

# Dr Madhukar C Patel

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 8.30am on 9 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said there was continuity of care, with urgent appointments available the same day. However, appointments with a preferred GP were not always available quickly.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We found two areas of outstanding practice:

- The principal GP had led an investigation to improve pathology services in the local area which had made an impact nationally in the manner in which pathology results were viewed and filed in the GP computer system.
- The principal GP had led the development of templates which had been utilised widely by practices within the local area. This included bespoke templates for safeguarding, Disease Modifying Antirheumatic Drugs (DMARDs) and antenatal care. The GP had also contributed to the development of the Whole Systems Integrated Care template (a template adopted by all practices in the local network to gather information on high risk patients in order to develop care plans for them).

# Summary of findings

The areas where the provider should make improvement are:

- Complete a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Review the process for recording significant events and critical incidents.
- Ensure all staff meetings are minuted with actions recorded.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services although there were areas where the practice should improve.

- There was a system in place for reporting and recording significant events. However, the process for recording significant events was in need of review as there were some inconsistencies in the reporting form used.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice had not carried out a legionella risk assessment.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

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

## Are services responsive to people's needs?

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 and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said there was continuity of care, with urgent appointments available the same day. However, appointments with a preferred GP were not always available quickly.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, the recording of staff meeting minutes was in need of improvement.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had created their own bespoke over 75 annual health check template.
- All older patients who had been discharged from hospital were telephoned or visited within 48 hours of their discharge.
- All over 75 years old patient were given annual health checks and blood tests.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management specifically asthma and COPD clinics.
- The practice offered the services of a diabetes nurse specialist engaged by the surgery and a GP with a diploma in diabetes management. Insulin initiation was also carried out.
- Patients with challenging diabetes problems were also discussed at a virtual diabetes clinic with a view to improve outcomes for them.
- QOF (Quality and Outcomes Framework) performance for diabetes related indicators was 93% which was above both local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 82.8% compared to the national average of 75.3%.
- Patients told us that children and young people were treated in an age-appropriate way.
- The practice's uptake for the cervical screening programme was 81%, which was in line with the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Services for this population group included antenatal and postnatal care, child health surveillance, contraceptive advice, chlamydia screening and testicular self examination advice.
- Regular meetings with the health visitor and e-mail communication to discuss patients on their case load.

## **Working age people (including those recently retired and students)**

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## **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 met the needs of refugees and asylum seekers and in agreement with local commissioners the practice boundary for this group extended to the whole of Brent.
- The practice had a register of housebound and vulnerable patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice had 20 patients on the learning disabilities register of which 11 had received annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **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 multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

We reviewed the national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and thirty survey forms were distributed and 100 were returned. This was a response rate of 23.3%.

- 81.5% found it easy to get through to this surgery by phone compared to a CCG average of 67.7% and a national average of 73.3%.
- 71.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77.7%, national average 85.2%).
- 83.9% described the overall experience of their GP surgery as fairly good or very good (CCG average 77.7%, national average 84.8%).

- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79.1%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were mainly positive about the standard of care received. We only received two negative comments in relation to patients not being able to see a preferred GP quickly and the waiting time when at the surgery to be seen by a GP.

We spoke with ten patients during the inspection. All ten patients said they were happy with the care they received and thought staff were approachable, committed and caring. Results from the practices friends and family test showed that out of 93 responses, 87% of patients recommended the practice.

# Dr Madhukar C Patel

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Madhukar C Patel

Dr Madhukar C Patel's practice (also known as The Surgery) is situated at 260-262 Harrow Road, Wembley, Brent, HA9 6QL. The practice provides NHS primary care services through a Personal Medical Services (PMS) contract to approximately 4,700 people living in the London Borough of Brent. The practice is part of the NHS Brent Clinical Commissioning Group (CCG) and within the CCG one of a local network of 21 GP practices.

The practice population is ethnically diverse and has a much higher than average number of patients between 25 and 35 years. The practice also has a higher than average number of children under 10 years old and a much lower than average number of older patients between 45 and 85+ years. The practice area is rated in the fourth more deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

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

The practice team consists of a male principal GP (six sessions / week), a salaried female GP (31 hours / week), a long term locum GP (seven sessions / week), a locum GP (two sessions / week), a practice nurse (36 hours / week), a health care assistant (32 hours / week) and a practice manager who is supported by a team of reception / administration staff.

The practice is open between 9.00am and 6.30pm Monday to Friday. Appointments are from 9.00am to 11.45am every morning and 4.00pm to 5.45pm Mondays, 3.30pm to 5.30pm Tuesdays and Wednesdays, and 3.30pm to 5.45pm Thursdays and Fridays. Extended surgery hours are offered on Mondays from 6.30pm to 7.45pm and from 8.00am to 9.00am every Friday. The practice is closed at weekends. To access out of hours care patients are directed to LCW, the local Out of Hours (OOH) service.

Services provided by the practice include chronic disease management, cervical screening, family planning, child health surveillance, NHS health checks, vaccinations / immunisations, ECGs, joint injections, phlebotomy, dressings, sexual health advice and maternity services.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016

During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse, a health care assistant, the practice manager, two reception staff and spoke with ten patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. However, the principal GP acknowledged that the process for recording significant events was in need of review as there were some inconsistencies in the reporting form used.

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, a recent incident involved a patient who was referred for an MRI scan. The referral service erroneously scanned the wrong area of the patients body. The practice took action to minimise the likelihood of similar incidents happening again.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. Clinical staff were trained to Safeguarding children level 3 and non-clinical staff level 1.

- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There was a general health and safety risk assessment completed by an external company with high risks identified and actioned. However, the practice had not completed a risk assessment for 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 all the different staffing groups to ensure that enough staff were on duty.

### 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 and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The GPs received NICE alerts through the computer system on latest guidance to ensure they were up to date.

### 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 98.8% of the total number of points available, with 10.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 93% which was 7.9% above the CCG average and 3.8% above the national average.
- Performance for hypertension related indicators was 100% which was 3% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 100% which was 9% above the CCG average and 7.2% above the national average.

Clinical audits demonstrated quality improvement.

- The GPs showed us evidence of a number of clinical audits completed in the last two years. We were shown eight audits and three of these were completed audits

where the improvements made were implemented and monitored. For example, one audit we reviewed was carried out to ensure newer hypoglycaemic drugs were being prescribed in line with NICE guidance. The second cycle of the audit showed an improvement in adherence to NICE guidance. The audits we reviewed were diverse and included audits relating to asthma, repeat prescribing, proton pump inhibitors, magnetic resonance imaging (MRI) scans and urinary incontinence.

The practice participated in benchmarking and data showed that accident & emergency attendances, elective and emergency hospital admissions and referrals were generally in line with the local and national averages.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months and the GPs had been revalidated.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- GPs had special interests, for example one GP had a diploma in diabetes care.

# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated. Multi-disciplinary group meetings with all practices in the local network took place monthly and the principal GP chaired these meetings.

## 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, recorded the outcome of the assessment.

- We saw evidence that consent was recorded on patients' medical records.

## Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Advice on diet, smoking and alcohol cessation were given during health checks and opportunistically during consultations.

The practice's uptake for the cervical screening programme was 81%, which was in line with the national average.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were generally above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds for quarter one of 2015/16 were 95.9%, quarter two; 100%, and quarter three; 100%. For the same year childhood immunisation rates for vaccinations given to under five year olds for quarter one were 95.7%, quarter two; 91.7%, and quarter three; 91.3%.

Flu vaccination rates for the over 65s were 77%, and under 65s 72%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area behind reception to discuss their needs.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 86.5% said the GP was good at listening to them compared to the CCG average of 85.2% and national average of 88.6%.
- 84.1% said the GP gave them enough time (CCG average 81.2%, national average 86.6%).
- 93.3% said they had confidence and trust in the last GP they saw (CCG average 92.7%, national average 95.2%)
- 80.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 80.5%, national average 85.1%).

- 93.9% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83.6%, national average 90.4%).
- 92.9% said they found the receptionists at the practice helpful (CCG average 83.1%, national average 86.8%)

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 93.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.9% and national average of 86%.
- 82.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 77% , national average 81.4%)
- 91.4% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77.9% , national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language and staff spoke a number of languages common to the local population.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 1.6% of the practice list as carers, out of these 76 carers 54 had received a flu vaccination in the previous year. Written information was available to direct carers to the various avenues of support available to them.



## Are services caring?

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. For example, the practice participated in the avoiding unplanned admissions enhanced service and had identified the 2% of at risk patients through risk profiling.

- The practice offered a 'Commuter's Clinic' on Mondays with a GP from 6.30pm to 7.45pm and with a nurse from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours. An early morning clinic was also run on Fridays from 8.00am to 9.00am with the GP.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. Nursing home visits and telephone consultations were also in place.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available, however there was no hearing loop.
- Online services were available including appointments, prescriptions and test results.
- The practice met the needs of refugees and asylum seekers and in agreement with local commissioners the practice boundary for this group extended to the whole of Brent.

### Access to the service

The practice was open between 9.00am and 6.30pm Monday to Friday. Appointments were from 9.00am to 11.45am every morning and 4.00pm to 5.45pm Mondays, 3.30pm to 5.30pm Tuesdays and Wednesdays, and 3.30pm to 5.45pm Thursdays and Fridays. Extended surgery hours were offered on Mondays from 6.30pm to 7.45pm and from 8.00am to 9.00am every Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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.

- 77.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.1% and national average of 74.9%.
- 81.5% patients said they could get through easily to the surgery by phone (CCG average 67.7%, national average 73.3%).
- 50% patients said they always or almost always see or speak to the GP they prefer (CCG average 51.4%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them. However, it was often difficult to get an appointment with a preferred GP. In response to patient feedback the practice had increased GP appointments from ten minutes in length to 15 minutes.

### 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 which was displayed in the waiting area, patient leaflet and website.

The practice had received one complaint in the last 12 months. We reviewed the complaint and found that it was satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the complaint we reviewed was about a delayed referral. Practice staff discussed the complaint in a staff meeting and referral procedures were reviewed and staff retrained. The patient received a written apology.

# 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 strategy and a three year business plan 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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The principal GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. He was visible in the practice and staff told us the GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept records of written correspondence.

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

- Staff told us the practice held regular team meetings. However, more consistency was required in the recording of meeting minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the management of the practice. All staff were involved in discussions about how to run and develop the practice, and the principal GP 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, 12 minute consultations had been introduced and opening hours extended.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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. For example, the principal GP had led an investigation to improve pathology services in the local area that had made an impact nationally in the manner in which pathology results

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were viewed and filed in the computer system. The GP had also led the development of templates which had been utilised widely within the local CCG. These included bespoke templates for safeguarding, Disease-Modifying Antirheumatic Drugs (DMARDs) and antenatal care. The GP

had also contributed to the development of the whole systems integrated care template (a template used by all practices in the local network to gather information on high risk patients in order to develop care plans for them).