Dr BS Jassal's Practice

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
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 Dr BS Jassal's Practice on 23 April 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients who had used the service for some time said they found it easy to make an appointment with a named GP and that there was continuity of care. 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 and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

- The practice had a lot of experience of supporting younger patients with stress, anxiety and depression. The practice had listened to what students had told them they had found helpful and now included 'apps'

such as the 'Headspace' meditation app in their recommendations for self-management strategies. Apps can be loaded onto a smartphone and quickly and discretely accessed when needed.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must

- Obtain signed patient consent before undertaking certain procedures, such as contraceptive implant insertion and removal.
- Ensure that oxygen is available on the premises for use in a medical emergency or carry out a risk assessment to show why this is not necessary in this practice

The provider should also

- Ensure all key policies are available for staff to reference and are up to date.
- Keep a complete written record of checks made into whether new recruits are of good character and suitable for the role, for example, verbal references.
- Feedback significant events which involve other health providers to the providers concerned to reduce the risk of recurrence.
- Provide staff who occasionally act as chaperones with written information about the role for reference.
- Ensure that all staff receive all mandatory training relevant to their role in a timely way and this is documented.
- Review the longer-term capacity of the current clinical team to sustain patient care at the current levels.

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?

Requires improvement

The practice is rated requires improvement for providing safe services. The practice was able to provide evidence of a good track record for monitoring safety issues. Staff were encouraged to report incidents. When things went wrong, lessons were learned and improvements were made.

The practice had systems and processes to keep people safe in relation to medicines, infection control, equipment and health and safety practice. However, the practice did not have oxygen on site and had not carried out a risk assessment to show why this was not necessary. The practice had effective procedures in place in relation to child protection and safeguarding but had not provided staff with written information about whistleblowing.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

However, the practice did not always obtain signed consent before carrying out certain procedures where this is required.

Are services caring?

Good

The practice is rated as good for providing caring services. The evidence showed that patients rated the practice positively for most aspects of care. Patients said they were treated with compassion and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Patients said they were able to access the service when they needed it. Patients with longer term conditions said there was good continuity of care. Urgent appointments were available the same day. The practice was providing a responsive service to meet the needs of both students and non-students. For example it had ensured that its student walk-in clinics did not clash with university lectures.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared and used to improve the service.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management and knew who to approach with any issues. The practice had a number of policies and procedures to govern activity which were generally tailored to the practice and up to date.

Governance meetings and partners' meetings were held monthly. Full team meetings were held more occasionally. The practice valued feedback from patients and was developing a patient participation group (PPG). All staff had received inductions and appraisals.

Staff described the practice as a good place to work and they consistently told us the practice provided a very good service for its patients. Some staff were concerned about the capacity of the GPs to sustain the current levels of service however. We saw that this issue had been raised and was being discussed by the partners.

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. Nationally reported data showed that outcomes for patients were good for conditions more commonly found in older people. The practice had only around 260 older patients and offered proactive, personalised care to meet their needs. It took part in a range of enhanced services, for example, in dementia. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments when needed. Older patients had a named GP. Older patients we spoke with said they were able to see their preferred GP and had experienced good continuity of care.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care through the local Integrated Care Pilot scheme.

Families, children and young people

Requires improvement

The practice is rated as requires improvement 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 high for standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. However, the practice did not always obtain signed consent before carrying out certain procedures where this is required.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement 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 and flexible.

Summary of findings

The practice had developed considerable expertise in serving a student population and had a large catchment area to enable students living off-campus to register. The practice operated a walk-in service for students .Everyone attending as a walk-in patient was seen the same day.

The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group. However, the practice did not always obtain signed consent before carrying out certain procedures where this is required.

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 and those with a learning disability. It had carried out annual health checks for people with a learning disability and all of these patients had received their health check the previous year. The practice offered longer appointments for people with a learning disability.

The practice also recognised the particular vulnerabilities of students, many of whom were living away from home and newly arrived to the UK. The practice had identified the spouses of foreign students as being at potentially high risk due to their comparative isolation. These patients tended to have poorer English skills and often attended with their spouse.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It signposted vulnerable patients to access various support groups and voluntary organisations with the help of the local primary care navigator.

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.

