Stanley Corner 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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stanley Corner Medical Centre on 8 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care. There was a strong emphasis on health promotion and prevention. The practice ensured staff had access to relevant training and learning opportunities to maintain their skills.
- Patients said they were treated with compassion and respect and they were involved in decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and affected patients received an apology.
- Most patients we spoke with said they found it easy to make an appointment. Urgent appointments were available the same day. The practice promoted continuity of care for patients with long term conditions, older patients and those in vulnerable circumstances.
- There was a clear leadership structure and staff felt supported by management. The practice had a strategic approach to managing long-term conditions and reviewing its performance. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- The premises were generally well maintained and pleasant. However, the first floor waiting room was quite bare with poor quality seating. This should be improved at an appropriate opportunity.

We saw one area of outstanding practice:

Summary of findings

- The practice had a good track record in encouraging eligible patients to have their annual flu immunisation. The practice organised an annual 'flu jab' open day. Information about the day was displayed in the practice and elsewhere locally. On the day, the practice staff wore custom designed t-shirts, and put up posters, displays and laid on refreshments to publicise the event and catch patients' attention. Staff described it as a fun, informal event with a positive purpose.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice highly.
- 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.

Summary of findings

- Staff treated patients with kindness and respect, and maintained patient confidentiality.
- Patients received sensitive care and support towards the end of life or following bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England area team, clinical commissioning group and the GP locality group to secure improvements to services where these were identified.
- Most patients said they found it easy to make an appointment when they needed one. Urgent appointments were available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy which it shared with patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings. Governance 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 to notify patients and their representatives about notifiable safety incidents under the duty of candour.
- 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. The practice was a training and teaching practice.
- The trainee GPs were very positive about their experience at the practice and said it was a good place to work and to learn.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients aged over 75 were allocated a named GP and continuity of care was encouraged and facilitated by reception staff.
- The practice was responsive to the needs of older people, and offered home visits and urgent or longer appointments for those with enhanced needs or in vulnerable circumstances. The practice offered telephone consultations for elderly patients who wanted advice and could not get an appointment on the day.
- The practice carried out clinical audit relevant to older patients, for example, recently auditing its management of osteoporosis and falls assessment.
- One of the GPs had the diploma in geriatric medicine and was the practice lead for end of life care.

People with long term conditions

Good

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

- The medical and nursing staff members had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice was achieving or close to achieving the maximum Quality and Outcome Framework points for its management of all long-term conditions apart from diabetes.
- The diabetic specialist nurse attended the practice each month to review patients whose diabetes was not well controlled.
- The practice provided in-house phlebotomy. The practice had arranged extended hours diabetes foot checks and spirometry testing.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of hospital admission were identified as a priority. The practice liaised with the local rapid response services to provide urgent support at home when required.

Summary of findings

- The practice took steps to inform staff when patients were receiving difficult news to ensure these patients received time and support from the whole team.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who had a high number of A&E attendances.
- Staff were able to provide examples of how they treated children and young people in an age-appropriate way and respected the confidentiality of young people.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Young children and babies who were unwell were seen the same day.
- The practice provided antenatal checks, the six week postnatal check and weekly baby clinics. The practice team had effective links with the local health visitors.
- The practice ran weekly asthma clinics and had reviewed asthma control in 79% of practice patients with an asthma diagnosis (national average 75%).
- One of the partners advocated the relevant authorities for the continuation of a local service for young people in Brent having seen a positive impact on patients.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- GP consultations were available until 7:45pm one evening a week.
- Patients were able to book appointments online and the practice offered an electronic prescription service.
- The practice offered a full range of health promotion and screening reflecting the needs of this age group including NHS health checks for patients aged 40-74. The practice had identified patients with previously undiagnosed diabetes through these checks.

Summary of findings

- The practice offered access to travel advice and vaccinations; family planning services (including coil fitting) and cervical screening. The practice coverage for the cervical screening programme was 83% which was higher than the national average.
- Students were able to remain registered with the practice if they preferred throughout the academic year.

