

The Willesden Medical Centre

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? | Requires improvement |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willesden Medical Centre on 27 October 2015. 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.
- Most risks to patients were assessed and well managed. Except, in relation to medicines management and staff training records not being complete.
- 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. However, training records did not identify all the training staff had undertaken or needed to complete.

- 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.
 - Results from the GP survey showed that
- On the day of the inspection we observed that there was a queue of patients waiting for approximately thirty minutes to access the practice at 8.30am.
- 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 areas where the provider must make improvements:
 - Ensure systems for checking expiry dates of medicines is suitable
 - The areas where the provider should make improvements:

Summary of findings

- Ensure staff recruitment checks adhere to the recruitment policy.
- Ensure a standardised system for training records that show completed or outstanding training.
- Review arrangements for patients to access appointments
- Review the information provided at the surgery regarding access to translators

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. At the time of the inspection we found medicines that had expired and inconsistent systems in the checking process.
- Training records did not identify all the training staff had undertaken or needed to complete.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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. However, records of training did not identify all the training staff had undertaken or needed to complete
- 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 people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the GP survey showed that
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

The practice carried out proactive care planning with a named GP offering continuity of care to patients over the age of 65. They worked closely with a rapid response nursing team to avoid hospital admissions; GPs could refer patients to the team. Patients were usually seen and reviewed within four hours; management of patients was discussed with an Accident and Emergency Consultant. There was feedback to the GP either for on-going daily care, or the patients were either discharged back to the GP or admitted to hospital as required. The practice used the BIRT2 tools to identify patients at risk. Patients categorised as being high risk were managed by the named GP who carried out medical reviews and, care plans were agreed with the patients in conjunction with carers where necessary. There was an Integrated Care Co-ordination Service (ICCS) to support vulnerable older patients and facilitate access to a range of services. The practice ICCS co-ordinator attended quarterly meetings, to discuss patients supported by the service.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice utilised chronic disease monitoring templates to ensure the uniformity of health checks for patients with long term conditions. Alerts on the system highlighted outstanding health checks, GPs and admin staff generated recalls to patients. All these patients had a named GP and a structured annual review to check that their health and medicines 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. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Good



Families, children and young people

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. Non-attenders for

Good



Summary of findings

immunisations were followed up by telephone. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. We saw good examples of joint working with midwives and health visitors including weekly antenatal and child health clinics. Postnatal examinations for babies at six weeks had a dedicated afternoon clinic with longer appointments. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice worked with the Children Adolescents Mental Health Service (CAMHS) and a local young people and adolescent centre for emotional support. The services could be signposted or referred to as needed.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients were able to access late evening commuter surgeries two evenings per week, as well as a Thursday morning walk-in clinic. Text messages are sent out to patients the day before booked appointments as a reminder. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. This included on-site services such as minor surgery, counselling for patient convenience and accessibility, and health checks for eligible adults.

Good



People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. The practice offered registration to homeless people and immediate access to appointments. There was a neighbouring practice that provided specialists services to homeless people, that they could be signposted to.

It offered longer appointments for people with a learning disability and carers, facilitated appointments for support workers and completed referrals into secondary care for dentistry.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people, at monthly and quarterly meetings. It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice had recruited ICP nurses to complete care-plans for patients assessed as being most at risk.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health including people with dementia. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice followed the local memory services recommendations for dementia screening, they arranged extended appointments to meet with the patient and supportive family members. Eighty seven percent of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It 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 people with mental health needs and dementia. Patients could self-refer or be referred to an on-site improving access to psychological therapies (IAPT) clinic.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing in line with local and national averages. There were 444 survey forms distributed and 110 were returned and the response rate was 24.8%.

- 52% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 74%.
- 82% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 88% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 54% described their experience of making an appointment as good (CCG average 66%, national average 74%).

