

Dr Stephen Fletcher

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Dr Stephen Fletcher at Greenhill Park Medical Centre on 28 October 2014. The practice was temporarily operating from this address having been required to move from their original premises at 125 High Road Willesden due a rodent issue and then the building being deemed unfit to provide medical services by NHS England.

At the time of our inspection the administration team had only recently moved into the Greenhill Park Medical Centre and many administration records were held in storage waiting to be unpacked when space to accommodate the volume was accessible. As a result, we carried out a second inspection on 30 March 2015 to review documents and information that had not been available at the time of our first visit.

Overall the practice is rated as requires improvement.

Specifically, we rated the practice as 'requires improvement' for providing safe, responsive and well led

services, 'inadequate' for providing effective services and 'good' for providing caring services. We rated the practice as 'requires' improvement for providing services for older people, people with long term conditions, families, children and young people, working age people, people whose circumstances may make them vulnerable and people experiencing poor mental health.

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

- The practice had insufficient leadership capacity.
- There were some procedures for monitoring and responding to risk. For example, infection control audits were carried out and clinical staff had received up to date safeguarding training.
- Disclosure and Barring Service (DBS) checks had not been completed for all administration staff who may be called upon to act as a chaperone.
- Procedures were in place for recording and reporting significant incidents.
- The practice followed current best practice guidelines when planning patient care.

Summary of findings

- Patients said they were treated with kindness, dignity and respect.
- Patients were generally satisfied with the appointment system but dissatisfied with the late running of appointments.
- The practice gathered feedback from patients through the Friends and Family Test and the National GP patient survey, however they did not have a patient participation group.

The areas where the provider must make improvements are:

- Improve uptake rates of cervical screening.
- Improve uptake rates of child immunisations.
- Ensure that the care plan programme for frail elderly patients or complex need patients is achieved.
- Notify the CQC of any change that affects registration including location change.

In addition the provider should:

- Ensure Disclosure and Barring Service (DBS) checks are undertaken for all administration staff who may be required to undertake chaperone duties at the practice.
- Ensure all staff who undertake chaperone duties are suitably trained.

- Document in patient records when a chaperone has been involved.
- Review staff recruitment files to ensure that they are consistently maintained.
- Take action to address late running of appointments. This had occurred fairly regularly at the practice and affected patients' experience of the service.
- Provide clear information for patients about the length of any likely delays to appointments and changes to service provision.
- Review practice information leaflets to ensure that up to date information is provided including current staff, practice appointment arrangements and on line services.
- Formalise the practice vision and values and share these with patients and staff.
- Review all protocols and policies in place to ensure that they are accurate and up to date.
- Ensure that all staff members receive an annual appraisal and support to develop in their role.
- Pro-actively recruit and engage Patient Participation Group (PPG) members.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

There was a procedure for recording significant events and these were discussed in practice meetings to share learning and identify areas for improvement. Clinical staff had received role appropriate child protection and safeguarding training. There were some processes in place to monitor safety and respond to risk. For example, an infection control audit had been completed and areas for improvement had been identified and acted on. However, some administration staff who occasionally may be required to act as chaperones had not received a Disclosure and Barring Service (DBS) check or chaperone training. Staff recruitment files were not well maintained.

Requires improvement



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

There was evidence that completed clinical audit was undertaken as part of the principal GP's annual appraisal. Clinical staff were aware of current best practice guidance and used it routinely when planning patient care. The practice held multi-disciplinary team meetings to discuss and plan the management of patients with complex needs. The practice had some measures in place to promote good health to the patient population, such as NHS Health checks, blood pressure checks of 40-74 year olds and referral to smoking cessation services. Cervical smear uptake rates were below the CCG average and child immunisation uptake rates were low. For example, in 2013-2014 child immunisation uptake rates at one year were between 55-60%, at two years between 50-69% and five years between 51-89% depending on the vaccine. The practice had commenced a care plan programme for frail elderly or complex need patients who had been identified as a potential high risk for hospital emergency admission or re-admission however the number of completed care plans was low.

Inadequate



Are services caring?

The practice is rated good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with dignity, compassion and kindness and they were involved in decisions about their care. We also saw that staff treated patients with dignity

Good



Summary of findings

and respect and maintained confidentiality. Information to help patients understand the services available was easy to understand. Staff sign-posted patients to relevant support organisations if required.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Although the practice met regularly with the Clinical Commissioning Group (CCG) and periodically with NHS England Area Team to review the needs of its local population, it had not put in place a plan to secure improvements for all the areas identified. For example, there were no extended working hours to ensure the working population had access to appointments. There was no telephone interpreting service available for patients who did not speak English as their first language however, an interpreter could be arranged in advance if required. Information in the practice leaflet did not reflect the current working situation at the new premises. Patients were generally satisfied with the appointment system however issues were raised about long waits from the time of appointments. There was a complaints procedure in place that was correctly followed when complaints were received.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led

The practice had a vision to provide good effective care to patients. There were some measures in place to monitor performance, for example Quality and Outcome Framework (QOF) data was reviewed and discussed in practice meetings and completed audits were undertaken as part of the principal GP's annual appraisal. Feedback from patients was gathered through the National GP patient survey and the Friends and Family Test (FFT). However, the practice did not have a patient participation group (PPG). The practice had a number of procedures to govern activity, but they required updating. Clinical staff had undertaken annual appraisal and completed personal development plans but administration staff had not received an appraisal in the last 12 months.