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 practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had a lot of experience of supporting younger patients with stress, anxiety and depression. The practice had listened to what students had told them they had found helpful and now

Summary of findings

included ‘apps’ such as the ‘Headspace’ meditation app in their recommendations for self-management strategies. Apps can be loaded onto a smartphone and quickly and discretely accessed when needed.

The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice also communicated effectively with the university to ensure that student patients at high risk of self-harm or crisis were supported, including immediately following hospital discharge.

Summary of findings

What people who use the service say

The national GP patient survey results, published in July 2015, showed that patients were generally positive about the service. There were 37 responses to the survey from 459 questionnaires sent out to the practice's patients. This was a response rate of only 8% and the results may not be representative of the practice population. The results were broadly in line with local and national patient survey feedback scores.

Of 37 respondents:

- 31 found it easy to get through to this surgery by phone
- 30 respondents found the receptionists at this surgery helpful .
- 26 said they don't normally have to wait too long to be seen
- 27 said the GP they saw or spoke to was good at involving them in decisions about their care
- 28 described their overall experience of this surgery as good
- 33 would recommend this surgery to someone new to the area.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards and we spoke with a further eight patients on the day of the inspection. Thirty-six of the comment cards were wholly positive with patients commenting on the friendliness and attentiveness of the staff, including the receptionists. Several patients told us this was the first time they had attended the practice and the staff had put them at ease. Several patients highlighted good care they had received for longer term or more complex conditions. Another patient commented that their doctor had rung them after their consultation to discuss different options which they had greatly appreciated.

Areas for improvement

Action the service MUST take to improve
Importantly the provider must

- Obtain signed patient consent before undertaking certain procedures, such as contraceptive implant insertion and removal.
- Ensure that oxygen is available on the premises for use in a medical emergency or carry out a risk assessment to show why this is not necessary in this practice

Action the service SHOULD take to improve
The provider should also

- Ensure all key policies are available for staff to reference and are up to date.
- Keep a complete written record of checks made into whether new recruits are of good character and suitable for the role, for example, verbal references.
- Feedback significant events which involve other health providers to the providers concerned to reduce the risk of recurrence.
- Provide staff who occasionally act as chaperones with written information about the role for reference.
- Ensure that all staff receive all mandatory training relevant to their role in a timely way and this is documented.
- Review the longer-term capacity of the current clinical team to sustain patient care at the current levels.

Outstanding practice

The practice had a lot of experience of supporting younger patients with stress, anxiety and depression. The practice had listened to what students had told them they had found helpful and now included 'apps' such as the 'Headspace' meditation app in their recommendations for self-management strategies. Apps can be loaded onto a smartphone and quickly and discretely accessed when needed.

Dr BS Jassal's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr BS Jassal's Practice

Dr BS Jassal's Practice is located on the campus of Brunel University and is also known as Brunel Medical Centre. The practice provides NHS primary medical services through a General Medical Services contract to around 11,400 patients, around 82% of whom are students. The annual turnover of patients joining and leaving the practice is high with around 2000 students registering each year. The number of patients registered with the practice has steadily grown since 2012.

The practice has a much larger than average proportion of young adults on its patient list, particularly in the 19-34 age range and a small proportion of older patients, with only around 260 patients aged over 65. Income deprivation levels for the practice population are similar to the English average with life expectancy slightly higher than the national average. The practice population is ethnically diverse, with many patients new to the UK and the NHS.

The current practice staff team comprises three GP partners, two practice nurses, two managers and a team of reception and administrative staff. There are a mix of male and female doctors. The practice also contracts with a regular locum GP. The nurses are female.

The practice is open from 8:30am to 6:30pm on weekdays.

- The practice offers bookable appointments primarily aimed at non-students between 9am-11am and 4:30pm-6:30pm.
- It holds a walk-in session for GP consultations between 11:30am and 1:15pm and a nurse-led walk-in sexual health clinic at the same time. The walk-in services are primarily aimed at students.
- Bookable nurse appointments are also available between 9am-6pm.
- During university terms, the practice is open for extended hours for GP consultations on Mondays, Tuesdays and Thursdays with appointments available across the week both during the early morning and the evening.
- The practice undertakes home visits for patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are directed to a local out-of-hours primary care service run by Care UK. The practice also provides information about local emergency services on its website and practice leaflet. Patients ringing the practice when it is closed are provided with recorded instructions on how to access urgent primary medical care and emergency health services.

