The Fryent Way 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Fryent Way Surgery on 7 January 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.
- 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.

The areas where the provider should make improvements are:

- Ensure the complaints policy is reviewed and implement version control mechanisms to ensure out of date versions are removed from circulation.
- Ensure the business continuity plan includes the contact details for a named person at the alternative location and review the arrangements for holding copiesof the plan.
- The practice should consider steps to improve patient privacy at the reception desk.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- 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.
- The infection control lead had carried out audits during the last year and improvements that had been identified for action were completed on time.

Are services effective?

Good

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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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 used a telephone translation service and the automated checking in machine located in the waiting room could be accessed in six relevant local community languages.
- Patients could access the appointment booking system and order repeat prescriptions online.
- The practice held registers for patients in receipt of palliative care, those with complex needs or had long term conditions and provided services tailored to individual 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.

Are services well-led?

Good

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

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

Summary of findings

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.
- Staff were given areas of particular individual responsibility or projects to lead on and told us that this made them feel valued and involved in the running of the practice.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in it's population.
- Every patient aged over 75 had a named GP and patients could see that GP when required.
- Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- The practice provided GP services to three residential homes. Each home had a nominated Doctor as well as a nominated deputising Doctor to cover absences.

  GPs carried out weekly ward rounds as well as ad hoc visits at each residential home.
- There was a weekly review of all patients with 'Do Not Attempt Resuscitation' notes on their records.
- GPs used a risk stratification tool designed to identify patients at highest risk of attending A&E or being admitted to hospital, and also to enable the GPs to have peer to peer discussions regarding patients with similar health concerns.

People with long term conditions

Good

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

- The practice nurse held an advanced qualification in diabetes management and led a weekly diabetes review clinic.
- The practice held joint monthly community diabetes nurse specialist and practice nurse diabetes clinics to support poorly managed and complex patients.
- The lead GP for diabetes led on insulin initiation for all diabetes patients.
- The practice offered spirometry for diagnosis and review of patients with chronic obstructive pulmonary disease (COPD).
- The practice provided 24 hour blood pressure monitoring for all new diagnoses of hypertension and as part of monitoring management when clinically appropriate.
- 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.

Summary of findings

- Regular education meetings were held at the practice to develop staff knowledge and skills around the management of long term conditions. Recent guest speakers included a podiatrist and a local community diabetes consultant.
- All joint and soft tissue injections were provided at the surgery, which meant that patients needed fewer appointments at other providers.
- The practice used the computerised system to call certain patients, including those with particular long term conditions for annual review appointments.
- Patients with complex needs were assessed using therisk stratification tool and had care plans developed using the North West London 'Whole Systems Integrated Care' system of joined-up care planning.

The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 94% compared to the national average of 90%.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 74% compared to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 80% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice hosted 'Learning Together' paediatric clinics with GP's, GP Trainees and experienced Specialist Registrars from Northwick Park Hospital under the guidance of a Consultant Paediatrician. This increased the clinical knowledge of GP's and trainee GP's at the practice.
- Patients aged between 16 and 25 years were offered sexual health screening.

Summary of findings

- There were weekly immunisation baby clinics and immunisation rates were comparable to or high in comparison to other practices in the CCG, for all standard childhood immunisations.
- The practice offered family planning advice, fitted intrauterine devices (IUDs) and prescribed the contraceptive pill.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services and patients could book and cancel appointments online as well as order repeat prescriptions, download registration forms and review practice policies.
- NHS healthchecks were offered for new patients and patients aged over 40.
- The practice had introduced a late clinic on a Monday evening to accommodate patients who were working during the day.
- The practice nurse had produced a comprehensive Travel Health Advice leaflet providing information that included vaccinations, infections and diseases, personal safety and avoiding sun and heat damage.
- A full range of travel vaccinations, including those only available privately was offered by the practice.