Requires improvement



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 requires improvement for the care of older people.

Home visits were available for patients who were unable to attend the practice due to immobility or illness. The practice offered joint injections for patients with arthritis. The practice had commenced a care plan programme of frail elderly or complex need patients who were at high risk of admission or re-admission to hospital, however the number of completed care plans was low. The GP's made twice weekly visits to patients in a local care home for regular review and management.

The provider was rated overall as requires improvement. The concerns that led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People with long term conditions

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

The practice nurse performed annual reviews of patients with long term conditions during pre-bookable appointments, although since the move to the current premises the opportunity for regular review of these patients had been restricted. For patients with diabetes, the practice nurse arranged retinal screening and podiatry service referrals as required. The practice held multi-disciplinary (MDT) meetings with district nurses, health visitors, locality integrated care-coordinator and palliative care nurses to discuss the care plans of complex needs patients.

The provider was rated overall as requires improvement. The concerns that led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Families, children and young people

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

The practice nurse was trained to provide family planning service including oral contraceptive medicine checks and injections for contraception. There was a weekly ante-natal service and post-natal reviews were performed in conjunction with the first set of baby vaccinations. The post-natal review included assessment for post-natal depression. The practice offered childhood

Requires improvement



Summary of findings

immunisations in line with national guidance, although uptake rates were low. Child immunisation uptake rates for 2013-2014 were at one year between 55-60%, at two years between 50-69% and five years between 51-89% depending on the vaccine.

The provider was rated overall as requires improvement. The concerns that led to these ratings apply to everyone using the practice, including this population group.

Working age people (including those recently retired and students)

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

The practice had not met the needs of its working population. They did not offer extended hours appointments to allow patients who work easy access to appointments outside of working hours. The practice did not have a website for patients to directly log into the on line appointment booking system or to submit repeat prescription requests. There was a facility to book appointments and request repeat prescriptions online through NHS Choices for patients who were registered users but this service was not publicised by the practice. The practice offered NHS Health Checks for patients over 40 years of age without chronic conditions.

The provider was rated overall as requires improvement. The concerns that led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People whose circumstances may make them vulnerable

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

The practice kept a register of patients with learning difficulties. They were offered annual health checks with the practice nurse and any issues identified were passed to the GP for review. There were 13 patients on the learning disabilities register and nine annual checks had been completed. People with alcohol or drug misuse problems were supported through referral to the local drugs and alcohol team.

The provider was rated overall as requires improvement. The concerns that led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

Patients with mental health issues received regular review and the practice had links with the community mental health team (CMHT) to support the needs of this patient group. Urgent referrals to CMHT were made on the same day. The practice used the Improved Access to Psychological Therapies (IAPT) service to support patients suffering with anxiety and depression. Patients were signposted to other support services where required.

The provider was rated overall as requires improvement. The concerns that led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

What people who use the service say

During the inspection we received 37 Care Quality Commission (CQC) comment cards that patients had completed and spoke with 17 patients. Overall the feedback given was positive. The majority of patients spoke highly of the care they received from the doctors and non-clinical staff and felt they were treated with dignity and respect. This was similar to the findings of the national GP patient survey published in July 2014 which found that 71% of respondents described their overall experience of the practice as good and 90% said they had confidence and trust in the last GP they saw or spoke with. Feedback from patients and comments cards

showed that most patients were happy with the appointment system and this was reflected in the GP survey results with 84% of respondents stating they were able to get an appointment the last time they tried.

A few patients and comment cards highlighted long waiting times in the reception area to see the doctor as an issue and this was also reflected in the patient survey results with only 31% of respondents reporting waiting 15 minutes or less after their appointment time to be seen. Some patients reported they occasionally had difficulty getting through to the practice on the telephone.

Areas for improvement

Action the service **MUST** take to improve

- Improve uptake rates of cervical screening.
- Improve uptake rates of child immunisations.
- Ensure that the care plan programme for frail elderly patients or complex need patients is achieved.
- Notify the CQC of any change that affect registration including location change.

Action the service **SHOULD** take to improve

- Ensure Disclosure and Barring Service (DBS) checks are undertaken for all administration staff who may be required to undertake chaperone duties at the practice.
- Ensure all staff who undertake chaperone duties are suitably trained.
- Ensure that aseptic precautions for joint injections are assessed as part of infection control audits.
- Document in patient records when a chaperone has been involved.

