

Pinner View 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

This is a focused desk top review of evidence supplied by Pinner View Medical Centre, for areas within the key question effective. This review was completed on 15 December 2016.

Upon review of the documentation provided by the practice, we found the practice to be good in providing effective services. Overall, the practice is rated as good.

The practice was previously inspected on 20 May 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At that inspection, the practice was rated overall as 'good'. However, within the key question effective an area was identified as 'requires improvement', as the practice was not meeting the legislation around patient consent and the Mental Capacity Act 2005. The practice was issued a requirement notice under Regulation 11, Need for Consent.

Although staff had received training in relation to consent, not all clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

We also identified other areas where the practice should make improvements which included:

- Improving the use of two cycle clinical audit to drive improvements in patient outcomes.
- Conducting a risk assessment for the safe storage of the liquid nitrogen cylinder.
- Advertising translation services in the patient waiting areas.
- Taking measures to improve patient satisfaction with nurse consultations.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The additional improvements are reflected in the well-led detail of the report.

The area where the practice should continue to make improvements is:

Summary of findings

- Developing the use of comprehensive clinical audit as part of ongoing quality improvement work within the practice.

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.

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services effective?

At the inspection in April 2016, we found that while staff had received training in relation to consent, not all staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GP partner was unclear on making best interest decisions for patients and conducting mental capacity assessments. We did see appropriate assessment of capacity around care and treatment for children and young people.

The practice provided documentary evidence to demonstrate that additional training had been undertaken and staff and the GP partner was clearly aware of their responsibilities with regards to consent under the Mental Capacity Act.

The practice also provided evidence of a completed two cycle clinical audit which had been carried out to demonstrate that quality improvement activity around patient outcomes was taking place systematically.

Other areas within the key question effective were identified as compliant during the inspection in April 2016 and were not reviewed during this documentary review.

Good



Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

Good



Summary of findings

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

The practice is rated as good for providing well-led services.

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

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.

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

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

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

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

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



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).

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

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.

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

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).

This rating was given following the comprehensive inspection in May 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

Areas for improvement

Action the service **SHOULD** take to improve

- Develop the use of comprehensive clinical audit as part of ongoing quality improvement work within the practice.

Pinner View Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector who reviewed and analysed the documentary evidence submitted.

Background to Pinner View Medical Centre

Pinner View Medical Centre is situated at 33 Pinner View, Harrow, HA1 4QG. The practice provides primary medical services through a Personal Medical Services (PMS) contract to approximately 4000 people living in the local area. The practice is part of NHS Harrow Clinical

Commissioning Group (CCG).

The practice population has an above average number of people between 25-39 and 50-64 years of age. The population has a high incidence of diabetes, tuberculosis, coronary heart disease and obesity. The predominant ethnicity is Asian, though there is also a growing number of eastern Europeans in the practice population. The practice area is rated in the second least 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 and maternity and midwifery services.

The practice team consists of a female GP partner (nine sessions per week), a male long-term locum GP (eight sessions per week), a female locum GP (two sessions per week), a nurse who worked two days per week but had

been on sick leave since October and the healthcare assistant was on maternity leave at the time of the desk top review. The clinical team are supported by a practice manager and a team of four reception / administration staff. There is a male senior partner who is currently on sick leave. There is also a link nurse working at the practice two days per week.

The practice opening hours are 8am to 6pm Monday to Friday. Appointments are from 8:30am to 12 midday every morning and 3pm to 6pm daily. Extended hours appointments are offered 9am-11 am every Saturday morning. For out-of-hours (OOH) care including weekends and Wednesday afternoons patients are instructed to contact the NHS 111 service where they are directed to local OOH services.

Services provided include; antenatal, postnatal and child health services, immunisations, NHS health checks, cervical screening, contraception, chronic disease management, joint injections, cryotherapy, phlebotomy, travel vaccinations including yellow fever, spirometry, dementia screening and care planning.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 15 December 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Detailed findings

How we carried out this inspection

At the inspection in April 2016, we found that the practice required improvement in the effective domain. Following the inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to dignity and respect and good governance.

We reviewed this information and made an assessment of this against the regulations.

Are services safe?

Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services effective?

(for example, treatment is effective)

Our findings

At the inspection in May 2016, we found that although staff had received training in relation to

consent, not all staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GP partner did not have an adequate knowledge of the Mental Capacity Act 2005, making best interest decisions or conducting an assessment of mental capacity.

Consent to Care and Treatment

During this inspection, the practice submitted evidence that additional training had been provided and the practice had discussed mental capacity at a team meeting. We were given assurance that the GPs had been fully updated on clinical responsibilities around decision making and assessment of patients' mental capacity to give consent.

Management, monitoring and improving outcomes for people

The practice also provided the second cycle of the clinical audit which had been carried out on referrals made between July and September 2015 to demonstrate that referrals for patients with musculoskeletal conditions and in house injections had been improved in line with national and local guidance. However, further evidence of ongoing quality improvement work through clinical audit was not available.

Upon review of Quality and outcomes Framework QOF, (QOF is a system intended to improve the quality of general practice and reward good practice) the practice had improved patient outcomes in several areas, and the overall achievement had increased from 95% in 2014/15 to 99% in 2015/16. Overall performance for mental health related indicators had increased from 89% in 2014/15 to 100% in 2015/16 with low clinical 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 could not be prescribed because of side effects).

Are services caring?

Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

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

Our findings

Please note this is a focused desk top review of effective care and treatment under the key question well-led. We did not review this key question, however, the practice provided evidence which showed they had made improvements in areas as well as the key question safe. This demonstrated commitment to continuous improvement in the service provided to patients.

Evidence provided by the practice included:

- A risk assessment for the safe storage and handling of liquid nitrogen.

- Photographs of posters advertising translation services in the patient waiting areas.
- The practice also informed us they had commenced their annual satisfaction surveys for clinicians, although further work would be done regarding patient satisfaction with nurse appointments when the nurse returned from sick leave.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>