People whose circumstances may make them vulnerable

Good

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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and all 43 patients on the register had had an annual review with their named GP.
- All homeless patients wishing to see a GP were seen as temporary residents.
- Existing patients who became homeless were kept on the practice list and contact details updated at each appointment.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Some patients were referred to a local practice who specialised in supporting homeless 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. Every child on the child protection register had a named GP.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and we were given examples of referrals that had been made to the local safeguarding teams for both adults and children. The practice had dedicated lead GP's for child and adult abuse and all staff knew who to inform if they suspected abuse.
- The practice had recently begun a programme to identify how it could improve it's services for sex workers and migrant workers.
- The practice used a telephone translation service as well as an online translation tool and sign interpreters when necessary. The automated checking in machine located in the waiting room could be accessed in six relevant local community languages.

People experiencing poor mental health (including people with dementia)

Good

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% compared to the national average of 88%.
- 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.
- Patients experiencing poor mental health could be referred to a counsellor who held a weekly clinic at the practice.

Summary of findings

- 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. Patients with more complex mental health needs would be seen without an appointment by the nurse and GP's.
- The practice nurse monitored all patients who required regular Depot injections and any patient who did not attend was immediately referred to a GP for review and a home visit where necessary.
- Staff had a good understanding of the Mental Health Act.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was generally performing in line with local and national averages. 335 survey forms were distributed and 106 were returned. This represented 1% of the practice's patient list.

- 72% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).
- 79% 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 79%).
- 60% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards all of which had something positive about the standard of care received. Patients said they thought GP's were good listeners and that reception staff were polite and caring.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring. A number of patients referred to difficulties contacting the surgery by telephone and of long delays in the waiting area. Comments received via the Friends and Family Test demonstrated very similar attitudes with most patients being very satisfied with the standard of care received but some less satisified with telephone access and delays in the waiting area.

The Fryent Way 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 advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to The Fryent Way Surgery

The Fryent Way Surgery provides GP primary care services to approximately 9,000 people living in the Kingsbury neighbourhood of the London Borough of Brent. The practice is in an area that is in the fifth less deprived decile has a larger than average number of patients in the ages of 20 and 40.

There are three GP partners, two male and one female, all of whom are full time. In addition there are three part time salaried GP's, two female and one male, who provide a combined total of 42 sessions per week. The practice is a training practice with three trainees in place at the time of our inspection. Each partner was responsible for a trainee. The trainees undertake a total of approximately 18 sessions per week.

There is one practice nurse, one healthcare assistant, a practice manager and ten administrative staff, two of whom have also trained as a phlebotomists. 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 8:45am to 8.00pm Mondays, 8:45am to 6.30pm Tuesdays and Thursdays and 8:45am to 6.00pm Fridays. The practice is closed on Saturdays and Sundays. The 'out of hours' services were provided by Care UK Ltd. 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 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.

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 7 January 2016.

During our visit we spoke with a range of staff including GP's, practice nurse, managers, health care assistant 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.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events annually.

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. For example, we looked at the significant events log and saw a case where confidential patients blood test results had been disclosed to a relative without the express consent of the patient. The practice had updated it's confidentiality protocol and had discussed the incident at a staff meeting. Staff were instructed to be satisfied that a consent form had been signed and attached to the patients record prior to disclosing any test results in future.

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 one occasion where an error had occurred in administering a vaccine. No injury or harm had been caused and the patient would have been unaware. However the practice contacted the patient and explained what had happened and outlined the steps they had taken to ensure the same thing would not happen again.

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 adultsfrom 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 the practice nurse were trained to Safeguarding level 3, the healthcare assistant to level 2 and non-clinical staff to level 1. Staff had convenient access to contact details of the local safeguarding team.
- A notice in the waiting room advised patients that chaperones were available if required. 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). Trained chaperones included the practice nurse, healthcare assistant and several non-clinical staff. We saw that patient notes included an entry to indicate that a chaperone had been offered and whether a chaperone had attended.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency 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. Patient Group Directions 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 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 12 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We saw records that showed a full fire drill had taken place during surgery hours on 25 September 2015 and this involved safely evacuating more than 30 people from the practice. 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 records which indicated that portable appliance testing and equipment calibration had taken place in December 2015.
- 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.
- Staff had received competency based training to allow them to provide absence cover for colleagues. For instance, the healthcare assistant/phlebotomoist had undertaken training to be able to undertake NHS Healthchecks and blood pressure checks and one of the reception team had trained as a phlebotomist.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. We saw evidence that refresher training for basic life support and had been booked for 13 members of staff and this was due to take place on 3 February 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, we were told that only the practice manager held a copy of this plan off site and it did not include contact details of a named person at the alternative location that was central to the continuity plan.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- GP's we spoke to described using a risk stratification tool and frequent users of emergency services data to identify and support high risk services users.