- Review staff recruitment files to ensure that they are consistently maintained.
- Take action to address late running of appointments. This had occurred fairly regularly at the practice and affected patients' experience of the service.
- Provide clear information for patients about the length of any likely delays to appointments and changes to service provision.
- Review practice information leaflets to ensure that up to date information is provided including current staff, practice appointment arrangements and on line services.
- Formalise the practice vision and values and share these with patients and staff.
- Review all protocols and policies in place to ensure that they are accurate and up to date.
- Ensure that all staff members receive an annual appraisal and support to develop in their role.
- Pro-actively recruit and engage Patient Participation Group (PPG) members.

Dr Stephen Fletcher

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 and an expert by experience who were granted the same authority to enter the practice premises as the CQC inspector.

Background to Dr Stephen Fletcher

Dr Stephen Fletcher, also known as St Andrew's Medical Centre provides primary care services to approximately 3,800 patients living in the Willesden area, in the London Borough of Brent. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: Maternity and midwifery services; Treatment of disease, disorder or injury; Diagnostic and screening procedures.

The practice holds a General Medical Services (GMS) contract with NHS England for delivering primary care services to the local community. The practice has a higher proportion of male and female patients aged 20 – 39 compared with the England average. In contrast the number of patients, male and female aged over 60 years of age is lower than the England average. There is a higher deprivation score and unemployment rate for the practice population compared to local and national Clinical Commissioning Group (CCG) averages.

The practice team comprises of one full time male GP principal, one part time male locum GP who covers five clinical sessions, one part time female practice nurse who works 28 hours per week and a team of five part time administration staff led by a full time practice manager. The

practice is temporarily operating from this address having been required to move from their original premises at 125 High Road Willesden in April 2014. Initially the practice had moved into short term temporary premises at a local GP practice in Willesden whilst a rodent issue was addressed. The original premises were then deemed unfit to provide medical services by NHS England because of health and safety concerns, which led to the move to the current temporary premises. Clinical and reception staff moved in May 2014 followed by the rest of the administration team in October 2014, where they remain until permanent premises and practice arrangements are secured.

The opening hours are 9.00am to 6.30pm Monday and Thursday, 8.00am to 6.30pm Tuesday, 8.00am to 4.30pm Wednesday and 9.00am to 6.00pm Friday. There is no access to the practice each Thursday between 12.30pm to 2.00pm as this time is allocated for staff meetings and training. An alternative provider supplied the out of hour's service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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. This 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

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.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We met with NHS England, NHS Brent Clinical Commissioning Group (CCG) and Healthwatch Brent and reviewed the information they provided us with.

We carried out an announced inspection on 28 October 2014 and 30 March 2015.

During our visit we spoke with a range of staff including the GP principal, practice manager, practice nurse, administration and reception staff. We also spoke with seventeen patients who used the service. We looked around the building, checked storage of records, operational practices and emergency arrangements. We reviewed policies and procedures, significant events records, staff training records, meeting minutes, complaints and anonymised patient records. We observed how staff greeted and spoke with patients attending appointments and when telephoning the surgery. We reviewed Care Quality Commission (CQC) comment cards completed by patients who attended the practice in the days before and during our visit.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported significant events, national patient safety alerts and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns and knew how to report near misses.

The practice kept a register of significant events that had been logged in a shared folder on the computer system. We reviewed significant events that had been logged over the last year and found they had been managed consistently over this time.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. A significant event record form was completed for any incident that occurred by the staff member involved. The form included information on the details of the event, the people involved, the key risk issues and action required. For example, we reviewed a significant event record completed for a delay in a patient receiving a prescription recommended by a secondary care service. The risks identified were delay in the patient receiving treatment and that staff had not followed the practice protocol for issuing the particular prescription. The action put in place was to improve clinical and non-clinical staff awareness of the prescribing protocol to prevent delays in treatment occurring in the future.

We saw records to confirm that significant events and incidents were discussed at the practice team meetings so that learning was shared with staff. A record of reported significant events was kept on a register stored on the shared drive of the computer system.

We were told that national patient safety alerts were disseminated to practice staff by email and that they were discussed at the practice team meetings.

Reliable safety systems and processes including safeguarding

The GP principal was the lead for safeguarding whose role was to promote safeguarding to the practice team. We saw records to confirm the GP principal lead, regular locum GP and the practice nurse had received recent safeguarding vulnerable adults training and child protection training at

level three. Administration staff had completed safeguarding and child protection training at level one. Staff we spoke with were aware of the process to follow if they ever suspected abuse had occurred. There was a system to highlight if a child was on the at risk register by means of a note on the electronic record. The GP principal provided an example when they had been required to raise a safeguarding alert for a child at suspected risk of abuse and that this case had been used for clinical reflection and learning.