Why we carried out this inspection

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

How we carried out this inspection

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

Detailed findings

- 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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 April 2015. During our visit we spoke with a range of staff including the GP partners, the practice managers, administrative staff and a practice nurse. We also spoke with eight patients who used the service and reviewed 38 comment cards where patients and members of the public shared their views and experiences of the service in the days running up to the inspection. We observed how people were greeted at reception and reviewed a number of individual treatment records and care plans.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. The practice had a record of significant events for the last 12 years. We saw an example where a patient affected by a significant event received a timely explanation and counselling. Staff told us they would inform the practice manager of any incidents and there was also a standardised recording form available on the practice's computer system. The practice carried out a periodic analysis of significant events and complaints.

We reviewed safety records, incident reports 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, following a delay in diagnosis, the practice amended its protocol for managing similar patients in future by referring straight to an appropriate specialist. Other learning points were identified from the same incident, for example, reminding the GPs they were entitled to ask for clarity when diagnostic results were ambiguous and introducing a safety net system to ensure that results were followed up appropriately when GPs were away.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, advice from NHS England and the Medicines and Healthcare Products Regulatory Agency (MHRA). This enabled staff to keep up to date and understand risks. An example was the practice's response to the increased risk from Ebola. The practice worked with the university authorities to ensure that any potential case could be managed safely and in line with national guidelines.

Overview of safety systems and processes

The practice generally had clearly defined and embedded systems, processes and practices in place to keep people safe, although there were some aspects where improvement was needed:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. The practice kept information behind the reception desk which 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 practice had a low incidence of safeguarding cases but we were told that GPs would attend safeguarding meetings if asked and they would provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received child protection training. Two of the doctors were trained to level 2 in child protection but the practice had recognised this was insufficient and they had been booked onto level 3 training as required. Not all staff had been trained on adult safeguarding.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice premises were owned by the university and the practice had copies of health and checks carried out by the landlord including an up to date fire risk assessment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had copies of a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. The practice had not assigned or trained any members of staff as fire marshals.
- The practice premises were clean and well organised. One of the practice partners was the infection control 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. However some staff could not recall when they last had infection control training. The practice carried out minor surgical procedures and took appropriate measures to manage the risk of infection in relation to these procedures, for example using sterile, single use equipment and disposing of sharps and clinical waste safely. The practice had an external infection control audit undertaken the previous year 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). Regular

medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. For example, the practice had reduced its prescribing of antibiotics in recent years in line with national guidance. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff members. However, the practice did not always record all the checks it had undertaken to ensure that new members of staff were suitable, such as verbal references.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used a regular locum doctor who understood the particular needs of the practice population. The practice had changed the way it organised surgeries, introducing a nurse-led walk-in session alongside the GP walk-in clinic to help respond to demand. The practice recruited additional members of administrative staff in September to manage new registrations at the start of the academic year. This was a busy practice with particularly high levels of patient demand at certain times of the year. In designing an accessible service that met both the needs of students and non-students, the GP partners were sometimes placing considerable pressure on themselves.
- The practice displayed information in the waiting room and treatment rooms informing patients about the availability of chaperones. A nurse normally acted as a chaperone but if they were unavailable, members of reception staff occasionally undertook this role under supervision. The nurses provided staff with an in-house training session on how to carry out chaperoning but there was no written policy or procedure for them to refer to.

Arrangements to deal with 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. The practice had a defibrillator available on the premises but did not have oxygen onsite and had not carried out a risk assessment to show why this was not needed. There was a first aid kit and accident book 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 82% of the total number of points available. The practice was an outlier in terms of its low prevalence rates of longer-term conditions such as dementia and chronic obstructive pulmonary disease (COPD) but this could be explained by the specific characteristics of the practice population which was younger and healthier than average and with a much higher proportion of recently registered patients. Data from 2013/14 showed:

- Practice performance for diabetes-related indicators was generally similar to national norms. For example 66% of the practice's diabetic patients had well controlled blood glucose levels (ie their last IFCC-HbA1c test was 64 mmol/mol or less). Eighty-three percent of diabetic practice patients had a recorded foot examination and risk assessment in their records.
- The percentage of patients with hypertension having a normal blood pressure reading within the last nine months was in line with expectations. The practice achieved 78% compared to the national average of 83%.
- The practice was performing in line with expectations for mental health related indicators. For example 77% of practice patients diagnosed with a psychosis had an agreed care plan. The comparative national average was 86%.
- The practice had completed a face-to-face review with all patients diagnosed with dementia in the preceding 12 months.
- The practice had completed a face-to-face review with all patients on the practice learning disability register in the preceding 12 months.

