP patient survey and other sources of patient feedback.
- Information about services and how to complain was available at the practice and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to get through to the practice by telephone and their experience of making an appointment was good.
- Patients could consult a male or female GP and a translation service was available. Urgent appointments were 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, an open culture and staff said they were well supported. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- The practice should keep a log of all significant events to facilitate and focus team discussion and learning.
- The practice should review non-clinical safety alerts for relevance to the practice. For example, the practice had not risk assessed or secured looped blind cords in areas of the practice used by patients.
- The practice generally had robust systems of managing medicines. It should check that that it follows good practice guidelines in relation to monitoring high risk medicines.

Summary of findings

- The practice should continue to seek ways to expand and strengthen its patient participation group as an effective mechanism for feedback and service development.
- The practice could make more efforts to obtain patient views about specific issues, for example the value of privacy curtains to patients.

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 a 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the local and national averages. For example the percentage of diabetic patients whose blood sugar levels were adequately controlled was 82% compared to the national average of 78%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 highly, close to or better than the national average for most aspects of care.
- Patients said they were treated with compassion and respect and they were involved in decisions about their care.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day.
- The practice 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 and used to improve the service.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 practice 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 GP partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients were assigned a named GP and this was listed on their records. Continuity of care was prioritised for older patients and carers.
- The practice provided individual case studies demonstrating an empathetic approach and willingness to seek imaginative solutions to meet older patients' wishes.

Good



People with long term conditions

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

- The clinicians took lead roles for managing specific long-term conditions related to their interests and qualifications.
- Patients with long-term conditions were called for regular health and medicines review. Newly diagnosed patients were offered education and support.
- Longer appointments and home visits were available when needed.
- Practice performance for managing long-term conditions tended to be above average. For example, the percentage of diabetic patients whose blood sugar levels were adequately controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 82% compared to the national average of 78%.
- 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 in line with patients' identified goals.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and other professionals to provide effective care to children, young people and families.

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).

- 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.

Good



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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, for example conducting joint home visits on occasion.
- 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



Summary of findings

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).

- Performance for key mental health related indicators tended to be above the national average. For example 31 of 34 (91%) practice patients with dementia had received a review within the last year compared to the national average of 84%. Ninety-two per cent of patients diagnosed with psychoses had a comprehensive care plan documented in their records compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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 January 2016. Questionnaires were sent to 287 patients and 109 were returned: a completion rate of 38% (that is, 1.8% of the patient list). The results showed the practice tended to perform better than other GP practices in the clinical commissioning group (CCG) area and the national average.

- 99% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93% and the national average of 95%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 84% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 68% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards. We also spoke with three patients and one member of the patient participation

group during the inspection. The patient feedback we received was very positive about the quality of care. Patients described the practice as excellent and the clinical and reception staff as kind, helpful and understanding, for example, when patients had a disability. Patients commented on the quality of advice and the willingness of the doctors to carry out home visits when necessary. Most patients were also positive about the ease of obtaining an appointment at the practice. The practice's national GP patient survey results also reflected this with the practice tending to score in line with the national average on access:

- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 87% 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 78% and the national average of 85%.

Oxgate Gardens Surgery

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.

Background to Oxgate Gardens Surgery

Oxgate Gardens Surgery provides NHS primary medical services to around 6200 patients in the Neasden and Dollis Hill areas of North West London through a 'general medical services' contract. The service is provided from one surgery located in converted premises.

The clinical team comprises four GP partners (male and female) providing 24 clinical sessions, a practice nurse and health care assistants. The practice also employs a practice manager, receptionists and administrators. The practice is a training and teaching practice and at the time of the inspection was hosting two medical students and had one GP trainee in post.

The surgery opens from 8.30am to 6.30pm every weekday except Thursday when the telephone lines close for the afternoon. Appointments are available from 8.30am to 12 noon each morning and at variable times in the afternoon depending on the day and the individual clinician. The practice offers extended hours appointments from 7.00am on Tuesday or Wednesday and until 7.00pm on Monday. Patients can book appointments online and the practice offers an electronic prescription service.

The GPs make home visits to see patients who are housebound or are too ill to visit the practice. When the practice is closed, patients are advised to telephone the

out of hours service or the '111' helpline. The practice provides information about its opening times and how to access urgent and out of hours services in the practice leaflet, the website and on a recorded telephone message.