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 registers of patients living in vulnerable circumstances including people with a learning disability.
- The partners were able to provide examples of how the practice had responded flexibly to the needs of individuals in very high need with positive and, in some cases life changing, outcomes.
- The practice maintained a register of patients who were also carers.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and cases were discussed in practice and multidisciplinary team meetings.
- 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 enabled patients to register regardless of their circumstances and had a diverse patient list, including for example, travellers and homeless patients.
- The practice team could speak a range of languages including Hindi, Gujarati, Italian, Farsi and Urdu. This was particularly valued by some older patients who spoke these languages.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- The practice had 21 patients with a diagnosis of dementia. Fourteen had attended a face to face review of their care in the last year. The practice screened patients at risk of dementia and referred patients to a local memory clinic for further investigation and diagnostic tests.
- The practice regularly worked with multi-disciplinary teams in the care planning of patients experiencing poor mental health and those with dementia.
- Distressed patients who are known to have mental health issues were offered appointments or telephone consultations the same day. An note was added to the electronic patient record to alert receptionists if patients preferred to see a specific doctor.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients with mental health needs were offered longer appointments or consultations at the end of the session. The practice also facilitated continuity of care for these patients.
- Patients had access to the local IAPT (Improving Access to Psychological Therapies).
- The practice advised patients experiencing poor mental health how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. Questionnaires were sent to 350 patients and 112 were returned: a completion rate of 32% (that is, 2% of the patient list). The results showed the practice tended to perform in line with or better than other GP practices in the local area and close to the national average.

- 66% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 67% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 85%.
- 98% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93% and the national average of 95%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards. We also spoke with eight patients during the inspection including four members of the practice's patient participation group (PPG).

The patient feedback we received was positive about the quality of care. Many patients commented on the helpfulness and kindness of both the reception and clinical staff. Three comments noted that the staff had responded well when a patient was late or had made a complaint and had gone out of their way to resolve the issue. Patients gave us many positive examples of how their preferences were valued and acted on. They said the practice was efficient in referring them for further treatment or tests if necessary and they were involved in decisions.

We received positive comments about accessibility. Patients said they could get an appointment when they needed one and within a reasonable time. Several patients also noted that this was an area where the practice had improved markedly in recent years. The only critical comments were about surgeries sometimes overrunning with delays to appointments.

Several patients also commented on the positive impact of the practice on the local community and said it had a good reputation which was well deserved.

Stanley Corner Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC inspector and a GP specialist adviser.

Background to Stanley Corner Medical Centre

Stanley Corner Medical Centre provides NHS primary medical services to over 6000 patients in the Wembley area of London, through a General Medical Services contract. The service is run from one surgery.

The current practice clinical team comprises one full time and two part time GP Partners (male and female) two sessional GPs, two GPs in training, one practice nurse and one health care assistant and one phlebotomist. The practice also employs a practice manager, an assistant manager and receptionists and administrators.

The practice is a training practice, employing up to two GP trainees at any one time. These doctors are supported to work at the practice for a fixed term to gain the necessary experience to qualify as GPs. The practice also supports the GP retainer scheme, enabling GPs who provide a limited number of clinical sessions the support to do so while maintaining and developing their clinical skills.

The practice is open from 8.45am every day and closes at 6.45pm Monday to Wednesday, 6.30pm on Thursday and 5.00pm on Friday. Appointments can be made between 9.00am and 1.00pm and from 4.00pm until 6.00pm with the exception of Friday afternoon when there are no clinical sessions. The practice also offers an evening surgery until 7.45pm on alternating Wednesday and Thursday evenings.

The practice offers online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice. When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care or attend a local urgent care centre or primary care 'hub' practice. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, the website and on a recorded telephone message.

The practice has a larger than average proportion of adults in the 25-39 age range, particularly men, and relatively small numbers of patients aged over 65. The local population is ethnically diverse with the largest group being Indian by background and other patients originating from many regions including Kosovo, Somalia, Nepal and the Caribbean. Practice staff can speak a range of languages including Hindi, Gujarati, Urdu, Farsi and Italian.

The prevalence of some chronic diseases, notably diabetes, is high locally and affects 7% of the practice population. The practice has a significant number of patients who have experienced military action or other forms of violence with associated health needs.

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

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 March 2016. During our visit we:

- Spoke with a range of staff (GP partners, the practice nurse, the phlebotomist, the practice manager and a receptionist). We spoke with four patients who used the service and four members of the practice patient participation group (PPG).
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of the personal treatment records and care plans of patients.
- Reviewed 42 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.
- Observed and inspected the environment, facilities and equipment.

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

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

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

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

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

Good

Are services safe?

Our findings

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

Staff told us they would inform the practice manager or the GP partners of any incidents and there was a structured, recording form available on the practice computer system.

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and were told about any actions to prevent the same thing happening again. The practice kept a record of all correspondence.

