Church End 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?	Requires improvement
Are services well-led?	Outstanding

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church End Medical Centre on 27 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice had prioritised self care and health promotion and was achieving well in these areas.
- Staff had been trained and had the skills, knowledge and experience to deliver effective care and treatment. The clinical team met weekly with a strong emphasis on learning.
- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment. The practice tended to score below others on the national GP patient survey however.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they sometimes found it difficult to make an appointment when they wanted one or with a named GP, but urgent appointments were available the same day. The practice had recently introduced a walk-in session every Friday to improve access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Leaders had an inspiring shared purpose to respond to patients needs and to strive to deliver and motivate staff to succeed. The practice actively engaged with other organisations and professionals to achieve these aims.
- The practice proactively sought feedback from staff and patients, which it acted on.

We saw two areas of outstanding practice:

Summary of findings

- The practice had worked closely with a nearby nursing home, for example encouraging the nursing staff to develop competencies and skills such as safe catheterisation. The practice had directly trained nursing home staff on some aspects of care. As a result, the number of ambulance call outs and A&E admissions from the home had decreased by almost 70%.
- The practice had developed its service to meet the needs of patients with sickle cell disease in the practice population and to reduce unplanned hospital admissions. The practice screened at risk groups and routinely provided antibiotic and folic acid prophylactic treatment. Patients were called for annual checks. The practice checked that patients had received all required immunisations. The doctors were aware of the importance of adequate repeat prescribing of analgesics for these patients. The practice had developed its own electronic template for sickle cell disease which had been adopted by the regional research hub and shared with all practices with a high population prevalence of sickle cell disease.

The areas where the provider should make improvement are:

- The practice should continue to monitor and improve patient experience in relation to the telephone system and obtaining non-urgent appointments within a reasonable timeframe.
- The practice should monitor patient waits in the surgery and make improvements where appropriate.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong the practice was open with patients who had been affected.
- The practice had effective systems, processes and practices in place to keep patients safe from abuse.
- Risks to patients were assessed and well managed for example in relation to medicines management, infection control, and environmental health and safety checks.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that, despite serving a practice population with high unmet health and social care needs, the practice was performing well when compared to practices nationally on a range of indicators, including child immunisations and cervical screening.
- The practice used innovative and proactive methods to engage patients in the community and improve patient outcomes. The practice was working with other local providers to share best practice.

Are services caring?

Good

The practice is rated as good for providing caring services.

- We saw that staff treated patients with kindness and respect, and took care to maintain patient and information confidentiality.
- The most recent national GP patient survey results showed that the practice tended to score less well than most other practices for patient satisfaction with consultations and involvement.

Summary of findings

- In contrast, patients who participated in the inspection were very positive about the quality of the service and said they were treated with kindness, dignity and respect and were involved in decisions about their care.
- Information for patients about the services available was easy to understand and accessible. The website had a translation facility and staff booked interpreters when required.
- The practice had identified over 200 patients (2.7% of the practice list) who were carers and had assigned a staff member to take the lead on liaising with carers.
- The practice had a condolence policy and supported patients at times of bereavement.

Are services responsive to people's needs?

Requires improvement

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

- The practice had reviewed the needs of its local population and was responsive to developing appropriate services to support patients in the community.
- The practice scored poorly on the national patient survey for telephone access and waits for appointments. Some patients we spoke with on the day also told us they had experienced difficulty obtaining a routine appointment. Urgent appointments were available the same day.
- We noted that the practice was keen to improve access and had recently introduced a walk-in session every Friday following patient feedback.
- The practice supported patients to make a complaint if they wished. There was clear information about how to complain and the practice responded in a timely way.

Are services well-led?

Outstanding

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

- Leaders had an inspiring shared purpose to respond to patients needs and to strive to deliver and motivate staff to succeed.
- The practice had an ambitious vision to improve the health of patients and a supporting strategy and initiatives to achieve this.
- The practice had a proactive and systematic approach to working with other organisations, practices and at the clinical commissioning group level (CCG) to develop innovative services and meet patient needs.
- The practice had strong, visible leadership and encouraged staff to take on leadership roles and develop their skills.