Staff told us that the practice had a policy to offer patients a chaperone if they required, this information was displayed in the practice waiting area and clinical rooms. The senior receptionist and practice nurse share the chaperoning duties and both had undergone Disclosure and Barring Service (DBS) checks. The practice manager accepted that there may be a time when neither of these staff would be on duty, and it would be prudent to ensure other administration staff were DBS checked so that they could cover if the circumstance arose.

Medicines management

There was a system in place for the management of high risk medicines that require regular monitoring. For example, prescriptions for warfarin, an anti-coagulant medicine, were not issued unless the patient's yellow book for recording International Normalised Ratio (INR) monitoring had been seen by a GP and documented in their electronic notes. A check of one anonymised patient record confirmed that this process had been followed.

The practice had a written policy for reviewing repeat prescriptions. All repeat prescriptions were reviewed by a GP before signing and that administration staff were aware to alert any instances when a patient requested a repeat prescription of a medication they had not received for some time. Blank prescription forms were handled in accordance with national guidelines as these were tracked through the practice and kept securely.

The practice nurse administered injectable drugs and vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of directives for injectable drugs and vaccines to adults and children.

Medications and vaccines were stored in the fridge that belonged to the host practice. We saw that it was clearly identified which vaccines and medicines belonged to

Are services safe?

which GP practice. Stock was stored in the fridge in date order and an audit trail of stock was maintained by the practice nurse. There was a process followed to ensure that vaccines were kept at the required temperatures. Temperature checks were conducted daily and manual records of these were maintained. The practice nurse was responsible for the fridge temperature checks and when absent the senior receptionist was responsible.

Cleanliness and infection control

We observed the practice to be clean and tidy. We reviewed the cleaning rota and saw that checks were carried out on a weekly and monthly basis and that this was recorded. The practice nurse was responsible for the cleaning of medical equipment, for example weighing scales and ear probes.

The practice nurse was the lead for infection control. The role included disseminating Clinical Commissioning Group (CCG) infection control protocols to the practice team. Records demonstrated that staff had undertaken infection control training in 2014.

The host GP practice was responsible for infection control for the building. We saw a CCG infection control audit had been undertaken in April 2014 that identified some areas for improvement that had been actioned. For example, hand washing and needle stick injury protocol posters were now displayed in clinical areas and the cloth curtain screen had been replaced with a washable screen in the consultation rooms. We were told an infection control re-audit was planned for April 2015. We were told by the GP principal who performed joint injections that they maintained aseptic precautions when carrying out the procedure. However a formal infection control audit had not been completed to validate this.

There were arrangements in place to ensure the safe management of healthcare waste and an external waste management company provided waste collection services. Sharps containers were available in all consulting rooms for the safe disposal of needles and sharp items. Clinical waste including sharps were stored in an appropriate locked container until collection by the waste management company. There was no specimen collection service at the host practice. However, arrangements had been made by the practice for specimen samples to be taken by staff daily to a local GP surgery for collection.

Equipment

Equipment used at the practice, such as weighing scales and blood pressure monitors were calibrated annually and these had last been checked in July 2014. Some equipment was shared with the host practice, for example defibrillator, vaccine fridge and nebuliser, and these were calibrated annually and last checked in March 2015.

Staffing and recruitment

The practice had a recruitment policy which was last reviewed in January 2012 by the previous senior partner. The policy set out the standards that should be followed at each stage of the recruitment process. However, the policy did not refer to pre-employment checks such as proof of identification, registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks. We reviewed staff recruitment files on our initial inspection visit however they were not found to be maintained in an organised and consistent manner.

The practice employed the same part time locum GP and during busy periods they would take on more sessions. Records confirmed this locum GP had been DBS checked and had received training in safeguarding, mental capacity act and basic life support. There was an induction procedure for locum doctors who worked at the practice.

Monitoring safety and responding to risk

Changes were made to services without due regard for the impact on people's safety. For example, space in the shared temporary premises was restricted; there was limited space in the waiting and reception area which may impact on patient privacy. The room which the receptionists operated from could only accommodate one receptionist for each GP practice. We were told that two receptionists were in place at the previous practice premises to cope with demand.

However, there were some processes in place to monitor safety and respond to risk. Fire alarms were tested weekly by staff and fire drills carried out monthly. We were shown that a fire risk assessment had been booked for April 2015. The practice manager carried out health and safety walk around risk assessments but these were not formally documented. We saw documentation to confirm that a Legionella risk assessment was booked for April 2015.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that practice staff including the regular locum GP had received training in basic life support and this was updated annually. The practice had access to emergency equipment held by the host GP

practice which included a defibrillator, portable oxygen cylinder and nebuliser. The practice retained a stock of medicines for emergencies which were located in a drug box in the nurse consultation room. There was a business continuity plan in place and this had been updated to reflect the current premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP principal and practice nurse we spoke with were familiar with current best practice guidance and had access to up to date guidelines from the National Institute for Health and Care Excellence (NICE) and local commissioners. Staff told us they discussed new guidelines at the weekly practice team meeting. We found from our discussion with the GP principal and practice nurse that staff completed thorough assessments of patient's needs in line with NICE guidelines.