The practice analysed significant events and maintained a log on the computer system to ensure that all actions were implemented. We reviewed safety records, incident reports, patient safety alerts and the minutes of meetings where these were discussed. Lessons were discussed in the weekly clinical meeting, recorded and shared with the whole practice team and action was taken to improve safety in the practice. For example, the practice reviewed new diagnoses of cancer to ensure that clinicians were acting in line with current guidelines and in a timely way as possible.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurse were trained to child protection 'level 3'.
- Notices in the waiting room and other areas of the practice advised patients that chaperones were available if required. The practice nurse and health care assistant acted as chaperones and had been trained. All staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were comprehensive infection control policies in place and staff had received training. The practice carried out an annual audit of infection control.
- The practice had arrangements for managing medicines, including emergency medicines and vaccines that kept patients safe (including arrangements for obtaining, prescribing, recording, handling, storing and security of medicines). The practice carried out regular medicines audits, and liaised with the local Clinical Commissioning Group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines. The practice received benchmarking data which was regularly reviewed.
- 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 the nurse to administer medicines in line with egislation. The practice did not keep controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises.
- We reviewed the personnel files of two staff members who had been recruited within the last two years and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, immunisation status, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice also had systems in place to ensure temporary and locum staff were appropriately qualified before starting.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had health and safety policies and displayed their

health and safety law poster as required. The practice was able to show us a copy of the workplace and fire risk assessments including an evacuation plan. Fire drills covering the whole building were carried out on occasion. There were weekly tests of the fire alarm. The practice manager carried out daily weekly premises checks including fire safety. Fire safety equipment was installed and regularly checked.

- Electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty to meet patient needs. The practice had found it difficult to recruit a qualified practice nurse and had taken on a district nurse and invested in and supported their training for the role while in post. The practice had also supported an administrative staff member to qualify as health care assistant. The practice had systems in place to cover unplanned staff absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- There were appropriate emergency medicines available in the treatment room. 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 defibrillator available on the premises with adults and children's defibrillator pads and oxygen with adult and children's masks. The practice also kept a first aid kit. The practice had responded immediately when patients had required emergency help in the practice.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had arrangements in place to share premises or equipment in the event of a major incident.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date, for example guidelines were accessible through a shortcut on the computer terminals. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Changes to guidelines were also discussed at the weekly clinical meeting.
- The practice monitored that clinical guidelines were followed through significant event analysis, team discussion, audits and case finding exercises. For example, the practice had reviewed the low prevalence of chronic obstructive pulmonary disease (COPD) to ensure that it was not missing cases. We reviewed a sample of patient records that showed that the practice was following good practice guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared to the national average of 94.8%.This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Practice performance for diabetes related indicators tended to be in line with the clinical commissioning group (CCG) and national averages. For example, the percentage of diabetic patients whose blood sugar levels were adequately controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 75% compared to the national average of 78%. The percentage of diabetic patients whose last blood pressure reading was in the normal range was 80% compared to the national average of 78%. Ninety per cent of the practice's diabetic patients had a recorded foot examination within the last year compared to the national average of 88%.
- Performance for mental health related indicators was better than the national average For example 96% of practice patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records compared to the national average of 88%.

There was evidence of quality improvement.

- The practice carried out clinical audits. There was a clear rationale for the topics chosen for review, for example following a change to guidelines or where the practice was not performing as highly as other practices.
- The practice had carried out around ten clinical audits in the previous year, half of which were prescribing audits which were undertaken by all the practices in the locality and half of which were practice-driven. For example, the practice had carried its own audit of the use of the 'Q risk' assessment with patients to assess lifetime risk of cardio-vascular disease and stroke. As a result, the practice had developed a pop-up reminder which was added to the electronic patient records. Audits were discussed in clinical meetings and used as a training tool and source of learning for the trainee GPs.
- The practice also participated in locality-wide prescribing and admissions audits and reviews, benchmarking and peer review. The practice computer system was equipped with prescribing decision support software.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality but was individually tailored to the needs of each new staff member. New staff were supported and had a period of shadowing more experienced colleagues. The practice induction procedure included a probationary period and a competency assessment.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how it ensured that staff had relevant role-specific training and updating, for example, in relation to reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, practice meetings and mentoring.
- Most staff had received an appraisal within the last 12 months. The practice manager had scheduled all outstanding appraisals.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training and other learning opportunities put on across the locality group.
- The practice was a training and teaching practice and had a strong focus on clinical education with regular learning sessions, shadowing, mentoring and seminars for trainees and students. Trainees were supported for example by having longer appointment times at the start of their training period. The practice provided access to online, video and written learning resources.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when working with other agencies such as the local rapid response outreach service to support patients at home and preventing unnecessary hospital admission.
- The practice was responsible ('opted in') for the out of hours primary care service to registered patients and had contracted with an out of hours provider to cover the periods when the practice was closed. The practice shared information with the out of hours service, for example about patients who were housebound or receiving palliative care.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital.
- There were systems in place to ensure referrals and appointments were actioned and followed-up if necessary.