Summary of findings

- The practice obtained feedback from patients and had an active patient participation group which influenced practice development.
- The practice had a strong learning culture with an emphasis on learning and development and continuous improvement at all levels of the practice.

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

Outstanding ☆

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

- The practice was proactive in meeting the needs of the older people in its population. For example, one of the doctors made a weekly visit to practice patients who lived in a nearby nursing home.
- The practice had worked closely with the home, for example encouraging the nursing staff to develop competencies and skills such as catheterisation. The practice had directly trained nursing home staff on some aspects of care. As a result, the number of ambulance call outs and A&E admissions from the home had decreased by almost 70%.
- The practice had two clinical leads for the care of older patients. All older patients had been informed of their named doctor. The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice used risk stratification tools and intelligence to identify older patients with one or more long-term conditions at risk of unplanned hospital admission. The practice developed care plans for patients identified at medium and high risk (4% of older patients). Any patient who had an unplanned admission to hospital was contacted within 72 hours of discharge.
- The practice worked as a team and with partner organisations to provide coordinated care. GPs and nurses held weekly in-house meetings to review older vulnerable patients. The practice also held monthly multidisciplinary team meetings with district nurses, palliative care nurses, health visitors and the care coordinator.
- The practice offered the full range of relevant NHS immunisations to older patients including the pneumococcal, shingles and influenza vaccines.
- The practice signposted and referred patients to a wide range of support groups tailored to their particular circumstances. We saw examples where the GP or care coordinator had contacted local voluntary organisations involved in advising older patients how to stay warm at home and tackling social isolation after visiting patients at risk at home.

Summary of findings

People with long term conditions

Good

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

- The practice kept registers of patients with common long term conditions and offered routine clinics including diabetes, asthma, chronic obstructive pulmonary disease, hypertension and rheumatoid arthritis. Patients in need of a review were invited by post, followed up by text and reminder letters.
- Patients attending long term condition clinics were offered longer appointments.
- The practice held weekly clinical meetings, in-house monthly multidisciplinary meetings and attended locality multidisciplinary meetings to review the care of patients with longer term conditions as appropriate.
- The practice participated in the locality 'complex patient management group' (CPMG) on a weekly basis to improve the care and experience of the most complex and vulnerable patients.
- The practice promoted patient self care for long term conditions through a multi-pronged approach including educational sessions at patient participation group meetings. Recent meetings had included sessions on diabetes, asthma and men's health. The meetings were well attended.
- There was a high prevalence of sickle cell disease locally. The practice had developed its service to meet the primary care needs of patients with sickle cell and reduce unplanned hospital admission.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice policy was to register children together with their parents or guardians.
- Immunisation rates were high for all standard childhood immunisations. The practice offered an MMR vaccine catch up programme.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children under five were prioritised for same day appointments.

Summary of findings

- The practice provided a range of services for this population group including antenatal and postnatal care, baby and immunisation clinics and phlebotomy for under 12 year olds.
- The practice was keen to encourage the younger population to attend the patient participation group for example presenting on contraception and sexual health for younger people. The practice provided free condoms and pregnancy testing.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had exceeded its target for the uptake of NHS Health Checks and had identified patients with previously undiagnosed conditions.
- The practice offered extended hours appointments for the working age population and online appointment booking and repeat prescription services. One in five patients was registered for online services. Evening and weekend appointments were also available at other 'hub' practices in Brent if required.
- The practice offered meningitis C vaccinations to registered university students.
- The practice proactively offered chlamydia and gonorrhoea screening and a wide range of regular contraceptive options and emergency contraception. Patients could access free condoms and pregnancy tests.
- The practice explored new ways of engaging with patients for example, the 'Brent Health App' to promote self care and update on local services.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Summary of findings