The age distribution of the practice population is generally similar to the English average although it has a higher proportion of younger adults aged 25-34. The population is ethnically diverse and is growing, particularly in the youngest age groups. Area-based deprivation measures and unemployment rates are close to the English national average.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of disease, disorder and injury.

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. This inspection assessed whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008; to look at the overall quality of the service; and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 March 2016. During our visit we:

- Spoke with a range of staff (GPs, the practice nurse, a healthcare assistant, the practice manager and members of the reception team). We spoke with x patients who used the service and x member of the practice patient participation group.
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of the personal treatment records and care plans of patients.
- Reviewed 41 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.
- Observed and inspected the environment, facilities and equipment.

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 system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or the GP partners of any incidents and there was a structured, recording form for doing so on the practice computer system.
- We saw evidence that when things went wrong with care and treatment, this was explained to patients and they were told about any actions to improve processes to prevent the same thing happening again. The practice kept a record of all correspondence.
- The practice maintained a log of significant events on the computer system. The practice had logged one significant event in the previous twelve months. This had been investigated fully and documented well with learning points. The practice told us they had received conflicting advice on managing significant events and as a result were focusing on recording significant clinical events which could result in harm. The practice told us other incidents were discussed and reviewed within the team but were not documented in the same way. This approach risked not embedding learning effectively.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with the whole practice team and action was taken to improve safety in the practice. For example, the practice held regular weekly meetings with the whole staff team to discuss cases, alerts and any significant events.
- The practice received and reviewed non-clinical safety alerts but had not always acted on these. For example, the practice had not risk assessed or secured looped blind cords in areas of the practice used by patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.
- Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurse were trained to child protection level 3.
- Notices in the waiting room and other areas of the practice advised patients that chaperones were available if required. Staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead. The health care assistant carried out day to day infection control checks and monitoring. There was an infection control policy in place and staff had received training. The practice carried out infection control audits.
- The practice had arrangements for managing medicines, including emergency medicines and vaccines (including arrangements for obtaining, prescribing, recording, handling, storing and security of medicines). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. A repeat prescribing policy was available to staff and patients. Prescription pads were securely stored and there were systems in place to monitor their use. The practice did not routinely pass uncollected prescriptions to a GP for review.
- The practice monitored patients on high risk medicines such as lithium at appropriate intervals. However the practice monitored the INR levels of patients on anticoagulant medicines at each medicines review rather than each time a repeat prescription was requested in line with current guidelines.
- Patient Group Directions (PGDs) were used appropriately and correctly authorised to enable the locum practice nurse to provide vaccinations.

Are services safe?

- The practice did not keep controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises. The practice had protocols to ensure that controlled drugs were not issued on repeat.
- We reviewed the personnel files of two staff members who had been recruited within the last two years and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment. The practice also carried out occasional fire drills and daily premises checks including fire safety.
- All electrical equipment was checked to ensure the equipment was safe to use. All clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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 and mix of staff needed to meet patients' needs including cover arrangements when

staff took planned leave. The practice rarely needed to use locum GPs. All non-clinical staff were trained to cover each other's duties in the event of annual leave or sickness. The practice nurse post was vacant at the time of the inspection. The practice had secured locum nurse cover to provide a basic service while it tried to recruit a permanent replacement.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice maintained a small stock of emergency medicines in line with current recommendations for general practice. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice was equipped with emergency oxygen (with adults and children's masks) and a defibrillator. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had systems in place to divert all digital patient notes and phone calls in the event of a major incident and arrangements with other practices in the locality to share facilities or premises should the need arise.

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 used weekly clinical meetings to review relevant guidelines and pathways.
- The practice monitored that clinical guidelines were followed through significant event analysis, audits and case finding exercises.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.2% of the total number of points available compared to the national average of 94.8%. The practice's exception reporting rates were consistently lower than the national and local averages across QOF domains. (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). Data from 2014/15 showed:

- Practice performance for diabetes related indicators tended to be better than the clinical commissioning group (CCG) and national averages. For example, the percentage of diabetic patients whose blood sugar levels were adequately controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 82% compared to the national average of 78%. Ninety-eight per cent of the practice's diabetic patients had received the influenza vaccination within the last year compared to the national average of 94%. The percentage of diabetic patients with a recent record of a risk classification and foot examination was 95% compared to the national average of 88%.

- Performance for key mental health related indicators also tended to be above the national average. For example 31 of 34 (91%) practice patients with dementia had received a review within the last year compared to the national average of 84%. Ninety-two per cent of patients diagnosed with psychoses had a comprehensive care plan documented in their records compared to the national average of 88%.

