

Lancelot 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lancelot Medical Centre on 18 September 2015. The overall rating for the practice was requires improvement. The full comprehensive report of the 18 September 2015 inspection can be found by selecting the 'all reports' link for on our website at www.cqc.org.uk.

This inspection was carried out to check that action had been taken to comply with legal requirements, ensure improvements had been made and to review the practice's ratings. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Recent feedback from patients were positive. Patients said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. The service was accessible.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had addressed the concerns identified at our previous inspection, for example, it had improved the layout of the waiting area to protect patient confidentiality.

The areas where the provider should make improvement are:

Summary of findings

- The practice should introduce a process to monitor that relevant safety alerts are actioned.
- The practice should review areas of performance where its exception reporting is above average to ensure that patients are being appropriately monitored over time.
- The practice should continue to proactively identify patients who are carers to ensure they receive appropriate support and their needs are met.

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.

Good



- The practice had an effective system for reporting and recording significant events. Lessons were shared and action was taken to improve safety in the practice.
- When things went wrong patients were informed, given an explanation and a written apology. Patients were told about any actions to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and outcomes framework showed that practice performance in managing long term conditions was above the national average.
- Staff were aware of and used current evidence based guidance.
- We saw evidence of clinical audit and quality improvement work with positive results.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice actively promoted the health of its patients through information, education and preventive programmes.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey was variable. Patients rated the practice in line with the local average for nurse consultations and involvement. However, patient ratings were somewhat lower than average for satisfaction with GP consultations and reception.

Summary of findings

- However, recent NHS Friends and family survey results showed that the overwhelming majority of participating patients would recommend the service to others.
- Patients who participated in the inspection were positive about all aspects of the service. Patients told us 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 accessible in a range of languages. This had improved since our previous inspection.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The practice had made improvements to the layout of the surgery to better protect patient confidentiality since our previous inspection.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population, for example providing a shared care mental health service.
- The practice scored below average for the accessibility of the service on the national GP patient survey. However the practice had subsequently made changes to the appointment system and recent patient feedback was positive.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from a recent example showed the practice responded quickly to issues raised. Learning from complaints was shared with the practice team.

Good



Are services well-led?

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

- The practice had a clear purpose, values and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about their responsibilities.
- There was a clear leadership structure. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice had a strong safety culture and effective arrangements in place to identify and monitor risks.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. The practice had systems to notify patients of any incidents meeting the duty of candour criteria. The practice learned from incidents, accidents and alerts.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with its patient participation group.
- There was a focus on continuous learning and improvement at all levels. The practice had responded to concerns raised at our previous inspection in September 2015.

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.

Good



- The practice offered personalised care to meet the needs of the older patients in its population, for example by developing integrated care plans for older patients with more complex needs.
- The practice referred patients with the greatest health care needs to the local Complex Patient Management Group. The group's meetings were held monthly and attended by social care coordinators, social workers, district nurses, local GPs, and secondary care hospital consultants including a psychiatrist.
- The practice was aware of the range of local community services and resources available to support older patients at home such as STARRS (the Brent short term assessment, reablement and rehabilitation service).
- The practice also held its own monthly case management meetings with the district nursing team to review the care of vulnerable, housebound patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments as appropriate.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice provided preventative advice and services for older patients and carers including influenza and shingles vaccination.
- Staff were able to recognise the signs of abuse in vulnerable older patients and knew how to escalate any concerns.

People with long term conditions

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

Good



- The practice maintained registers of patients with long-term conditions. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The GPs and practice nurse had roles in long-term disease management.

Summary of findings

- The practice had performed well on the Quality and Outcomes Framework (QOF) for managing long-term conditions. The practice ran a number of chronic disease review clinics including asthma, chronic obstructive pulmonary disease (COPD) and diabetes.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice provided an extended range of diagnostic services including ECG, 24 hour blood pressure monitoring, spirometry and an in-house phlebotomy service so patients did not need to be referred elsewhere.
- The practice provided information for patients on managing long term conditions. It displayed educational posters signposting patients to further sources of support such as Diabetes UK. The practice also held a range of patient information leaflets (in multiple languages) covering conditions including diabetes, cardiovascular, and respiratory conditions.