- The practice offered longer appointments and specialist clinics for patients with a learning disability. The practice provided all patients with a learning disability with health checks including physical health and healthy living.
- The practice GP lead for learning disability was also the CCG lead for this patient group, providing mentoring support to other practices across Brent.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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. Discussion of vulnerable children and adults was a fixed agenda item at the practice weekly clinical meetings.
- The practice had developed its new patient registration template to include details about the social environment and safeguarding issues, child protection or other concerns.
- The practice provided interpreting and signing services to patients who did not speak English.
- The practice ran in house alcohol and substance misuse clinics.
- The practice had a register of carers who were prioritised for appointments and signposted to additional support and assessment.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing complex health problems including poor mental health and dementia.
- The practice had a proactive approach to dementia screening and referred patients at risk to the local specialist memory clinic, dementia cafes and support services
- The practice employed a mental health specialist nurse who ran dedicated clinics for patients with mental health problems and provided continuity of care and liaison.
- Patients experiencing poor mental health were signposted to various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency if they may have been experiencing poor mental health.

Summary of findings

- Patients with mental health problems received a full health check at least once a year.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. Questionnaires were sent to 371 patients and 86 were returned: a completion rate of 23% (that is around 1% of the patient list). The results showed the practice tended to score in line with other practices in Brent but below the national average.

- 47% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% had confidence and trust in the last GP they saw or spoke to compared to the national average of 95%.
- 90% had confidence and trust in the last nurse they saw or spoke to compared to the national average of 97%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 81% of patients said the last appointment they had was convenient compared to the national average of 92%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards. We also spoke with six patients. The patient feedback we received was overwhelmingly positive about the quality of care. Patients described the practice as excellent and staff as going out of their way to support them and their families. Patients also commented on the convenience of being able to attend the practice for a range of services, such as blood tests.

There was more mixed feedback about accessibility with several patients expressing frustration with the practice appointment system. The practice had responded by operating a walk-in service since January 2016 on Fridays and patients and staff told us this was working well.

Church End Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser and an expert by experience.

Background to Church End Medical Centre

Church End Medical Centre provides NHS primary medical services to around 8000 patients in the Willesden and Harlesden area of North West London through a 'personal medical services' contract. The practice provides services from a single, purpose built surgery which is located on the Church End estate.

The current practice staff team comprises two GP partners (male and female); three salaried doctors (male and female); two practice nurses (male and female), one of whom is an independent prescriber; a mental health specialist nurse; a phlebotomist, a health care assistant, the practice manager and a team of receptionists and administrators. The GPs typically provide 41 sessions in total per week. The practice also provides paid placements for up to three GP registrars each year as part of their specialist training.

The practice phone lines open at 8.30am daily and the building opens between 9.00am-6.30pm on Monday, Tuesday, Wednesday and Friday. On Thursday, the practice building opens from 8.30am-4.30pm although the phones are turned off in the afternoon. The practice also closes over lunch every day between 12:30pm-2.00pm.

Appointments are available from 9.00am-12.30pm every morning and between 4.00pm-6.00pm on Monday, Tuesday, Wednesday and Friday afternoons. The practice also offers extended hours opening until 8.15pm on alternate Tuesday and Wednesday evenings each week. The GPs undertake home visits for patients who are housebound or are too ill to visit the practice.

The practice has arranged an out of hours primary care service for patients. Patients ringing the practice when the lines are closed are provided with recorded information on the practice opening hours and instructions on how to contact the out of hours provider or the “111” telephone line. This information is also provided in the practice leaflet and on the website. The practice informs patients about local urgent care centres and ‘hub’ practices which offer primary care appointments in the evening and at weekends.

The practice population has a higher than average proportion of babies, children and young adults and a relatively low proportion of patients over 65. Registered patients are ethnically and culturally diverse with a high proportion of African-Caribbean patients by ethnicity. The area falls within the 10% most deprived areas of England (as measured by the index of multiple deprivation) with almost 40% of children in the area estimated to be affected by income deprivation.