The GP principal was the lead for all specialist clinical areas including safeguarding and long term conditions and the practice nurse was the lead for infection control. The practice nurse told us they felt supported by the practice GP's and would be happy to seek advice from them if required.

All referrals made by the practice to secondary care were vetted by the local referral team and we were told by the GP principal that referral rates were in line with similar GP practices in the area.

The practice had commenced a care plan programme for frail elderly or complex need patients who had been identified through the use of computerised tools, as a potential high risk for hospital emergency admission or re-admission. 96 patients had been identified as at risk and 29 care plans had been completed. The practice accepted this was low but felt the move to the new premises had impacted on this. We were told they were in the process of setting up a plan to address the issue that involved the GP setting aside protected time for the practice nurse to progress this.

Discrimination was avoided when making care and treatment decisions. Interview with the GP showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The GP principal had performed clinical audits which had been presented as part of their annual appraisal. Recent clinical audits we were shown included a review of joint injections from 2012 – 2014 and a review of repeat

medicines for asthma. We were shown the detail from the completed joint injection audit which monitored patient's outcomes and satisfaction post procedure at three months and six months.

The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). QOF data we reviewed showed the practice was performing in line with the Clinical Commissioning Group (CCG) average for most long term conditions including chronic obstructive pulmonary disease (COPD), hypertension and atrial fibrillation. The practice was below the CCG average for the number of patients with diabetes who had a controlled blood pressure at the last measurement taken.

The practice had a written policy for reviewing repeat prescriptions. All repeat prescriptions were reviewed by a GP before they were signed. Administration staff knew to highlight a patient for review if they were requesting a medication that had not been prescribed for some time. Prescriptions for anti-coagulant medicines were reviewed with blood test results before prescriptions were ordered.

Effective staffing

Practice staffing included a full time GP principal, regular part time locum GP, part time practice nurse, practice manager, part time administration and reception staff. Due to limited space at the host premises the practice nurse did not have their own consultation room. The practice manager told us that the practice nurse and the GP had come to arrangement so that there was sufficient room available for the practice nurse. However, the practice nurse did not share this view as whilst she was able to occupy her time with other work she wished to be seeing patients and this was restricted.

We reviewed staff training files and saw that administration staff were up to date with basic life support. The GP principal was up to date with annual continuing professional development requirements and had been revalidated in June 2014. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation

Are services effective?

(for example, treatment is effective)

every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

The practice nurse told us they had undertaken their last annual appraisal in January 2014 and that their personal development plan had been agreed. The practice nurse was required to perform defined duties and was able to demonstrate that they had received training to fulfil these. For example, cervical cytology, management of long term conditions and family planning. Administration staff had not received an appraisal in the last 12 months and we were told this was due to the practice move.

Working with colleagues and other services

The practice showed some evidence that they worked with other service providers to meet people's needs and manage complex cases. The practice held multi-disciplinary (MDT) meetings with district nurses, health visitors, locality integrated care-coordinator and palliative care nurses to discuss the care plans of complex needs patient. We saw documented minutes from three MDT meetings held in the last 12 months which confirmed multi-disciplinary input however we were told that the frequency of these meetings had decreased since the move to the current premises.

Information sharing

Blood test and specimen results were received electronically from the pathology services and we were told all results were reviewed and acted upon if required by the GP principal or locum GP. We were told that 90% of referrals to secondary care were made through the Choose and Book system and were subject to vetting by the local referral team. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own appointment in discussion with their chosen hospital). The practice followed national standards for referrals, for example urgent two week referrals for suspected cancer diagnosis. The practice used an electronic record system for the management of patient's medical records.

Consent to care and treatment

The GP principal was aware of the principles of the Mental Capacity Act and could give an example when it would be used, for example in power of attorney discussions. Clinical staff we spoke with demonstrated a clear understanding of

Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). There was a practice policy for documenting consent for specific interventions. For example, verbal consent was obtained for joint injections and then recorded in the patient's notes. This was confirmed in a randomly selected anonymised patient clinical record we reviewed.

Health promotion and prevention

The practice offered health checks with the practice nurse to all new patients who registered at the practice. The practice nurse also provided family planning services including oral contraceptive medication checks and contraception injections.