Families, children and young people

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

- The practice provided antenatal and postnatal services. A midwife visited the practice once a fortnight to provide antenatal checks.
- Immunisation rates were high for standard childhood immunisations. The practice encouraged pregnant women to have the flu and pertussis vaccinations (whooping cough).
- Appointments were available outside of school hours and the premises were suitable for children and babies, for example with baby changing facilities.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice liaised health visitors and school nurses to support families and children, for example in following up potential safeguarding concerns. The community midwife attended the practice regularly to provide antenatal check ups and advice.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were available outside of working hours.
- The practice offered online services, telephone consultations, text messaging.
- The practice provided a full range of health promotion and screening reflecting the needs for this age group.
- Practice patient uptake for the cervical screening programme was above average although exception reporting was also high.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Vulnerable patients were supported to register at the practice.
- The practice offered longer appointments for patients with a learning disability or other complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations, for example the local carers associations.
- 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 operated its own 'traffic light' alert system to prioritise its response to its more vulnerable patients.

Good



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).

Good



Summary of findings

- All 18 (100%) of patients with a diagnosed psychosis had a comprehensive care plan in their records. The practice had not reported any exceptions for this indicator. This was an area where practice performance had improved since our previous inspection in September 2015.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia including consideration of 'do not resuscitate' decisions. The practice involved patients and carers in care planning and considered carers' needs, for example for respite care.
- The practice was able to signpost patients experiencing poor mental health to various support groups and voluntary organisations.
- The practice hosted a counsellor one day a week.
- The practice had a system in place to follow up patients who had attended accident and emergency for example for self-harm or who were known to have mental health problems.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice tended to score below the local and national averages. For this survey 368 questionnaires were distributed and 72 were returned. This represented 1% of the practice patient list and a response rate of 20%.

- 65% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 80% and the national average of 85%.
- 54% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 85%.
- 43% 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 70% and the national average of 78%.

Recent feedback about the practice from the NHS Friends and family test (a short standardised patient comment card survey) was also very positive. The results over the last six months showed that 98% of (225) participating patients would recommend the practice to others.

The practice had run its own survey of patients using its phlebotomy service in July 2016 following concerns raised at the previous inspection. The survey found that 100% of participating patients rated this service as excellent or good overall. The survey identified better communication of any late running appointments as an area for improvement and the practice had installed an electronic messaging board in the waiting area.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 39 comment cards, all of which were positive about the service. Patients participating in the inspection commented that the practice was welcoming and the receptionists were responsive to patients with urgent problems. Patients told us that the doctors took time to listen and gave us examples of compassionate, patient-centred care including support for mental health problems. Patients also told us they had benefited from health and lifestyle support and advice, for example on weight loss and healthy eating.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The practice should introduce a process to monitor that relevant safety alerts are actioned.
- The practice should review areas of performance where its exception reporting is above average to ensure that patients are being appropriately monitored over time.
- The practice should continue to proactively identify patients who are carers to ensure they receive appropriate support and their needs are met.

Lancelot Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to Lancelot Medical Centre

Lancelot Medical Centre provides NHS primary medical services to around 5750 patients in Wembley, through a General Medical Services contract. The practice has one surgery.

The current practice team includes the principal GP partner (female), two 'long-term locum' GPs (male and female), a practice nurse, a phlebotomist who also works as a health care assistant at the practice, a practice manager and a team of receptionists and a medical secretary.

The practice reception is open between 8.50am-6.30pm on weekdays with the exception of Thursday when the surgery closes for the afternoon. Appointments are available from 9am-12.30pm every weekday. Afternoon consultation times are available from 4.30pm to 6.30pm on Monday and Friday and from 4.30pm to 7.30pm on Tuesday and Wednesday.

The GPs make home visits to see patients who are housebound or are too ill to visit the practice. Same day appointments are available for patients with complex or more urgent needs. The practice offers online appointment booking and an electronic prescription service.

When the practice is closed, patients are advised to use the local out of hours primary care service or attend the local

'hub' primary care service. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on its website and on a recorded telephone message.

The practice population is young. The local population is ethnically diverse and the majority of practice patients are black, Asian or minority ethnic.

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

Why we carried out this inspection

We undertook a comprehensive inspection of Lancelot Medical Centre on 18 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing caring and responsive services and good for providing safe and effective services and for being well-led. Overall the practice was rated as requires improvement. The full comprehensive report on the September 2015 inspection can be found by selecting the 'all reports' link for Lancelot Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Lancelot Medical Centre on 10 May 2017. This inspection was carried out to check that action had been taken to comply with legal requirements, ensure improvements had been made and to review the practice's ratings.

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 including NHS England and the clinical commissioning group to share what they knew. We carried out an announced visit on 10 May 2017. During our visit we:

- Spoke with a range of staff (including the principal GP and one of the locum GPs, the practice manager, the practice nurse and receptionists).
- Reviewed 39 comment cards where patients shared their views and experiences of the service and spoke with two members of the patient participation group.
- Reviewed an anonymised sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits, patient complaints, meeting notes, and monitoring checks.