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

The practice has not previously been formally inspected by the Care Quality Commission, however it took part in a pilot primary care inspection programme in 2013. No regulatory concerns were identified at that time.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff (including GP partners, salaried doctors, the practice nurses, the practice manager and members of the administrative team).
- We spoke with six patients who used the service.
- Observed how patients were greeted and treated at reception.
- Reviewed 42 comment cards where patients shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed policies, procedures and written checks and risk assessments recorded by the practice.
- We inspected the premises and equipment to check these were well maintained and suitable for use.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there were clinical and non-clinical recording forms available on the practice computer system.
- The practice carried out a thorough analysis of significant events. There had been seven incidents in the past year, five of which had been clinical incidents. The examples we reviewed were recorded in detail and had been discussed at clinical and staff meetings. The practice understood its obligations under the duty of candour and we saw an example where the practice had contacted the family after an incident had occurred.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice also shared relevant learning, for example, a very thorough presentation of a case involving an unexpected death, with other practices in the locality at multidisciplinary team and 'complex patient' meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding vulnerable adults and children.
- The GPs attended safeguarding meetings when possible and had a system in place to provide written reports the same day when appropriately requested by other agencies. These types of requests were tracked by the practice to ensure a timely response. When the practice was notified that registered patients were known to be at risk of abuse, it routinely checked if other members of the family might also be at risk (for example, any children).
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurses were trained to child safeguarding level 3.
- 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. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The senior practice nurse had qualified as an independent prescriber and prescribed medicines for specific clinical conditions. He received mentorship and

support from the medical staff for this extended role. Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- The practice did not hold any controlled drugs on the premises (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed the personnel files of clinical and non-clinical staff members who had joined the practice within the past two years. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had identified health and safety leads among the staff team. The practice had up to date fire risk assessments and carried out regular monitoring checks and fire drills.
- Electrical equipment was checked and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and available to support trainees.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was stored off-site and included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients received evidence-based care and delivered care in line with relevant guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and locally developed clinical pathways.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to electronic guidelines from NICE and the CCG and used this information to deliver care and treatment that met patients' needs. The practice developed its own electronic templates to ensure that these incorporate the latest guidance or to fit practice patient needs.
- The practice monitored that guidelines were being followed through audit, reflection and learning at clinical meetings, peer review, mentoring and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2015/16, the practice had achieved 94.6% of the total number of points available. The practice exception reporting rate was 9.2% (clinical domain), the same as the English average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The practice was performing in line with the CCG and national averages for diabetes. For example, 72% of registered diabetic patients had adequately controlled blood sugar levels (that is, their last HbA1c level was 64 mmol/mol or less) compared to the CCG average of 74% and the national average of 78%. Seventy-eight per cent of diabetic patients had a normal blood pressure reading which was the same as the CCG and national averages. Ninety per cent of diabetic patients had been given a foot check in the previous 12 months compared to the CCG average of 90% and the national average of 88%.
- Performance for mental health related indicators tended to be close to the national average. For example, in 2014/15 the practice had recorded alcohol consumption for 89% of patients with a diagnosed psychosis compared to the national average of 90%. Eighty-five per cent of patients diagnosed with dementia had received a face-to-face review within the previous year compared to the national average of 84%.

Staff were actively engaged in activities to monitor and improve quality and outcomes. The practice reviewed its performance and implemented an improvement programme. Areas for improvement were triggered by comparative performance data, significant events, patient feedback and updates to guidelines and safety alerts.