There was evidence of quality improvement.

- The practice carried out clinical audits. There was a clear rationale for the topics chosen for review, for example following a change to guidelines, a concern highlighted within the practice or following local commissioning priorities. For example, the practice had carried out several two-stage audit cycles including an audit of their prescribing of lithium and the management of chronic kidney disease in the practice. Two-stage audit cycles are useful to check that identified improvements are sustained. Audit results were shared with the staff team and at locality meetings.
- The practice participated in locality-wide prescribing and admissions audits, national benchmarking and peer review. For example, the practice was reviewing its referral rates with the CCG and had identified ENT (ear, nose and throat) as an area for further focus. The practice had recently identified a coding issue in relation to the way that asthma was recorded on their system and had addressed this.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were supported and had a period of structured period shadowing more experienced colleagues. The practice did not keep records to show when new staff members had completed the various aspects of their induction aside from mandatory training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of 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, practice meetings and mentoring. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training and other learning opportunities put on across the locality group.
- The practice was a training practice and had a focus on clinical education with regular learning sessions for trainees and students. Trainees were supported, for example, with a staged increase in clinical duties during their placements. The practice provided access to online, video and written learning resources.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice shared important information with the out of hours service, for example about patients who were housebound or receiving palliative care.

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 care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The practice team met

regularly with weekly clinical meetings. The agenda included standing items such as patient deaths, significant cases or events, safeguarding, audit results and staff and patient feedback and complaints.

The practice had identified 2% of the practice population assessed to be at risk of unplanned admission or vulnerable to rapid deterioration. The practice developed care plans with patients and their carers. Care plans were discussed and updated at monthly internal and locality multidisciplinary meetings. The practice was able to provide examples of good, timely liaison for example with local rapid response services to prevent unnecessary hospital admission.

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 relevant professional assessed the patient's capacity and, recorded the outcome of the assessment. The practice had recorded the advance decisions of patients, for example, with terminal or progressive illnesses.
- The process for seeking consent was monitored through patient records.

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, patients at risk of developing a long-term condition and those requiring advice on their lifestyle. Patients were signposted to the relevant service. Patients told us the GPs were empathetic and supportive at difficult times. The practice ensured that all staff were aware of patients who had suffered a bereavement or who were on the palliative care list.
- The practice's coverage for the cervical screening programme was 80% which was in line with the CCG and national averages. There were failsafe systems in place

Are services effective?

(for example, treatment is effective)

to ensure results were received for all samples sent for the cervical screening programme and women who were referred as a result of abnormal results were followed up. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice uptake for breast cancer screening was above the CCG average with 71% of eligible patients screened following their invitation compared to the local average of 66%.

- Practice childhood immunisation rates were above the local average. For example, 76% of two year old practice

patients had received the 'five-in-one' vaccination compared to the CCG average of 68%. Over 90% of five year olds had received their scheduled booster vaccinations. The practice followed up children who did not attend for vaccination.

- 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. Any identified risk factors or abnormalities were followed up with a GP or nurse consultation.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were friendly and welcoming and this was also reflected in the patient feedback we received which was entirely positive about the service. Patients described the practice as excellent and the clinical and reception staff as kind, helpful and understanding, for example, when patients had a disability. Patients commented on the quality of advice and the willingness of the doctors to carry out home visits when necessary. Patients gave us examples of how the practice had supported them following bereavement or difficult diagnoses or circumstances. The practice was able to give us many examples of patient-centred care and how they had worked with family members and carers to support the patient's wishes.

The practice had systems in place to protect patients' privacy and confidentiality. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. The reception area was small but reception staff took care to speak discreetly and not disclose personal confidential information for example when speaking on the telephone. The practice did not provide privacy curtains in consulting rooms. Instead, staff stepped out of the room when a patient was dressing or undressing. All staff knocked before entering consultation rooms. The practice team had discussed the use of curtains but considered them more of a hindrance than a help. Patients we spoke with did not identify privacy as a concern.

Results from the national GP patient survey confirmed that the majority of patients were happy with the service and the way they were treated. The practice scored above the local and national averages for satisfaction on the quality of consultations:

- 95% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and national average of 89%.
- 94% of respondents said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 99% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.

- 87% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 89% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they were involved in decision making about the care and treatment they received. Patients said they had been supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available. Results from the national GP patient survey also showed patients responded positively to questions about their involvement in planning and making decisions about their care. Again the practice's survey results tended to be better than local and national averages. For example:

- 94% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.