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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the principal GP or practice manager of any incidents. All incidents were recorded in an incident book for further review and investigation. The practice manager also demonstrated how the practice would electronically report any significant events through the NHS National Reporting and Learning system. The practice reporting systems supported the recording of notifiable incidents under 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).
- No significant events (that is, incidents where patients had come to physical or psychological harm through error or omission) had occurred in the previous 12 months. Practice policy and the senior staff members we spoke with were clear that when things went wrong, patients should be informed as soon as reasonably practicable, receive reasonable support, truthful information, a written apology and be informed about any actions to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence of good communication with patients over incidents for example, the practice had held a face to face meeting with a patient after an incident when staff members were verbally abused. The discussion covered the underlying causes for the patient's distress and identified areas of learning for the practice.
- The GPs and practice manager individually received national safety alerts electronically, for example alerts about medicines and medical devices. The practice kept a record of relevant safety alerts on file but could not readily demonstrate how it had ensured that these had been acted on.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 practice's records showed that the GPs provided reports promptly where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the practice nurse were trained to child protection or child safeguarding level three.
- A notice in the waiting room 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 (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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and control policy and related procedures, for example including hand washing, safe handling of sharps, waste disposal and practice cleaning schedules. The practice carried out an annual infection prevention and control audit and action had been taken to address issues identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process

Are services safe?

to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient group directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

We reviewed two personnel files for staff members recruited since our previous inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body (for health professionals) and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date health and safety policy.
- The practice had an up to date fire risk assessment and carried out periodic fire drills in line with the practice fire evacuation plan.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a type of bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 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 stored securely. The practice list of emergency medicines included glyceryl trinitrate (GTN) spray but this was not in stock on the day of the inspection. We raised this with the practice and this medicine was ordered the same day.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, NHS and commissioning agencies, suppliers and utility companies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and a programme of clinical audit.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), performance against national screening programmes and clinical audit to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2015/16 (the most recent published results), the practice achieved 99.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.5% and national average of 95.3%.

Practice exception rate reporting on the QOF was slightly higher than average at 13% overall compared to the national average of 10%. (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, 86% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 77% and the national average of 78%. The practice exception reporting rate was 25% for this indicator which was above the CCG and national rates of 12% and 13% respectively.
- Performance for mental health related indicators was at or above the CCG and national averages. In 2015/16, 10

of 11 (91%) of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the national average of 84%. The practice had reported one exception.

- All 18 (100%) of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was above the national average of 89%. The practice had not reported any exceptions for this indicator.

There was evidence of a focus on quality improvement including clinical audit:

- Clinical audits were prompted by changes to guidelines, incidents, contractual requirements, variations in performance and local prescribing priorities. The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team.
- The practice had carried out nine clinical audits since 2014. Two of these were completed audits where the audit had been repeated to ensure that observed improvements had been sustained over time. For example, the practice had audited whether it was co-prescribing simvastatin and amlodipine at levels which might trigger adverse side effects. As a result it amended the information provided for locum doctors in the induction pack and contacted relevant patients to recommend changes to their prescriptions in line with national prescribing guidelines. The second stage audit found that no patients were being co-prescribed these medicines.
- The practice could demonstrate improved performance over time. For example, its overall performance on the QOF (which largely focuses on the management of long term conditions) had improved since our previous inspection from 91.6% in 2013/14 to 99.5% in 2015/16.
- The practice had been recognised by the clinical commissioning group for its achievement in reducing unnecessary antibiotic prescribing in 2016/17.

Effective staffing

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

- 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.

Are services effective?

(for example, treatment is effective)

- 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 or external training opportunities as appropriate.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example in carrying out condition-specific reviews. Staff with specific roles, for example chaperoning were given appropriate training and guidance.
- 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 local nurse forum meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

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.
- We found that 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 professionals 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.

- Practice clinicians attended multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs.

- The practice also liaised with health visitors, community nurses and the local palliative care team to coordinate care and share information.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

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 assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice had recently increased its focus on health promotion and supporting patients to live healthier lives.

- For example the practice maintained a register of obese patients and offered ongoing advice, support or treatment options. This register included over 250 patients and we saw examples where patients were achieving significant weight loss as a result.
- The patient participation group was in the process of setting up a walking group with the aim of providing a socially inclusive and healthy activity.
- The practice offered advice on diet, smoking and alcohol cessation and was sensitive to local cultural and religious customs.
- Since our previous inspection, the practice had improved the range of information available for patients in different languages about managing specific longer term conditions such as diabetes.