The clinical team held weekly meetings which were documented. The agenda included standing items such as patient deaths, significant cases or events, safeguarding, audit results and staff and patient feedback and complaints.

The practice had identified 2% of the practice population for care planning. This group included patients at greater at risk of unplanned admission or vulnerable to rapid deterioration. The practice developed care plans with patients and their carers. Care plans were discussed and updated at monthly locality multidisciplinary meetings to ensure that care was coordinated around the needs of patients and carers. Any admissions to hospital were followed up to assess whether additional support was required or to reflect on whether the service could be improved.

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. Staff had received online training on the Act and their responsibilities.
- When providing care and treatment for children and young people, staff carried out assessments of capacity

Good

Are services effective?

(for example, treatment is effective)

to consent in line with relevant guidance. The practice displayed information for younger patients, for example on the website, providing assurances about confidentiality.

- Where a patient's mental capacity to consent to care or treatment was unclear the relevant professional assessed the patient's capacity and, recorded the outcome of the assessment. The care planning process prompted patients to consider whether they would like to make advance decisions about their treatment.
- Verbal consent was recorded appropriately in patient records. The practice obtained written consent before carrying out coil fittings.

Supporting patients to live healthier lives

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

- Patients receiving end of life care; patients at risk of developing a long-term condition and those requiring advice on their lifestyle. Patients were signposted to the relevant service.

The practice's coverage for the cervical screening programme was high at 83% and uptake was 74% (that is the percentage of women who attended within six months of invitation) which was significantly higher than the CCG average of 68%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and women who were referred as a result of abnormal results were followed up.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice population coverage for breast screening was close to the national average with 69% of eligible women having been screened compared to the national average of 72%. Bowel cancer screening rates were in line with the CCG average at 46%.

Practice childhood immunisation rates were high at over 90%, for all age cohorts.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Any identified risk factors or abnormalities were followed up with a GP or nurse consultation.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they could offer patients a private space when patients wanted to discuss sensitive issues or appeared distressed.

We spoke with four patients and four members of the patient participation group (PPG) and reviewed the patient comment cards we received. All of the comment cards included positive comments about the service. Many patients commented on the helpfulness and kindness of both the reception and clinical staff. Three comments noted that the staff had responded well when a patient was late or had made a complaint and had gone out of their way to resolve the issue. Patients gave us many positive examples of how their preferences were valued and acted on. They said the practice was efficient in referring them for further treatment or tests if necessary and they were involved in decisions.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 94% and the national average of 97%.

Patients told us that the practice was an integral part of the local community and had a 'traditional' ethos which most patients valued. Several patients told us they found it easy to talk to their medical professionals. One patient said the doctors always made time to have a conversation and were cheerful. The partners told us they consciously aimed to build good rapport and relationships between staff and patients.

The PPG members had mixed views about the premises, they understood that the lack of space was a constraint on the service, but said that the old building added to the comfortable atmosphere at the practice - it provided a homely rather than clinical environment.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised, included prompts for patients to consider advanced decisions and their objectives from care and treatment.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Again, the practice scored above average. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.

Good

Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. The practice website included a translation facility.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a wide range of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of patients as carers. Written information was available to direct carers to the various sources of statutory and voluntary support and the local carers centre.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and all staff were made aware. Recently bereaved patients were offered consultation or advice and the practice had details of bereavement counselling services. One patient we spoke with had suffered a bereavement and told us their GP had been a tremendous support both to them and the family member who was receiving palliative care.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, following patient feedback about difficulty obtaining timely blood tests, the practice successfully applied to provide phlebotomy in-house to its own patients and other patients in the locality.