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 97% of the total number of points available, with 8.7% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For instance, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% compared to the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 83% compared to the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% compared to the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been 14 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, following a Metformin (an oral diabetes medicine that helps control blood sugar levels) audit at the practice, internal guidelines were revised to increase the frequency of renal function tests and actions to be taken depending on test results.

Information about patients' outcomes was used to make improvements. Following an audit of diabetes patients, looking particularly at patients on 'Newer Hypoglycaemics', the practice decided to increase the monitoring process for these patients by introducing six monthly reviews and further utilising the skills of the practice nurse who holds a specialist qualification in diabetes management.

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 instance, 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 online resources and discussion at practice meetings.

Good

Are services effective?

(for example, treatment is effective)

- 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. Staff we spoke to told us they had had an appraisal within the last 12 months and we saw records of appraisals attached to staff records. Staff told us that the appraisal system was meaningful and supportive and that they felt able to use these meetings to introduce their own ideas on personal development as well as being able discuss any issues that had arisen.
- The practice's management demonstrated an awareness of the need for a performance management process and we saw an example of staff who had benefitted from the application of this policy.
- 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. Staff told us that they felt able to identify and suggest relevant training opportunities to management and that where there was clear benefit to patients, training would be supported. For instance, the practice nurse told us about being supported to undertake a specialist qualification in treating minor ailments and described how all partners had made themselves available on a daily basis to review case notes and actions taken. The healthcare assistant talked about being supported by being given the opportunity to train and develop having joined the practice as an administrator.

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, 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.

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 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.

- < >taff 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. Staff we spoke with showed clear understand of Gillick competence and Fraser guidelines.
- 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. Patient records were updated to indicate verbal consent and written consent was scanned into the system and added to patient records.

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.
- The practice offered younger patients a sexual health screening programme and discussed this with patients on an opportunistic basis.

Good

Are services effective?

(for example, treatment is effective)

- One GP was trained in the Epley manoeuvre and uses this to treat patients suffering from benign paroxysmal positional vertigo which meant that patients suffering from this condition could be treated at the practice instead of being referred elsewhere.
- The practice's uptake for the cervical screening programme was 65% which was comparable to the CCG average of 68% though lower than 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 for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged it's patients to attend national screening programmes for bowel and breast cancer screening and participation rates in these programmes were comparable to CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to and frequently better than CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 63% to 70% and five year olds from 71% to 90%.

Flu vaccination rates for the over 65s were 72%, and at risk groups 50%. These were also 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. The practice had arranged training for the healthcare assistant to undertake these checks in order to increase appointment capacity. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. We saw many patients being greeted by name on arrival and those we spoke with told us they appreciated that.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were careful not to repeat private information and sought to keep conversations private though this was not always possible due to the acoustics and open plan nature of the reception area.
- A privacy screen had been installed around the area where telephone calls were answered and this was effective at maintaining privacy.
- Windows in consulting rooms had been fitted with frosted film to improve privacy.

We received 11 completed patient Care Quality Commission comment cards. Of these, nine were entirely positive. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect. Patients also spoke of GP's and the nurse as being particularly good at listening. There were no common themes in the comments in the two which were less positive, one expressed an opinion that GP's should be open seven days per week whilst the other mentioned having to seek treatment in the private health sector.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was frequently 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%.
- 89% said the GP gave them enough time (CCG average 81%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 83% 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 local and national averages. For example:

- 91% 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%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 77% , national average 81%).
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%).