The practice offered a full range of immunisations for children, travel vaccinations and flu and shingle vaccinations in line with national guidance. Child immunisation rates for 2013-2014 were at one year between 55-60%, at two years between 50-69% and five years between 51-89% depending on the vaccine. The uptake rate for cervical smears was 70% which was below the CCG average. The practice nurse was aware of this and told us patients were sent reminder letters and text messages in an attempt to improve this.

The practice offered annual health checks with the practice nurse for people with long term conditions, patients over 75 years of age and patients with learning difficulties. There were 13 patients on the learning disabilities register and nine annual checks had been completed. All new patients who registered with the practice were offered a new patient health check. NHS health checks were offered to patients over 40 years of age without chronic disease.

The practice nurse was a trained smoking cessation advisor and offered a smoking cessation clinic at the previous premises. However, due to limited space at the host premises this service could not be offered and patients were referred onwards to local smoking cessation services.

The practice had a blood pressure 'POD' for patients to measure their own blood pressure in reception and the administration staff encouraged patients attending the surgery to use this. As a result the practice had achieved a 91% rate of blood pressure checks for patients aged between 40 – 74 years, which was above the national average of 90%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we observed staff to be kind, helpful and compassionate towards patients attending the practice and when speaking to them on the telephone. Patients we spoke with told us that they were treated with kindness, dignity and respect. Many of the completed Care Quality Commission (CQC) comment cards we received referred to staff as kind, caring, supportive, friendly and helpful.

Evidence from the latest GP national patient survey published by NHS England July 2014 showed that patients were satisfied with how they were treated. Seventy eight percent said that the last GP they saw or spoke to was good at treating them with care and concern and 86% found the receptionists helpful. The practice was above average in the Clinical Commissioning Group (CCG) area for its satisfaction scores on consultations with the practice nurse. Ninety-four percent of respondents said that the last nurse they saw or spoke to was good at listening to them and 97% said the nurse gave them enough time.

Clinical staff told us they had a policy to offer patients a chaperone if required and we saw signs displaying this information in the waiting area and clinical rooms. We observed that there was no privacy in reception for private discussions and there was no area for breast feeding mothers. We were told a room would be made available if a patient requested this, although there was nothing on display to inform patients of this facility.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, 84% of respondents said the last GP they saw was good at listening to them and 76% felt the GP was good at explaining test and treatments. Eighty-one percent respondents said the last nurse they saw was good at involving them in decisions about their

care and 90% said the nurse was good at explaining tests and treatment. These results were above average compared to the local Clinical Commissioning Group (CCG) area.

Clinical staff told us they used information leaflets and other media resources to provide patients with information to make informed decisions about their treatment and care. For example, the practice nurse told us she would use video resources from NHS Choices website on the flu vaccinations to help patients visualise and understand how the vaccination was carried out.

Patients we spoke with during our inspection told us they felt involved in decision making about the care and treatment they received. They also told us they were signposted and referred appropriately to support services if required. Patient feedback on CQC comment cards we received reflected this feedback.

The practice did not have a telephone interpretation service for patients who did not have English as their first language however an interpreter could be arranged in advance if required.

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with were positive about the emotional support provided by the practice. CQC comment cards we received reflected this feedback. The practice nurse gave examples of different support organisations patients would be signposted to if required. For example, a training course for patients with type two diabetes which helps them to identify their own health risks and MENCAP for mental health or dementia support.

The practice maintained a register of patients who were carers and the practice's computer system alerted staff if a patient was a carer.

Procedures were in place for staff to follow in the event of the death of one of their patients. This included informing other agencies and professionals who had been involved in the patient's care, so that any planned appointments, home visits or communication could be terminated in order to prevent any additional distress. Patient deaths were recorded in a death notification book maintained by the practice so that all practice staff were aware when a patient had died.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice met regularly with the local Clinical Commissioning Group (CCG) and periodically with NHS England Local Area Team to discuss local needs and plan service improvements. The practice was in close communication with NHS England with regards to a proposed permanent move to new practice premises.

The practice offered joint injections for patients with arthritis. Home visits were available for patients unable to attend the practice and these were performed two to three times a week. The practice had commenced a care plan programme for of frail elderly or complex need patients who had been identified through the use of computerised tools, as a potential high risk for hospital emergency admission or re-admission.

The practice nurse performed annual reviews of patients with long term conditions during pre-bookable appointments, including asthma, chronic obstructive pulmonary disease (COPD), diabetes, high blood pressure and heart disease. The practice nurse made referrals for retinal screening and podiatry services for patients with diabetes who required review. If these appointments were not attended the practice nurse attempted to contact the patient to re-arrange. We were told that since the move to the current premises the practice nurse only had access to a consultation room when it was not in use by the host practice nurse, which as a consequence had restricted the opportunity for regular patient reviews to take place.

The practice had access to a locality integrated care co-ordinator who provided support to patients with complex physical and or mental health needs. Their role was to support patients to access a wide range of health, social care and voluntary sector services in the community.