- We saw multiple examples of clinical audits completed in the last two years. The practice had well documented examples of completed audit cycles where the improvements made were monitored to ensure that any improvement was sustained, for example audits of upper and lower respiratory tract infection, coil fittings and joint injections.
- The practice participated in local prescribing audits, national benchmarking, locality based peer review and research. For example, the practice had reduced its antibiotic prescribing.
- Findings were used by the practice to improve services. For example, the practice had worked closely with a nearby nursing home since 2009 developing and facilitating a staff training programme to reduce patient admissions to A&E and ambulance call-outs, particularly out of hours. The practice carried out a two stage audit and found that the number of acute out-of-hours and A&E assessments fell from 79 to 20 between the two periods audited in 2011 and 2016. (The proportion of acute assessments per service user fell from 1.3 to 0.4). In 2010, one resident had an end of life decision recorded in their care plan. By May 2015, over half of service users had an end of life decision. The practice had identified this as an area for further work and discussion with service users.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were encouraged to develop their skills, competencies and knowledge, for example the practice nurse had been supported to become an independent prescriber and the practice nurse trainer for the CCG.

- The practice had a competency based induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received mandatory 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, in-house training and external learning opportunities.

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 electronic patient record system and shared electronic computer drives.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social services professionals to understand the range and complexity of patients' needs and to plan ongoing care and treatment. This included when patients moved between services or after they were discharged from hospital. The practice used alert forms (through the 'Coordinate my care' scheme) to share information about patients with the out of hours primary care provider, for example, patients nearing the end of life.

The practice held practice multidisciplinary meetings and participated in the wider locality multidisciplinary meetings with other health and social services professionals. Care plans were reviewed and updated for patients with complex needs with input from specialist teams as appropriate. The practice also shared learning from relevant significant events at these meetings.

The practice had participated in the local integrated care pilot since its inception and had a good knowledge of the integrated care pathway and associated services, for example, using the local rapid response service when patients needed urgent social support to prevent a crisis.

The care plans we reviewed were well completed with clear involvement of patients and carers.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff were confident in carrying out assessments of younger patients' capacity to consent in line with relevant guidance, for example when younger patients stated they did not want their parents to be involved or informed.
- The GPs were confident in carrying out and recording mental capacity assessments in relation to any decisions that more vulnerable patients were asked to make about their health care.

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

The practice identified patients in need of extra support, for example, patients with long-term physical and mental health conditions and those at risk of developing a long-term condition such as diabetes. The practice also encouraged patients more generally to talk about diet, smoking and alcohol cessation with their GP, health care assistants or the nursing staff. Staff told us they used consultations wherever possible as an opportunity to promote healthier lifestyles. The practice had an attached 'care coordinator' whose role included signposting patients to other relevant services and support in the community.

The practice served a community with high levels of income deprivation and unmet health need. The practice recognised that some patients might be reluctant to formally seek help or advice and took a proactive approach to engaging with the community to promote good health.

- The practice used regular practice patient participation group meetings to promote specific health topics. All patients were welcome to attend and meetings were widely publicised. The second hour of the meeting was devoted to a topic chosen by the patient group. Recent meetings had covered diabetes, cancer and men's health.
- One of the GP partners had recently guested on a local radio show to talk about sexual health.
- The practice was enthusiastic about and encouraged patients to use the 'Brent Health App' which had been developed by the CCG and was free to download to mobile phones and similar devices. This included a symptom checker and advice on self care. The practice also promoted locality events such as a health fair which was run by the locality in partnership with the council and voluntary organisations the previous summer.
- The practice ran open days for immunisations, for example in the school and college holidays. Childhood immunisation rates were high. The practice had achieved over 90% coverage for all standard vaccinations and boosters for pre-school children and babies.
- The senior nurse ran health promotion and health check events at local children's centres. These aimed to reach families at increased risk of isolation, such as single parent families.
- The practice had exceeded its 'NHS Health Check' targets. The checks had identified patients with previously undiagnosed risk factors and health conditions including 20 patients with diabetes in the previous year.
- The practice was a consistently high performer in the CCG area for chlamydia screening. The practice also provided free condoms to patients and publicised this.
- The practice had exceeded its target for smoking cessation in 2015/16 with 72 patients joining the practice programme and 21 patients successfully 'quitting' (the practice's target was 10).