Good

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. Staff also told us that they would often use an online translation tool and that many patients were familiar with and liked this method.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. We saw that information was available about a range of condition symptoms and treatment, as well as information about support services for a range of needs including for mental health services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. GP's told us they referred carers to the Brent Carers Network for additional support. Doctors also told us they would do healthchecks or other welfare assesments for carers during consultations and would help arrange respite care when appropriate.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients experiencing poor mental health could be referred to a counsellor who held a weekly clinic at the practice.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice attended a monthly network meeting with the Kingsbury & Willesden Commissioning Locality, a forum of local practices, to discuss local needs and plan service improvements that needed to be prioritised. We saw minutes of meetings and saw topics included a learning presentation on patient experiences with MRI provision including a discussion about how claustrophobia affects certain patients and the effect this has on appointment times (Magnetic resonance imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.).

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Patients over 75 years had a named GP to co-ordinate their care. The practice had a list of older people who were housebound whom they would visit regularly and provided GP services for three local residential homes. Each residential home had a nominated GP who undertook weekly ward rounds as well as ad hoc visits as required. GP's had arranged a 'buddy' system so that a named GP would deputise for the nominated GP when necessary.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 94% compared to the natonal average of 90%.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. GPs attended regular internal as well as multidisciplinary meetings with district nurses, social workers and palliative care nurses to discuss patients and their family's care and support needs. Patients in these groups had a care plan and would be allocated longer appointment times when needed.
- The practice kept a register of vulnerable patients and the top 2% of their most vulnerable 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 where referred for tests and medical procedures. This ensured they were able to inform GP's when patients had not attended for tests. The practice nurse showed us a protocol under which patients experiencing poor mental heath who required regular injections to help manage their conditions would be immediately referred to a GP if they did not attend their appointment. The GP would then assess the patient's condition and undertake a home visit if necessary.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. We saw a Safe Travel Advice leaflet which had been written by the practice nurse and this provided comprehensive health and safety advice to patients intending to travel abroad.
- The premises were accessible to patients with disabilities, although some of the consulting rooms were on the first floor and there was no lift access. The practice explained that it had examined the possibility of installing a lift but this had been considered prohibitively expensive. Patients with known mobility restrictions were identified on the system and GP's would arrange to see these patients in consulting rooms on the ground floor. This caused some delays whilst waiting for ground floor rooms to become vacant. The patient toilet on the ground floor was fully accessible.
- We were told by staff that a significant proportion of the practice population did not speak English as their first language. The practice used a telephone translation service and the automated checking in machine located in the waiting room could be accessed in six prominent local community languages.

Access to the service

The practice was open from 8:45am to 8:00pm on Mondays, from 8:45am to 6:30pm on Tuesdays and Thursdays, from 8:45am to 12:40pm on Wednesday and from 8:45am to 6:00pm on Fridays. The extended opening hours on Mondays were particularly useful to patients with work

Good

Are services responsive to people's needs?

(for example, to feedback?)

commitments. The practice had a contractual arrangement with it's out of hours provider to provide services from 6:30pm to 8:45am on Tuesdays and Thursdays, from 12:45pm to 8:45am on Wednesdays and from 6:00pm on Fridays to 8:45 on Mondays.

The telephones were answered from 9:00am to 6:30pm Monday, Tuesday & Thursday, from 9:00am to 1:00pm on Wednesdays and from 9:00am to 6:00pm on Fridays. Some patients we spoke to told us that they had experienced problems contacting the practice by telephone and this view aligned with responses to the GP National Survey. The practice told us that they had bought a new telephone management system which included an automated appointment booking and cancelling menu and that this was about to be commissioned in January 2016, though we did not see a copy of an invoice or contract for this.

GP appointment slots were available between 9:00am and 11:00am Monday to Friday and between 4:30pm and 8:00pm on Mondays, 4:30pm to 6:30pm on Tuesdays and Thursdays. Practice nurse appointment slots were available between 9:00am and 2:00pm on Mondays, Tuesdays and Thursdays, between 9:00am and 12:30pm on Wednesdays and 9:00am and 12:00pm on Thursdays. 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.

Patients requiring appointments outside of these hours were directed to a hub facility or to the practice's out of hours provider. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 60% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 42% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 60%).