The practice previously held monthly multi-disciplinary team (MDT) meetings with district nurses, health visitors, locality integrated care-coordinator and palliative care nurses to discuss the care plans of patients with complex needs. We reviewed documented minutes of three MDT meetings that had been held in the last year which recorded patient case review discussions.

The practice provided care to meet the healthcare needs of a local nursing care home. This included patients with high

nursing care need, frail elderly patients and elderly patients experiencing poor mental health such as dementia. The GP principal attended the nursing home twice weekly to clinically review patients and update care plans as needed.

The practice held a weekly ante-natal clinic each Tuesday and post-natal reviews were carried out at the same time as the first baby vaccination for which an hour long appointment would be scheduled. The post-natal review included assessment for post-natal depression measured by the Edinburgh Post-natal Depression Scale (EPDS) tool. The practice offered childhood immunisations in line with national guidance however the uptake rate was poor. The practice nurse provided family services including oral contraceptive medicine checks and Depo-Provera injections for contraception. When children were placed on the at risk register this was flagged up on their electronic records.

The practice did not offer extended hours appointments to allow patients who work easy access to appointments outside of working hours. There was a facility to book appointments and request repeat prescriptions online directly through NHS Choices for patients who were registered users. Patients could register to receive information by text message regarding appointments and healthcare.

The practice kept a register of patients with learning difficulties and they were offered annual health checks with the practice nurse. There were 13 patients listed on the register and 9 of these had received annual reviews. Arrangements were made where possible for these patients to have blood tests performed by the local phlebotomy service prior to annual review, so that results were available when they attended their annual review. Any medical issues identified were passed to the GP for review. People with alcohol or drug misuse problems were supported through referral to the local drugs and alcohol team.

Patients with mental health issues had alerts on their electronic records that flagged up when they were due for review. The practice nurse told us they had good links with the community mental health team (CMHT) to support the needs of this patient group. Urgent referrals to CMHT were made on the same day. The practice used the Improved Access to Psychological Therapies (IAPT) service to support patients suffering with anxiety and depression.

Are services responsive to people's needs?

(for example, to feedback?)

The practice maintained a register of all patients receiving palliative care.

Tackling inequity and promoting equality

The practice did not offer a telephone interpretation service for patients who did not use English as their first language. Interpreters could be arranged in advance if the patient informed the reception staff if this was required, although the practice information leaflet advised patients to bring an English speaking person with them where possible. The practice was accessible to wheelchair users, for example there was level access into the practice and the waiting room was large enough to accommodate wheelchairs if the waiting room was not crowded.

Access to the service

The practice was open from 9.00am to 6.30pm Monday and Thursday, 8.00am to 6.30pm Tuesday, 8.00am to 4.30pm Wednesday and 9.00am to 6.00pm Friday. Morning appointments to see a GP were available from 10.30am Monday to Wednesday and from 09.30am on Thursday and Friday. Afternoon appointments were available from 3.00pm Monday and Friday, 2.00pm Tuesdays and Thursdays and 1.30 to 4.00pm on Wednesday. Telephone lines were open all day with the exception of Thursday when closed between 1.00pm to 2.00pm for staff meetings and training.

Appointments were available on the same day by telephoning the practice in the morning. Pre-bookable appointments were available on Wednesday afternoons and allocated daily slots. The practice did not have a website for patients to directly log into the on line appointment booking system. There was a facility to book appointments and request repeat prescriptions online through NHS Choices for patients who were registered users, but this service was not publicised by the practice. Feedback from patients we spoke with during our visit and Care Quality Commission (CQC) comment cards completed indicated that patients would like the option to book appointments online.

Information on opening times and appointment times was provided in the practice information leaflet. However, the practice information leaflet in circulation had not been updated to reflect the current practice location arrangements, current practice staff and on line booking arrangements. Patients could register to receive information by text message regarding appointments and healthcare.

Home visits were available for patients with frailty, immobility or severe illness who were unable to attend the practice. These could be requested by telephoning the practice before 10.00am. The practice provided daily telephone consultation slots for a GP to call back a patient if requested.

When the practice was closed there was a recorded telephone message detailing the number patients should ring depending on the circumstance. The practice leaflet provided information about the out-of-hours arrangements in place.

Feedback from patients we spoke with on the day of our inspection and Care Quality Commission (CQC) comment cards completed showed that patients were generally satisfied with the appointment system. This was reflected in the GP national survey results with 84% of respondents saying they were able to get an appointment last time they tried and 92% said the last appointment they got was convenient. However, many of the patients told us they often waited a long time after their appointment time to be seen and only 31% of respondents to the GP survey said they waited less than fifteen minutes after their appointment time to be seen. The GP told us the practice aimed to recruit another GP partner when permanent premises had been secured.