The practice coverage for the cervical screening programme in 2015/16 was 81%, which was above the CCG average of 78% and close to the English average of 82%. The practice followed up patients with reminders if they did not respond to their invitation. The practice encouraged women to attend by using information in different languages and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were polite and helpful to patients arriving at the practice, spoke discreetly and treated patients with respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they would talk to patients in a quieter area of the waiting room when patients needed to discuss a sensitive matter or appeared distressed.
- Clinical staff told us they preferred to go out to the reception area to call patients personally for their appointment. They said this enabled them to greet patients and assist patients who had mobility difficulties.

All but one of the 42 patient comment cards we received were positive about the service. Patients said they received an excellent service and staff listened and treated them with respect. Several patients used the comment cards to thank individual members of staff for their kindness and care. Patients commented that even when they had been late for their appointments or submitting a repeat prescription request, the receptionists had tried hard to fit them in without being judgemental.

We spoke with six patients attending the practice on the day of the inspection. They also told us they were pleased with the care provided by the practice. Patients gave us examples of personalised, compassionate care at the practice that had impacted positively on their physical and mental health and wellbeing.

The results from the most recent national GP patient survey showed the practice tended to score below the CCG and national averages for patient satisfaction with clinical consultations. For example:

- 73% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 84% 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%.
- 72% 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% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice was aware that it was scoring below average on the national GP patient survey and had discussed the findings with patient participation group and other practices in the locality. In contrast, the practice generally received positive feedback on the 'friends and family test' with the most recent scores (January 2016) showing that 19 of 20 patients would recommend the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and did not feel rushed, although one patient commented that they had been told they could only discuss one health condition at a time. We also saw that care plans were personalised and included the views of patients and where appropriate, their carers or family members.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in decisions about their care. Again, the practice tended to score below the CCG and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.

Good

Are services caring?

- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

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

- Statistically one in five households in the area had no English-speaking members.
- Staff told us that translation services were readily available for patients who did not have English as a first language. There were no notices in the reception areas informing patients about this but receptionists routinely checked and added an alert to the records system when patients were known to use an interpreter.
- The practice had a hearing induction loop.

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. Information about support groups was also available on the practice website.

The staff added alerts to the patient electronic records if a patient was known to be a carer. The practice also held a separate register of patients who were carers. The practice had identified 220 patients who were carers (2.7% of the practice list).

The practice had a assigned a member of staff as the 'carer's champion' to publicise the support available to carers and to liaise with patients who were carers. Carers were given priority access to their GP. Written information was available to direct carers to social services, Brent Carers Centre and other relevant sources of support and displayed in the waiting area.

The practice had a bereavement and condolence policy. All staff were informed when the practice was notified of a patient death. Staff told us that if families had suffered bereavement, their usual GP contacted them to pass on their condolences. Bereaved patients were offered a consultation at a flexible time and location and advised on bereavement counselling and other support services if they wished.

The practice also ensured that if a patient was at the end stages of life, that the GPs made regular visits so ensuring that the certification of death should be straightforward. This reduced the risk of unnecessary post-mortem or other distressing delays for the family.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the locality and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- For example, the practice had a large number of patients with mental health problems. The practice directly employed a mental health specialist nurse to support these patients, provide continuity of care and facilitate liaison with specialist services if the patient was feeling unwell or had questions, for example about their medicines. The nurse took a holistic approach covering physical health and health promotion advice with patients. The practice was successfully supporting patients in primary care who had transferred from the care of the specialist mental health teams.
- The practice offered a wide range of services at the practice including phlebotomy (for adults and children); diabetic clinics and consultations with a specialist diabetic nurse; minor surgery; coil fitting and long acting reversible contraception.
- The practice offered extended hours until 8.15pm one evening each week for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with more complex health or communication needs. Patients with complex needs or who were vulnerable were given priority to see the GP of their choice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. One patient we spoke with confirmed that it had been easy to arrange a home visit for a family member who was immobile following an injury.
- Same day appointments were available for children and those patients with urgent medical problems. Patients told us that in their experience the staff would always fit them in the same day if they had an urgent problem.
- Patients were able to receive NHS and private travel vaccinations at the practice. The practice provided written information explaining which vaccines were available on the NHS and the fees charged for private vaccinations.
- There were disabled facilities, a hearing loop and translation services available. Treatment rooms were all located on the ground floor. Several members of staff spoke other languages fluently.
- One of the GPs visited patients in a local nursing home weekly.