- The practice was aware of the socio-demographic and cultural characteristics of its population and used this knowledge to tailor its approach, for example in relation to end of life care.
- The practice facilitated continuity of care for patients with longer-term conditions and those in more vulnerable circumstances. The practice could demonstrate cases where a holistic approach (that is, where the practice worked with the patient and alongside other health and social services professionals and voluntary agencies) had achieved an excellent outcome for the patient, for example recovery from substance misuse and addressing social isolation.
- The practice offered evening appointments on alternate Wednesday and Thursday evenings with the GPs. The health care assistants were also available during evening surgeries.
- There were longer appointments available for patients with a learning disability or mental health problems.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for pregnant women, young children and babies.
- The practice offered a full range of NHS and private travel vaccinations with information about relevant costs and when to seek vaccination in order to have sufficient protection while abroad.
- There were disabled facilities, a hearing loop and translation services available. Several members of staff could speak other languages.
- The practice premises were located over two floors with a staircase. Patients with mobility issues were always seen on the ground floor and if necessary staff temporarily changed rooms to ensure continuity of care.

Access to the service

The practice was open from 8.45am every day and closed at 6.45pm Monday to Wednesday, 6.30pm on Thursday and 5.00pm on Friday. Appointments could be made between 9.00am and 1.00pm and from 4.00pm until 6.00pm with the exception of Friday afternoon when there were no clinical sessions. The practice also ran an evening surgery until 7.45pm on alternating Wednesday and Thursday evenings.

Patients could access appointments through a mix of pre-bookable appointments, on the day appointments and telephone consultations. The partners had considered introducing a telephone triage system but had rejected this option for the time being. The practice offered online appointment booking and an electronic prescription service and text reminders.

Results from the national GP patient survey showed that patient satisfaction with access to the service was similar to the CCG and national averages.

- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 75%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 85%.
- 72% describe their experience of making an appointment as good compared to the CCG average of 67% and the national average of 73%.

We received some patient feedback on the day of the inspection that the practice was frequently busy and it was sometimes difficult to get an appointment within a few days. However other patients told us that they thought the practice had improved access and it was usually possible to get an appointment when needed.

Practice patients were also able to access the local primary care 'hub' services offering evening and weekend appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Good

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention. Patients unable to obtain an appointment the same day were able to speak with a GP over the telephone who could provide advice or assess whether an emergency appointment was appropriate.

Patients requiring home visits were requested to ring before 10.00am and their request passed to a GP.

The GP might telephone the patient or their carer to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example the practice had a complaints leaflet which was visible in reception and information about how to complain was also available on the website and in the practice leaflet.

We looked at five complaints received in the last 12 months and found these were handled in line with the practice complaints policy. The practice was open in following up complaints with the patients concerned, for example,meeting patients to discuss the problem. The practice responded to complaints in writing with an apology.

Lessons were learnt from compliments, concerns and complaints and shared with the wider team.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice vision was to provide professional medical services "in the heart of the community". The practice aimed to ensure that it listened to patients and provided "reliable, caring advice or treatment". The vision was underpinned by a set of values. The practice shared its vision and values in various forms in the practice leaflet and on its website. Staff were clear about the vision and their responsibilities in relation to it.

- The practice had a robust strategy and supporting business plans and they were regularly monitored. The practice had identified the main challenges it faced including clinical risks, such as the increasing prevalence of type II diabetes and business related issues, for example the lack of space in the current premises was a potential constraint.
- The practice was prepared to invest and take risks to resolve issues. For example when it was unable to recruit a qualified practice nurse, the practice took on a former community nurse and invested in training her for the role.

Governance arrangements

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

- The partners and practice manager met regularly for strategy and planning meetings.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff in folders and on the shared drive.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information and clinical audit was used routinely to understand performance in comparison to other practices within the same locality and the clinical commissioning group area.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.
- Significant events and complaints were peer reviewed in depth to understand root causes and identify learning.

Leadership and culture

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

- The partners were visible in the practice and provided a strong, positive, leadership team who worked well together. Staff told us that there was an open culture and a lot of 'laughter' within the practice.
- The practice held regular staff meetings and clinical meetings. Minutes were kept for future reference and to check that outstanding actions had been completed. The practice team also met for social events and away days.
- Staff said they felt respected, valued and supported by the partners and the practice manager. The practice had a strong track record in retaining and developing staff.
- The provider complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice shared information and learning within and outside the team. The practice was an active member of the locality group of GP practices covering the Wembley area.
- The practice was a training and teaching practice. The trainee GPs were very positive about their experience at the practice and said it was a good place to work and to learn.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and surveys, comments and complaints. The PPG was representative of the practice population with around 20 members and met every six months. The PPG carried out patient feedback exercises and suggested improvements to the practice management team. We met with seven members of the patient participation group who were positive about their involvement and influence.

Are services well-led?

Good

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

- The practice had also gathered feedback from staff through appraisals and staff discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels. For example, the practice had expanded the range of services it offered, now providing phlebotomy and ECG testing.