The practice was situated on the ground floor of the building and was accessible for wheelchair users. However there was limited space available in the waiting area for prams and wheelchairs especially at busy periods. We observed that there were no baby changing facilities however we were told that a room would be made available if required.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and 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 on the complaints procedure was available in the waiting room and there was information on making complaints included in the practice leaflet. Patients were advised to put their complaints in writing and send them to

Are services responsive to people's needs?

(for example, to feedback?)

the practice manager. The practice would acknowledge receipt of the complaint within three working days and aimed to respond to the complaint within ten working days. Complaints were responded to by written letter from the practice manager or GP principal.

For complaints not resolved at practice level the contact details for the Brent Clinical Commissioning Group (CCG) Patient Advice Liaison Service (PALS) and the Parliamentary and Health Service Ombudsman were detailed in the complaints information provided.

Staff we spoke with were aware of the complaints procedure and knew who to direct patients to if they wished to make a complaint. Complaints were discussed at the weekly practice team meeting and learning points were discussed and minutes were seen to confirm this. We reviewed an example of a resolved complaint about a prescription error received in March 2014. The complaints procedure had been followed and a letter of response had been sent to the patient who was satisfied with the outcome.

Are services well-led?

Requires improvement 

(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 vision to provide good effective care to patients. Staff we spoke with were aware of the ethos of the practice and described it as a traditional, caring and friendly general practice. The practice leaflet described the practice's aim to offer a high standard of care to all patients by a friendly team. The GP principal was in negotiation with NHS England to secure permanent premises to enable expansion of the services currently provided.

Governance arrangements

The practice held monthly management meetings to discuss the running of the practice and governance issues and minutes were documented. The practice used data from the Quality and Outcomes Framework (QOF) to monitor performance. QOF data was reviewed and discussed monthly in the practice meeting to identify areas for improvement.

The practice had some arrangements in place for identifying, recording and managing risks. Incidents that occurred were recorded using a significant event reporting form and then logged in a spread sheet on the shared drive of the practice computer system. Any significant events were discussed at the practice meeting. Clinical records review confirmed high risk prescriptions such as warfarin were regularly monitored. Regular fire alarm testing and fire drills were carried out and there was a fire risk assessment due to be performed in April 2015. The practice manager conducted health and safety walk around risk assessments, although these were not formally documented. The practice had an up to date business continuity plan reflecting the current practice location arrangements.

Leadership, openness and transparency

The GP principal was the clinical lead for most areas including safeguarding. The practice manager was the main point of contact for the wider team. Staff we spoke with on our initial inspection visit told us that the team worked well as they were a small practice. However, some concerns were expressed about the lack of communication received about the future of the practice in terms of a more permanent practice location.

The practice manager was responsible for human resources policies and procedures. We reviewed a number

of policies, for example recruitment policy, equal opportunities policy and disciplinary policy, which were in place to support staff and available to refer to on the practice intranet. However, it was noted that some of the policies had not been recently reviewed.

Practice seeks and acts on feedback from its patients, the public and staff

The practice gathered feedback from patients through the Friends and Family Test (FFT), National GP patient survey, from comments posted on NHS choices website and complaints made to the practice. The most recent FFT result showed 91% of patients would recommend the practice to others. Staff told us they made changes to the practice service in response to patient feedback. For example, some patients had reported difficulty accessing appointments and as a result the number of clinical sessions for the regular locum GP was increased to create more appointments. The practice nurse told us they had recently discussed feedback following the premises temporary move. Some patients felt they had not been informed in advance of the move to the temporary premises and as a result the practice team had planned to improve communication when permanent premises had been secured.

There was minimal engagement with people who used the service. The practice did not have a patient participation group. The GP principal told us they were planning to start this group once permanent premises had been secured.

The practice received feedback from staff during weekly team meetings. Staff we spoke with felt in general able to discuss any concerns they had at this meeting. The practice did not complete any staff surveys.

The practice did not have a written whistle blowing policy although staff we spoke with were aware of their responsibilities in relation to this and knew what they should do if they had concerns.

Management lead through learning and improvement

Records confirmed annual appraisals had been performed for clinical staff and these included personal development plans. Administration staff had not received an appraisal in the last 12 months. Clinical staff were proactive in

Are services well-led?

Requires improvement



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

identifying training needs for example, the practice nurse had received training on initiating insulin in diabetic patients as a result of learning needs identified in their personal development plan.

The practice had an induction procedure for new staff and locum GPs who worked at the practice. The GP principal

told us that locum doctors were required to have previously worked in the area and that positive feedback from other practices they had worked at had been received.

There were arrangements in place for the review and analysis of significant events and complaints. Learning from significant events or complaints was communicated to staff at the practice meeting to ensure improvements to quality and service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes The provider was operating from a location that was not part of their registration conditions.
Maternity and midwifery services	
Treatment of disease, disorder or injury	