- 52% usually waited 15 minutes or less after their appointment time to be seen (CCG average 49%, national average 65%).
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients said they felt the doctors were caring and the reception staff were polite and treated them with dignity and respect. Five patients commented on the difficulty of the appointments system, either not getting through on the telephone or no appointments being available when they did.

We spoke with 14 patients during the inspection. Fourteen patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However, three patients raised concerns about the morning queuing system outside the surgery at 8am. Another three patients mentioned the difficulty in booking short notice appointments as well as future appointments.

Areas for improvement

Action the service MUST take to improve

- Ensure systems for monitoring and checking expiry dates of medicines is suitable.

Action the service SHOULD take to improve

- Ensure staff recruitment checks adhere to the recruitment policy.

- Ensure a standardised system for training records that show completed or outstanding training.
- Review arrangements for patients to access appointments
- Review the information provided at the surgery regarding access to translators

The Willesden Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to The Willesden Medical Centre

The Willesden Medical Centre is a single location surgery which provides a primary medical service through a General Medical Services (GMS) contract to approximately 11,400 patients

living in Willesden in the London borough of Brent. The practice operates in a purpose built building that is accessible to people with mobility needs. Consultation and treatments are provided across the first and second floors, there was a lift available for patients to use.

The population groups served by the practice included a cross-section of socio-economic and ethnic groups. A relatively low proportion of patients (3.5% of the practice population) were aged over 75. There were also average numbers of children cared for at the practice (5.9% of under 5s and 13.6% of under 18s). The practice had a higher than average population of working age adults (70.3%).

The practice is registered to carry on the following regulated activities: Maternity and midwifery services; Treatment of disease, disorder or injury; Diagnostic and screening procedures; and Family planning. At the time of our inspection, there were four GP partners two male and

two female (full time), and a practice manager at the Willesden Medical Centre. The practice also employed three salaried GPs (one male and two female part time), one practice nurse (female), three health care assistants (female), a phlebotomist and sixteen administrative and reception staff. In addition the practice is a training practice and two GP registrars (female) were on placement at the time of our visit.

The practice is open Monday to Friday 8.30am to 6pm, and on Thursday 8.30 to 1pm. There is a range of appointment options available, by telephone, internet or in person. Patients can phone on the day from 8.30am, for a same day appointment, and same day afternoon appointments were available two days per week from 1pm to 3pm. Appointment times were Monday and Friday 9am to 12pm and 4pm to 6.30pm. Tuesday and Wednesday 9am to 12pm and 4pm to 7.30pm and there is a Thursday walk in clinic 8.30 to 1pm. Extended hours surgeries are offered at the following times on 6.30pm to 7pm on Tuesday and Wednesday evenings with a pre-bookable appointment. There are also arrangements to ensure patients received urgent medical assistance when the practice was closed through the local out of hours service.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2015. During our visit we:

- Spoke with a range of staff GPs, practice manager and nurse, health care assistants, reception and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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

Are services safe?

Our findings

Safe track record and learning

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

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

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, following an incident regarding a delayed referral for a patient; the system was changed to ensure there was a process in place to monitor when referrals were either completed or still pending.

When there were unintended safety incidents, patients received an explanation and an apology and were told about actions taken to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. But training for the practice nurse, health care assistant and non-clinical staff needed to be clarified and updated. We did not see evidence that safeguarding training had been undertaken to the required level. GPs were trained to Safeguarding level 3. The electronic patient record had a system that indicated when a child was subject to a child protection plan and when a patient was considered a vulnerable adult.