Translation services were available for patients who did not have English as a first language. One of the GPs was also able to speak Hindi.

Patient and carer support to cope emotionally with care and treatment

The practice displayed information about services for carers, dementia and other mental health problems and how to access support. The clinical staff were also able to discuss leaflets and literature which they could give to patients to take away. The practice's computer system alerted GPs if a patient was also a carer. Around 2% of patients on the practice list were categorised as carers. Carers were advised about the Brent carers centre; advised about other resources, and offered flu vaccination. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that patients who had suffered a bereavement were offered a consultation and referred to local bereavement counselling services if they wanted this.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had identified issues particularly relevant to the local practice population, for example patients recently arrived in the UK and offered a range of services including routine screening for TB or HIV for newly registered patients at risk.

- There were longer appointments available for patients with communication difficulties or who had complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Several patients told us that the GPs were very willing to visit people at home when this was necessary.
- Same day appointments were available for children and patients with urgent medical problems. Patients told us that they had always been able to access an appointment at the practice when they needed one urgently.
- Patients were able to receive a full range of travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was located over two floors but any patient with mobility difficulties was accommodated on the ground floor with staff swapping rooms if necessary. The patient toilet were located on the ground floor and were accessible to patients with mobility difficulties. We saw examples where the practice had supported patients with literacy difficulties to access health services.
- The practice offered extended hours appointments (both early morning and evening) and provided patients with information about other extended hours primary care services available in Brent.

Access to the service

The surgery opened from 8.30am to 6.30pm every weekday except Thursday when the telephone lines closed for the afternoon. Appointments were available from 8.30am to 12

noon each morning and at variable times in the afternoon depending on the day and the individual clinician. The practice offered extended hours appointments from 7.00am on Tuesday or Wednesday and until 7.00pm on Monday.

- 82% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 87% 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 78% and the national average of 85%.
- 69% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 52% and the national average of 59%.

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.

This was done by asking patients or carers to request home visits early in the day wherever possible to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at four complaints (written and verbal) received over the last 12 months and found these were

Are services responsive to people's needs? (for example, to feedback?)

appropriately handled and dealt with in a timely way. The practice offered patients a written apology. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

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 vision was to provide high quality care in a supportive learning environment. The practice had identified ten specific objectives which included providing a safe service, high quality medical care, being friendly and approachable and meeting patients' needs. Staff were clear about the vision and their responsibilities in relation to it.

- The practice had a robust strategy and supporting business plans which were regularly monitored. The practice manager and the GP partners met weekly to review and respond to any business matters as they arose.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care:

- 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 on the computer system.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information and clinical audit was used routinely to understand performance in comparison to other practices within the same locality and the clinical commissioning group area.
- The practice planned for and responded to risks. For example, the practice was experiencing staffing changes as the practice nurse had left and one of the partners was leaving the practice later in the year. The practice had successfully recruited a new partner and was in the process of recruiting a new nurse.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care.

- The practice held regular staff meetings to discuss significant events, difficult cases, patient deaths and

safeguarding concerns. Staff members told us that informal clinical discussion between meetings was also encouraged. Meeting minutes were stored on the shared drive for future reference.

- Staff said they felt respected, valued and supported by the partners and the practice manager. It was evident that the practice was perceived by staff as a good place to work.
- Staff and trainees told us that there was an open culture within the practice and they had the opportunity to raise any issues.
- The provider complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice shared information and learning within and outside the team. The practice was an active member of its local network of GP practices. The practice regularly attended locality meetings and took advantage of available locality resources, for example, training and educational events.

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

The practice encouraged and valued feedback from patients, the public and staff.

- It sought patients' feedback through 'the friends and family' questionnaire, comments posted on public websites and a survey run through the locality group of GPs and compliments and complaints.
- The practice had a small patient participation group with four members. The practice recognised this was an area for improvement and was seeking to attract more patients to the group by advertising on its website.
- The practice had responded to patient feedback. For example, the practice had changed the layout of the reception following feedback from patients.
- The practice gathered feedback from staff through appraisals and staff discussion and training feedback. Staff told us they were comfortable giving feedback and could raise any concerns with the practice manager.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels. . For example, the practice

Are services well-led?

Good 

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

carried out ongoing review of its performance and adopted evidence-based tools and procedures, such as the 'QCancer' risk assessment tool which had influenced the practice's management of cancer referrals.