Comprehensive information was available to patients about appointments on the practice website which allowed patients to book appointments and home visits, order repeat prescriptions and print registration forms.

Information was displayed in the practice waiting room and on the website directing patients to the NHS 111 and the out of hour's service when the practice was closed. Information on the out of hour's service was also provided to patients in the practice information leaflet.

All homeless patients wishing to see a GP were seen as temporary residents and the practice had recently begun a programme to identify how it could improve it's services for sex workers and migrant workers.

Patients told us they were satisfied with the appointments system. Comments cards showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. All patients we spoke with told us they had always been able to get an emergency appointment and if they had not been able to see a clinician the same day, they said they were able to talk with them on the phone.

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedure were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice. In addition, one of the GP partners was responsible for oversight of the complaints process and undertook an annual review of complaints received.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. There was also information about how to contact other organisations such as NHS England to make a complaint displayed on the walls. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.
- The practice kept a complaints log and staff told us that complaints were regularly discussed and any learning or changes to practice disseminated to all staff. We saw minutes of staff meetings where complaints had been discussed and outcomes had been recorded.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at three complaints received in the last 12 months and found that each of them had been investigated and responses sent in a timely way. However, in the case of one complaint about a repeat prescription we found that even though the complaints log had a meaningful entry about lessons learned and outcomes, the response to the patient did not mention this.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint relating to a delay in a patient receiving a diagnosis for their condition led to a review of the practice's diagnostic methodology for that condition.

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.

- It did not have a business plan or mission statement in place to support this. However the partners told us they had a strong ethos of a team approach to patient care and our conversations with staff and our observations during the inspection supported this.
- The practice told us they recognised the problems patients had accessing appointments and the practice by telephone and had identified and bought a solution to this problem. We were also told of plans to expand the premises by adding a new treatment room though these plans were still at in the planning stages at the time of our inspection.

Governance arrangements

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

- 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, though there were various versions of the complaints policy in circulation, each of which had slightly different information.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Management at the practice were aware of the need to protect confidential information and had taken steps to improve their processes when a breach had occurred. The significant events log included an entry which referred to information being accidently disclosed to a third party.

Following a review of this incident, the practice had included the matter at a staff meeting and had discussed the Caldicott Protocol as well as ensuring that staff knew where to find this guidance when needed.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise 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 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 had GP leads for a variety of clinical areas and administrative functions such as complaints and significant event management.
- 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.

- Staff told us the practice held monthly team meetings and we saw minutes of several meetings .
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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.
- Every member of staff we spoke with told us they had been given a particular responsibility for some aspect of the service. They told us that this was empowering and gave them a greater sense of involvement in the day to

Are services well-led?

Good

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

day running of the practice. For example, we spoke to one member of the administration team who was responsible for checking QOF data and another who was responsible for repeat prescription management.

The Fryent Way Surgery is a training practice and we reviewed data from General Medical Council 2015 national training survey. This is a comprehensive annual survey asking all doctors in training for their views about the training they are receiving. There were no outliers and most indicators were within the middle quartile. However, under 'Clinical supervision out of hours' trainee doctors who had been at the surgery responded with 98% satisfaction compared to a national figure of 93% and under 'Educational Supervision', data indicated 100% satisfaction compared with a national rate of 93%.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met quarterly and submitted proposals for improvements to the practice management team. For example, the PPG member that we spoke with said that as a result of their feedback, hand sanitizer dispensers had been located at suitable locations in the reception area.
- 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. One member of staff told us that they had identified an issue around availability when trying to contact patients about routine matters during office hours and had suggested doing so in the evenings instead and that this had been put in place by practice 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. Staff were encouraged to develop and were given opportunities and training to do so. Staff told us that partners were open to learning and were receptive to suggestions about how to improve the service for patients. For example, the practice hosted 'Learning Together' paediatric clinics with GP's, GP Trainees and experienced Specialist Registrars from Northwick Park Hospital under the guidance of a Consultant Paediatrician. This increased the clinical knowledge of GP's and trainee GP's at the practice