Access to the service

The practice was open between 9.00am-6.30pm on Monday, Tuesday, Wednesday and Friday (the phone lines opened at 8.30am). On Thursday, the practice opened from 8.30am-4.30pm although the phones were turned off in the afternoon. The practice also closed over lunch every day between 12:30pm-2.00pm.

Appointments were available from 9.00am-12.30pm every morning and between 4.00pm-6.00pm on Monday, Tuesday, Wednesday and Friday afternoons. The practice also offered extended hours opening until 8.15pm on alternate Tuesday and Wednesday evenings each week.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be lower than average.

- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 55% describe their experience of making an appointment as good compared to the CCG average of 68% and the national average of 73%.
- More positively, 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 85%.

People told us that they were able to get urgent appointments when they needed them. However some patients commented (both on cards and in person) that they sometimes struggled to book an appointment as the phone lines were busy first thing in the morning and appointments were booked quickly. This meant they had to try again the next day. Two of these patients separately told us they had previously given up and gone to A&E. The system was particularly difficult for patients who were working, travelling or taking children to school when the practice opened.

The practice had recently introduced a walk-in session on Friday. All patients contacting the practice by mid-morning

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

were guaranteed an appointment the same day. This 'guarantee' reduced the risk of queues forming outside the practice before it opened. There was also no requirement for patients attending the Friday walk-in session to claim they had 'urgent' or 'emergency' needs. Receptionists and patients we spoke with were positive about this development and thought it offered a good alternative.

Several patients were also critical about waiting times when they arrived at the surgery for their appointment, saying waits of up to an hour were not uncommon. This was also reflected in the national GP patient survey results:

- 64% of patients said they usually wait more than 15 minutes after their appointment time to be seen compared to the CCG average of 44% and the national average of 31%

The practice had a system in place to assess:

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

In cases of serious urgency, alternative arrangements were made, for example, admission to hospital. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at complaints received in the last 12 months. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. The practice posted responses to online comments and reviews posted on public websites and displayed information in the waiting room about the latest results from the 'friends and family' test.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

Leaders had an inspiring shared purpose to respond to patients needs and to strive to deliver and motivate staff to succeed. The practice had a 'strapline' mission statement to "create and sustain healthier communities". This was a stretching goal with a practice population with high health and social needs, including high rates of poor oral health, patients commonly leading unhealthy lifestyles and experiencing social isolation. The area had high prevalence rates of limiting longer term conditions, and high rates of mental illness, unemployment, alcohol and substance misuse. This was a busy practice with average consultation rates running at eight consultations per patient per year.

The practice had a strategy and supporting development plan which reflected its vision. The practice worked hard to engage patients, promote self care and provide an appropriate range of services. The practice worked collaboratively within the locality and the CCG to drive improvement.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and accessible to all staff.
- There was a comprehensive understanding of the performance of the practice. Lead roles were delegated amongst the team to ensure a clear line of accountability for various aspects of performance.
- The practice actively identified and addressed opportunities to drive improvement. For example, the practice had set out to improve smoking cessation, its overall QOF performance and access to appointments over the previous year. It could demonstrate improvements in all of these areas.
- The practice had a programme of ongoing clinical and internal audit to monitor quality and to make improvements. Audits had been triggered by changes in guidelines, safety alerts and significant events and patient complaints. Audits were well designed against good practice guidelines and the practice completed audit cycles to understand whether improvements were sustained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP partners had the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible leaders within the practice and more widely, holding leadership roles within the CCG. This enabled them to have strategic oversight of the health priorities within the local area, the quality of services provided and make full use of available resources.