The practice uptake for the cervical screening programme was 92%, which was above the national average of 81%. (The practice exception reporting rate of 33% was also above the national average however).

Are services effective?

(for example, treatment is effective)

- The practice ensured a female sample taker was available.
- Two written reminders were sent to patients who did not attend for their cervical screening test followed by a telephone call.
- There was a system in place to check cervical screening results had been received and to follow up any delayed or missing results. The practice also checked that women who were referred for further investigation attended their appointment.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance was in line with expectations. For example the practice was meeting the national 90% target for all standard childhood vaccines offered to children by the age of two.

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. The staff carrying out health checks were clear about risk factors requiring further follow up by a GP.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were polite, friendly and helpful to patients and treated them with respect.

- At our previous inspection on 10 September 2015, we found that patient confidentiality was not always protected, for example, it was possible to hear some consultations from one area of the waiting room. At this inspection we found the practice had effectively addressed the problem by moving seating away from this area of the practice and playing background music in the reception area. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- Patients could be treated by a GP of the same sex.

Patients participating in the inspection commented that the practice was welcoming and the receptionists were responsive to patients with urgent problems. Patients told us that the doctors took time to listen and gave us examples of compassionate, patient-centred care including support for mental health problems. In contrast to the comments and feedback we received, results from the national GP patient survey showed the practice scored below average for patient satisfaction scores with GP consultations and the helpfulness of receptionists. For example:

- 67% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.
- 72% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 89% 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%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% national average of 85%.
- 84% of patients said the nurse was good at listening to them compared to the CCG average of 86% and the national average of 91%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 93% and the national average of 97%.

The practice had made some changes since the national patient survey had been conducted. For example, the principal GP had returned from a period of leave. The reception team had been more closely involved in reviewing patients' complaints and reflecting on good service. Staff and patients we spoke with on the day said they thought that the service had improved since our previous inspection.

Care planning and involvement in decisions about care and treatment

The practice carried out care planning for patients with complex conditions. Care plans were personalised to the individual needs and circumstances of each patient.

Patients told us they felt involved in decision making about the care and treatment they received. They told us they were given enough time to consider treatment options. Patients were able to give us specific examples where they had been supported by staff to make informed decisions. Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.

Are services caring?

- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 85%.

The practice facilitated patient involvement in decisions about care:

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multilingual staff who might be able to support them.
- The practice had a range of leaflets with information about long term conditions in different languages prominently displayed in the waiting area.
- The practice offered patients choice of hospital as part of the referral process when appropriate.

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 number of support groups and organisations. These included specific sources of advice for children and young people; patients experiencing domestic abuse, LGBT patients and minority ethnic patients.

Information about support groups was also available on the practice website which had a translation facility.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (0.5% of the practice list). This was relatively low although we noted that the registered practice patient population was unusual in that two-thirds of registered patients were male and only six per cent of patients were aged over 65 (compared to the national average of 17%).

Written information was available to direct carers to the various avenues of support available locally and carers were offered flexible appointments. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their GP contacted them to offer condolences and provide any further follow up as appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice opened for extended hours two evenings a week to cater for its large working age population. It also publicised evening and weekend 'hub' primary care services available to Brent residents. At the time of the inspection the practice closed every Thursday afternoon. As a result of patient feedback it was planning to open all day on Thursday from 1 October 2017.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with complex or serious health conditions. There were early and ongoing conversations as appropriate with patients about end of life care as part of their wider treatment and care planning. The practice was sensitive to these patients' wishes, for example about their preferred place of death.
- Same day appointments were available for children and patients with urgent medical problems.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines. The practice website and the nurse provided information on which vaccinations were available on the NHS and the fees charged for privately available vaccinations.
- The practice was equipped to treat patients and meet their needs. The layout of the reception and waiting areas had been improved since our previous inspection. There were accessible facilities, a hearing loop and translation services available including sign language interpreters. The practice electronic records system alerted the receptionists to patients who usually needed an interpreter.
- The practice had installed a visual display board in the waiting area which was used to inform patients when they could go to their consultation. The staff personally informed patients with visual impairments when the GP or nurse was available.

The practice reception was open between 8.50am-6.30pm on weekdays with the exception of Thursday when the surgery closed for the afternoon. Appointments were available from 9am-12.30pm every weekday. Afternoon consultation times were available from 4.30pm to 6.30pm on Monday and Friday and from 4.30pm to 7.30pm on Tuesday and Wednesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient satisfaction with access to the service was consistently below the local and national averages.