Clinical audits were carried out to demonstrate quality improvement and relevant staff were involved to improve care and treatment and people's outcomes. We were shown a range of audits including two completed audit cycles where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example, one of the doctor had recently completed an audit cycle into the management of Gout. As a result they had updated the patient information sheets they provided to patients with the condition.

The practice had monitored A&E attendances which tended to rise during the summer when patients stayed with families or elsewhere over the holidays. As a result the practice had provided information, for example on its website, about how students could access primary care as a temporary patient when they were away from the university.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire procedures, basic life support and information governance awareness.

Requires improvement

Are services effective?

(for example, treatment is effective)

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that the doctors attended multi-disciplinary team meetings and that care plans were routinely reviewed and updated. Communication between the university and the practice was very good when students were assessed to be at risk, for example, in mental health crisis.

Consent to care and treatment

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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

However, patients' consent to care and treatment was not always sought in line with legislation and guidance. The practice performed some procedures requiring written consent, for example contraceptive implant insertion and removal. We saw that the doctor had noted consent had been obtained in the patient's records but had not asked the patient for signed confirmation that they understood the procedure and consented.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients coming to the end of their life, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing stress, anxiety and depression. Patients were then signposted to the relevant service. A physiotherapist was available on the premises. The neighbouring pharmacist had put together a minor illness pack with information and remedies primarily aimed at students and the practice also publicised this.

The practice participated in screening programmes. The practice's uptake for the cervical screening programme in 2013/14 was 51%, which was much lower than the national target of 80%. The practice also encouraged eligible patients to attend national screening programmes for bowel and breast cancer screening.

Practice child immunisation rates were generally in line with the average in Hillingdon although numbers were small making detailed comparisons difficult. In 2013/14 all but one of the two-year old children on the practice's patient list had received the combined Dtab/IPV/Hib ('5-in-1') vaccination and the MMR vaccination. There were 32 five-year olds on the practice list in 2013/14. Twenty-nine of these children had received the '4-in-1' booster and 30 had received the MMR booster vaccination.

The practice offered flu vaccinations to the over 65s and at risk patients. The practice also routinely encouraged new patients to consider taking a chlamydia test. However, the practice had not assessed the feasibility of routinely recommending HIV testing to new patients, despite the practice population being highly sexually active and including some groups at higher risk.

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 GPs followed up any patients where raised risk factors or other abnormalities had been identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The feedback from comment cards and patient interviews was positive with patients saying they felt the practice offered a good service and staff were friendly and attentive. We spoke with some new patients who were feeling anxious about attending a health centre for the first time away from home and they told us the reception staff had helped put them at ease. We also spoke with some patients who had been using the practice for many years. They told us the staff had responded really well when they had experienced more serious health problems. They described the clinical staff as caring and compassionate and they had experienced good continuity of care.

Results from the 2015 national GP patient survey showed the majority of patients were happy with how they were treated. The response rate was low making it difficult to compare the response meaningfully with local and national averages. Of 37 respondents:

- 30 found the receptionists at this surgery helpful
- 26 said the GP they saw or spoke to gave them enough time
- 29 said the GP they saw or spoke to was good at listening to them
- 28 said the GP they saw or spoke to was good at treating them with care and concern.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 generally 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 reflected these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example, of 37 respondents:

- 25 said the GP they saw or spoke to was good at explaining tests and treatments
- 27 said the GP they saw or spoke to was good at involving them in decisions about their care.

Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice had a television screen and information in the waiting room which told patients how to access a number of support groups and organisations including those aimed at younger adults and students.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) and the university to plan services and to improve outcomes for patients. For example, the practice had recently formed a network of practices with three others in the area to extend access to primary care and share good practice.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered walk-in GP consultation and nurse-led sexual health clinics daily for students who made up the majority of the patient population. The clinics were timed to be open at periods of the day when there were no lectures so students did not need to miss course time unnecessarily. The practice had previously run a booked appointment system but found that students tended to have a high non-attendance rate.
- The practice was open for extended hours on three days a week to meet the needs of working patients.
- Longer appointments were available for people with complex needs such as enduring mental health problems.
- Home visits were available for older patients or other patients who needed these.
- Urgent access appointments were available daily for children and those with serious or urgent medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open from 8:30am to 6:30pm on weekdays. The practice offered bookable appointments primarily aimed at non-students between 9am-11am and 4:30pm-6:30pm. The practice ran a daily walk-in session for GP consultations between 11:30am and 1:15pm and a nurse-led walk-in sexual health clinic at the same time. Bookable nurse appointments were also available between 9am-6pm. The practice was open for extended hours for GP consultations on Mondays, Tuesdays and Thursdays with appointments available across the week both during the early morning and the evening.

Results from the 2015 national GP patient survey showed that most patients were happy with how they could access the service, although a number were not satisfied with the opening hours. Of 37 respondents:

- 22 said they were satisfied with the practice's opening hours
- 31 said they could get through easily to the surgery by phone
- 26 said they did not normally have to wait long to be seen

Patients we spoke with said it would be useful to know how long they were likely to wait when they attended the walk-in centre and two patients said they had experienced long waits previously. The practice monitored demand and had responded by scheduling the nurse and GP walk-ins at the same time for increased flexibility. Students who preferred to make an advance appointment were able to do so.

Listening and learning from concerns and complaints

The practice had a 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 person who was responsible for handling complaints in the practice.

We saw that information was available to help patients understand the complaints system for example on the website and in a summary leaflet available. Patients we spoke with were not aware of the process to follow if they wished to make a complaint but said if they needed to complain they would find out.

We looked at four complaints received in the last 12 months and found these were dealt with in a timely way and the complainant received a response, explanation of any investigation and findings and an apology if appropriate. The practice had met with patients and their families to discuss complaints and concerns. The practice reviewed complaints received annually. Lessons learnt included the importance of clearer explanations about how the NHS worked to help patients understand the next step of their treatment.

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 vision as set out in its statement of purpose to deliver excellent care to its patients. The practice did not have a written mission statement but staff told us the practice had an ethos which was strongly patient-centred. The practice had business plans which reflected the vision and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care. The practice had a clear staffing structure. Staff were aware of their own roles and responsibilities. The practice was able to show us a number of policies which were up-to-date and tailored to the practice. However, there were some gaps, for example, the practice could not show us its whistleblowing policy which might delay staff from raising concerns.

The practice partners and manager displayed a comprehensive understanding of the performance of the practice and there were generally robust arrangements for identifying, recording and managing risks. There was no planned programme of clinical audit but we found that the practice was conducting completed audit cycles and using the results to improve the service.

Leadership, openness and transparency

The partners in the practice had the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and listened to staff suggestions. The partners encouraged a culture of openness and honesty.

We received mixed views from staff about the capacity of the leadership team. The practice experienced large peaks and troughs in patient demand and the practice had put in place systems to manage busier times of the year, for example the appointment of temporary staff to help with new registrations every September. However, the current provision of services was considered by some staff to place very large demands on the GPs in particular. The practice ran its primary care services through a General Medical Service contract with an annual retainer for student services from the university. The practice did not yet have a clear strategy for its future clinical staffing and succession although this was under discussion in the partners' meetings.

Staff told us that team meetings were held although there had not been an all-staff meeting recently. Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged staff to identify opportunities to improve the service and their own skills and personal development.

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

The practice valued feedback from patients and could show how it had responded to comments and complaints. The practice had found it difficult to engage students in feedback exercises and was in the process of setting up a patient participation group (PPG).

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

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes and enhanced services where these benefited its patients. For example, some practice patients had been referred into the North West London Integrated Care Pilot scheme which provided coordinated care planning for patients with complex health needs. The practice also made use of the local primary care navigator scheme (the navigator is a person who helps direct patients and carers to useful information and services) for example, to support patients on its palliative care register and their families.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Family planning services Surgical procedures	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider could not show that treatment had always been provided with the written consent of the relevant person as required for certain surgical procedures.** **Regulation 11(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not reasonably mitigated the risks in relation to the need to provide treatment in a medical emergency.** **Regulation 12(1)(a)(b)**