- Notices in the waiting room and consulting rooms advised patients that staff would act as chaperones, if required. All reception staff who acted as chaperones were trained for the role and had received a disclosure and barring 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).
- 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. There was an infection control protocol in place and some staff had received up to date training. The annual infection control audit had been completed on 20/10/2015, with a plan identifying outstanding actions. We saw two of the examination couches in consulting rooms that had splits, exposing the inner material creating an infection risk. This was highlighted to the practice manager, action was taken by the practice to replace the equipment.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Records showed that fridge temperature checks were carried out, but not in all areas. The fridge on the doctors consulting floor was recorded. The fridge in the utility room (where emergency medicines were kept) contained vaccines but did not have a temperature record. 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.
- The practice had a recruitment policy that was kept under review. We saw that staff recruitment checks had not been carried out in line with requirements or the practice policy in the six staff files we reviewed. For example, two written references were not in place in two files. There was proof of identification and evidence to

Are services safe?

show qualifications and registration with professional bodies were checked. The practice had an induction checklist with a three month review for staff in new roles.

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. Health and safety policies were in place and reviewed. Posters displayed relevant health and safety information for staff. Fire equipment was checked annually by external contractors, the last check was carried out in June 2015. Weekly fire testing was undertaken, and six members of staff completed fire marshal training in April 2015. Portable electrical appliances were last checked in July 2015. Clinical equipment was tested annually with the last check carried out in July 2015. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. A legionella risk assessment was carried out in May 2015; monthly water temperature testing was undertaken and recorded.
- 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 administrative and reception staff to cover periods of absence.

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.
- The practice had a defibrillator available on the premises, which had adult pads but no paediatric pads. Oxygen with adult and children's masks were available. There was also a first aid kit available.
- Emergency medicines were easily accessible to staff in two secure areas of the practice and all staff knew of their location. Processes were in place to check the expiry dates of the emergency medicines, however records shown to us by the practice manager revealed this process was carried out every three months and therefore if medicines were expiring before the next check would not be identified. Consequently, on the day of inspection we found eight medicines and medical equipment out of date.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a location the practice would transfer to if the building was being uninhabitable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice monitored the use of these guidelines through discussions at clinical meetings. Medical records showed assessments were completed, investigations were carried out, referrals were made to specialist services and medicine reviews were carried out when required.
- The practice had systems in place to keep all clinical staff up to date.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 94% of the total number of points available, with 5.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was comparable to the CCG and national average 88.4%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average 96.2 %.
- Performance for mental health related indicators was comparable to the CCG and national average 96.2%.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits completed in the last two years, four of these were completed audits 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, changes were made following The Medicines and Health Products Regulatory Agency issuing guidance on the dosage of simvastatin (a cholesterol-lowering medication) in concomitant use with amlodipine (a medication used to lower blood pressure and prevent chest pain). An audit identified 41 patients who were prescribed both medicines, a medicines review was undertaken and the patients contacted. Systems were in place to review and change prescriptions, and monitor patients.

Information about patients' outcomes was used to make improvements such as; the practice held review meetings to identify patients that had not been reached and attempt to see them for health reviews.

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice maintained records of training staff attended, but there was inconsistency in prioritising and identifying training requirements which demonstrated how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. 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: safeguarding, fire procedures, and basic life support; not all staff were up to date with information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. 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 people 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis, no formal minutes were recorded. However, any decisions were recorded in the care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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 and young people can be referred to specialist services for emotional support. Patients were then signposted to the relevant service.
- Diabetic patients had access to a specialist diabetic nurse who visited the practice and smoking cessation advice was available from the health care assistant.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to send letters and offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62% to 78% and five year olds from 55% to 87%. Flu vaccination rates for the over 65s were 65%, and at risk groups 47%. 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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were on most occasions courteous and helpful to patients both attending at the reception desk and on the telephone and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment rooms doors were closed during consultations and conversations couldn't be overheard.
- Reception staff also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the doctors were caring and the reception staff were polite and treated them with dignity and respect. Three patients raised concerns about the morning queuing system outside the surgery at 8am. Another three patients mentioned the difficulty in booking short notice appointments as well as future appointments. We spoke to 14 patients on the day of the inspection; there were no members of the patient participation group available on the day for us to talk with. Their experience aligned with the comment cards, highlighting that why were mostly satisfied with the care and treatment provided by the doctors and nurses.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88%.
- 81% said the GP gave them enough time (CCG average 81%, national average 86%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)

- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 82% 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 that 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 but some felt there wasn't always sufficient time during consultations to address all their concerns. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed mixed patient responses to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or below local and national averages. For example:

- 82% 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%.
- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%)

Staff told us that translation services were available for patients who did not have English as a first language. When reception staff were advised in advance of the requirement of an interpreter, this was booked and they arranged a double appointment for the patient. We saw notices in the reception areas informing patients of the interpreter service, however when speaking to patients they were unaware of the service as the notices displayed were only in English. On the day of the inspection we observed a patient who couldn't speak English at the reception desk having difficulty communicating with the receptionist, another patient from the queue overheard their conversation and translated for the patient. This was not allowing patient confidentiality to be maintained.

Are services caring?

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 including stop smoking clinics, keeping children safe, and support groups for carers.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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.

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 recently underwent complete refurbishment, and renewed its contract to stay on the present site to provide services to the local community.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours. Appointments were pre-bookable on the day.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. There were child health clinics held on Monday and Friday afternoons weekly with 20 minute appointments available.
- There were disabled facilities, hearing loop and translation services available.
- The practice had lift access for patients with mobility problems.
- The practice was part of the Willesden Hub – a CCG GP surgery co-operative patients could book appointments at, if they were unable to be seen at their own practice. Monday to Friday and at weekends.
- The practice had a Thursday walk-in clinic where patients could be seen from 8.30am to 1.00pm without a pre-booked appointment.
- Older people were supported by reception to access later appointments if required.
- The practice offered weekly clinics for antenatal, well-women and family planning services.

Access to the service

The practice was open between 8.30 and 6.30pm Monday and Friday, 8.30am to 7.30pm Tuesday and Wednesday, and on Thursday 8.30 to 1pm. Appointment times were Monday and Friday 9am to 12pm and 4pm to 6.30pm; Tuesday and Wednesday 9am to 12pm and 4pm to 7.30pm and a Thursday walk in clinic 8.30 to 1pm. Extended hours surgeries were offered at the following times 6.30pm to

7pm on Tuesday and Wednesday evenings with a pre-bookable appointment. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

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. People told us on the day that they were not always able to get appointments when they needed them. On the day of inspection there was a queue of patients, including older people and mothers with young children queuing outside for approximately 30 minutes before they were able to access the surgery at 8.30am. Patients we spoke with raised concerns about the difficulty in booking appointments on the telephone, issues highlighted included difficulty in getting through on the telephone in the morning.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 52% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 74%).
- 54% patients described their experience of making an appointment as good (CCG average 67%, national average 74%).
- 52% patients said they usually waited 15 minutes or less after their appointment time (CCG average 49%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person the practice manager who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system there was information in the practice leaflet, as well as a separate summary leaflet available.
- The practice maintained a complaints log; we were able to review the log from October 2014 to October 2015.

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

- The practice used emails to communicate with staff about complaints and learning points from them.

We looked at nine complaints received and recorded on the complaints log in the last 12 months and found that the complaints were both verbal and written. There was evidence that patients had been contacted and the

outcomes from the complaints were recorded, patients had received explanations and apologies. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, reception staff were updated about the range of services and the choice of options available to patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- Each of the designated clinical leads monitored the performance of their specific areas
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have 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 that they were approachable and always take the time to listen to all members of staff.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and 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.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, telephone access concerns had been identified. The practice invested in a new telephone system to provide more access for patients.
- The practice had also gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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 |
|--|---|
| Diagnostic and screening procedures | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment |
| Family planning services | Recording systems for monitoring and checking the expiry dates of medicines was not standardised throughout the practice. |
| Maternity and midwifery services | Recording systems for monitoring and checking fridge temperatures were not standardised throughout the practice. |
| Treatment of disease, disorder or injury | 12(2)(g) |