- 56% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 68% and the national average of 73%.
- 54% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 78% and the national average of 85%.
- 75% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 29% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 42% and the national average of 58%.

Since our previous inspection, the practice had made changes to its appointment system, increasing the number of pre-bookable appointments, online appointments and more consistently offering telephone consultations to patients unable to book a face to face appointment on their day of choice.

The practice had conducted its own patient survey in January 2017. The results were generally positive. Almost a quarter of participating patients had booked an appointment the same day and a further 64% had been able to book an appointment within a week. Patients rated the ease of booking an appointment as 8.5 overall (out of

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

10). As a result of the survey, the practice had decided to increase the number of appointments offered and was planning to open on Thursday afternoons from 1 October 2017. Patients told us on the day of the inspection that they were able to get appointments when they needed them. Several patients commented that they had noticed recent improvements in the appointment system.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were asked to request home visits as early in the day as possible. The reception team passed the request to the GP to make an informed decision on prioritisation according to clinical need and the outcome was communicated to the patient. 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 a system 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, a summary leaflet.

The practice had received one written complaint in the last 12 months and had also treated four negative reviews posted to the internet as complaints. The written complaints had been appropriately handled and dealt with in a timely way. The practice offered patients a written apology and a meeting to discuss their concerns. Lessons were learnt from individual concerns and complaints and action was taken to review and improve the quality of care. In the case we reviewed, the practice had involved the whole reception team in preparing the response to and learning from the complaint received.

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 statement of purpose and staff knew and understood the aims, objectives and values underpinning the service.
- The practice had a strategy and supporting business and action plans which reflected the vision and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice benefited from a strong safety culture. This included a focus on learning from incidents and clear policies and process for safeguarding children and vulnerable adults.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had implemented a 'traffic light' alerting system to prioritise its response to patients whose circumstances make them more vulnerable.
- A comprehensive understanding of the performance of the practice was maintained and was used to improve. For example, over the previous 12 months, the practice had been a high achiever in reducing unnecessary antibiotic prescribing and this had been recognised with a financial bonus from the clinical commissioning group.
- Practice meetings were held fortnightly which provided an opportunity for staff to learn about the performance of the practice. The practice had a number of staff who worked part time so meetings were documented and shared.

- We saw documented evidence, for example in the minutes of meetings and action plans which recorded shared learning and improvements to processes and practice, for example following patient participation group meetings.

Leadership and culture

The practice was changing its leadership structure and was in the process of moving from a partnership to a sole provider model. The staff we spoke with expressed confidence in the lead GP to take on the responsibility for the practice and described the leadership style as collaborative, engaging and inspirational. Staff consistently told us that the practice had developed a more open and supportive team culture and was a good place to work.

- The practice worked in collaboration with other practices and health and social services in the provision of care. For example, the practice worked with district nurses and social workers to monitor vulnerable patients.
- Staff told us they had the opportunity to raise any issues at team meetings or more directly with the GPs and managers and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to develop and improve the practice.

The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour although relevant policy documents did not always include explicit reference to the duty. (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 had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, a clear explanation and a written apology.
- The practice kept written records of verbal and internet based interactions as well as written correspondence and learnt from these forms of feedback.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients and staff:

Are services well-led?

Good 

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

- Since our previous inspection, the practice had started a patient participation group (PPG). The PPG had met three times and discussed proposals for improvements with the practice management team. For example, the PPG had approved of opening on Thursday afternoons and putting up photographs of the practice team members in the waiting area and were planning to set up a practice walking group. We met two members of the PPG who told us the practice was responsive to their suggestions.
- The practice analysed its patient survey results and participated in the standardised NHS Friends and family questionnaire. The practice reviewed feedback and took action to improve, for example, it was planning to increase the number of appointments offered.
- The practice obtained staff feedback 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 well supported with opportunities to develop professionally.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice routinely used clinical audit as a tool to drive improvement. The practice had carried out nine clinical audits over the previous 24 months and used these to ensure that patients received evidence based treatment in line with current guidelines.
- The practice had identified its appointment system as an area for improvement and was in the process of improving access and ease of obtaining an appointment, for example telephone consultations and an online booking facility. The practice also referred patients to the local primary care 'hub' practice in the evening and at weekends.
- The practice had responded to the findings from our previous inspection, for example it had fully addressed our concerns about patient confidentiality in the waiting room.