- The practice had a culture of delegated leadership. Staff we spoke with said they felt inspired to take on leadership roles and improvement projects themselves within the practice and more widely. For example, the senior nurse said they had been supported to become the practice nurse trainer for the CCG. They told us their goal was to create a confident practice nursing workforce across the CCG and to reduce the isolation sometimes experienced in practice nursing. In another example, the senior practice nurse told us about a project they ran in children's centres to provide male role models for children in fatherless families. They also used this setting to provide health checks and health advice.
- The practice was proud of its leadership role in relation to learning disability and had a good track record for example, in providing regular health checks to patients with learning disability. One of the GP partners was the named lead for learning disability across the CCG. They had developed an electronic template incorporating current Royal College of General Practitioner guidelines on learning disability and had shared this with other practices. This GP provided an active mentoring role to other practices on learning disability.
- The practice had a positive 'can do' culture and worked as a team to achieve change. For example, the practice had addressed a prescribing overspend in 2014/15, achieving an underspend in 2015/16. It was now one of 13 practices in Brent which was spending within its prescribing budget (from a total of 66 practices).

Are services well-led?

Outstanding ☆

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

- The practice had a strong learning culture. Staff consistently told us they were encouraged to develop as professionals, team members and leaders. The practice was a training practice supporting up to three GP trainees during their specialist placement. We spoke with one GP trainee who told us they had received excellent mentoring and support. They told us the challenges at the practice could be daunting but they valued the opportunity to work with patients with complex needs. The practice had two accredited GP trainers and in addition to structured educational sessions and meetings, the staff rota was set up so that at least one was normally on site and available to the trainees.

The practice encouraged and valued feedback from patients, staff and other services. It actively sought patient feedback and engaged patients in the delivery of the service.

- The practice obtained feedback from patients through the patient participation group (PPG), survey results and more general compliments and complaints. There was an active PPG which met three or four times annually. As a result of patient feedback, the practice was experimenting with its appointment system and had recently introduced a walk-in session every Friday which it was monitoring. The practice also encouraged interested patients to attend the locality patient group meetings.
- The practice believed that longer postal surveys excluded significant numbers of their patients from contributing their views effectively. The locality group of 21 practices had developed a patient survey which was benchmarked to both the locality and the national survey results. The 2016 sample size was small (20 patients from the practice responded) but the results were encouraging with the practice scoring more highly than the locality and the national averages for many aspects of care. Again, access to appointments was an area where the practice scored comparatively poorly.
- The practice had a young population and was keen to exploit new technology and other innovations to engage patients, for example, the practice had a twitter account, used text messaging reminders and was promoting the Brent CCG 'Health App' to patients. One in five patients were signed up to the online appointment booking facility.
- Staff consistently told us they were involved in how the practice was run and they would not hesitate to give feedback.
- A range of staff meetings were held which included weekly clinical team meetings. The agenda included set items on safeguarding, complaints and complex cases. The practice also held regular social events and away days facilitating informal discussion and team building.

Continuous improvement

There was a strong focus on continuous improvement at all levels of the practice. The practice had rolling improvement plans that, where appropriate, incorporated locality and CCG identified priorities for improvement. Current areas for action included lower than expected prevalence rates for Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease. The practice was carrying out case finding exercises to review their diagnostic and referral thresholds and staff were attending education and training sessions on the local COPD pathway and current guidelines.

The practice had a strong focus on preventative care and health promotion and worked hard to engage the community with a programme of educational sessions, health checks, and promotion of preventive services including screening, immunisation and smoking cessation. The practice had exceeded its targets and was performing well on these aspects of care.

The practice was able to demonstrate that where it identified unmet patient needs or a gap in primary care services, it had acted. It did this by utilising available local resources, working in collaboration with other practices where possible and in the longer term, influencing local commissioning plans. However when patients had a very specific need (for example high local rates of sickle cell anaemia), the practice was willing to establish its own solution.