

# Dr Mukesh Pandya

## Quality Report

48 Harrow View  
Harrow  
HA1 1RQ  
Tel: 020 8863 1282  
Website: [www.savitamedicalcentre.co.uk](http://www.savitamedicalcentre.co.uk)

Date of inspection visit: 5 February 2015  
Date of publication: 10/09/2015

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?	Requires improvement	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

### Detailed findings from this inspection

Our inspection team	9
Background to Dr Mukesh Pandya	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	20

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mukesh Pandya's practice on 5 February 2015. We visited both the main and branch surgeries, both known as Savita Medical Centre. The main surgery is located at 48 Harrow View and the branch surgery is located at 86 Spencer Road, Wealdstone, HA3 7AR. Patients registered with the practice may attend either surgery. Overall we rated the service as Requires improvement.

Specifically, we found the practice to be good for providing responsive services. The practice required improvement for providing safe, effective and caring services and for being well-led. The practice required improvement for its services for older people; people with long-term conditions; families, children and young people; people of working age; people whose circumstances may make them vulnerable; and, people experiencing poor mental health.

Our key findings were as follows:

- The practice had effective systems in place to manage risks associated with incidents staff recruitment, safeguarding and medical emergencies. The practice had effective systems in relation to infection control in the main surgery but infection control procedures in the branch surgery needed improvement.
- Patients had their needs assessed in line with current guidance and the practice had a holistic approach to patient care.
- Feedback from patients and observations throughout our inspection showed the staff were kind and caring although patients had more mixed views about whether they were fully involved and listened to. This was also reflected in the practice's national patient survey results with scores for involvement being lower on average than other practices locally and nationally.
- The practice was open across both surgery sites for extended hours and scored comparatively well in the national patient survey for its accessibility.

# Summary of findings

- There were governance systems in place to monitor the safety and the quality of the service although we found some areas where the practice could improve. For example, the practice was not effectively using completed clinical audit cycles as a learning tool.
- The staff worked well together as a team.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Properly investigate performance data and patient feedback which might indicate potential risks to care.
- Ensure that written monitoring checks carried out in the branch surgery, such as, fridge temperature checks are available for review.

- Audit infection control procedures in the branch surgery to ensure these have due regard to national guidance.

In addition, the provider should:

- Enable patients to consult with a female doctor at the practice if they wish.
- Carry out completed clinical audit cycles to ensure improvements are identified and sustained.
- Review the disability access arrangements to the premises. The current arrangement of providing access to the main surgery directly through the doctor's treatment room is potentially disruptive and uncomfortable for patients.

**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.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had systems in place to manage risks related to staffing, recruitment, equipment and medical emergencies. Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe in relation to infection control and medicines management. For example the practice could not show us any fridge temperature monitoring checks or a Legionella risk assessment for the branch surgery.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were generally in line with expectations for the locality although the prevalence of Chronic Obstructive Pulmonary Disease (COPD) in the practice population was much lower than would be expected. The practice referenced national guidelines in the provision of care. However, there was no evidence of completed clinical audit cycles or that audit was embedded within the practice as mechanism to drive improvement in patient outcomes. The practice engaged with other practices to share good practice and learning and participated in local reviews, for example of its prescribing performance. The practice developed care plans for patients with complex conditions but did not hold regular multidisciplinary meetings to discuss these or for patients on the palliative care register.

Requires improvement



### Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data showed that patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to and this had affected their care. Information for patients about the services was available.

Requires improvement



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services, although we noted that patients did not have access to a female

Good



# Summary of findings

doctor at the practice. The practice reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

The practice had generally good facilities at the main surgery and was in the process of making improvements to the branch surgery. The service was accessible to people with mobility difficulties but the disabled access was directly through the doctor's consultation room which was not ideal. Information about how to complain was available. There had been a number of complaints the previous year which had been responded to in line with practice policy. The practice used complaints as a source of learning.

## Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had visible leadership and staff were clear about the values of the practice. The practice had governance systems in place to monitor, review and drive improvement although it had not embedded clinical audit as an improvement tool and governance systems at the branch surgery were less well organised with some weaknesses. The practice monitored its performance but had not actively investigated areas where patient feedback was comparatively poor and where its clinical indicators, such as its referral rates, were out of line with local norms. The practice supported staff to learn and develop in their roles.

**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. There were aspects of care and treatment that required improvement that related to all population groups. The practice offered personalised care to meet the needs of the older people in its population. The practice had a designated named GP for patients who are 75 and over and together with a group of other GP practices had employed a link nurse prescriber to carry out home visits for patients over 75 with complex health conditions who were at risk of rapid deterioration and hospital admission. The practice also identified and provided support to carers.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. There were aspects of care and treatment that required improvement that related to all population groups.

The practice had identified patients with long-term conditions and offered these patients a structured annual review to check that their health and medication needs were being met. The practice had achieved a good uptake among patients with long-term conditions for flu vaccination.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were aspects of care and treatment that required improvement that related to all population groups.

The principal GP was the safeguarding lead for the practice. There were systems in place to identify and follow up children known to be at risk of abuse. Records showed the lead GP liaised and sought advice from other health and social care professionals when necessary. The practice provided baby immunisations and six week post-natal checks. The practice offered child immunisations. Appointments were available after core school hours.

Requires improvement



### 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). There were aspects of care and treatment that required improvement that related to all population groups. The needs of this group had been identified and the practice had adjusted the

Requires improvement



# Summary of findings

services it offered to ensure these were accessible. Appointments at the practice were available in the evening one day a week. Patients were also free to attend the main practice which offered extended hours. Telephone consultations were available during opening hours. The practice was also providing health checks to adults aged 40-74.

## **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. There were aspects of care and treatment that required improvement that related to all population groups. The practice had a register of patients with learning disabilities and offered annual health checks and longer appointments at the end of the day to this group. At the time of the inspection six of the ten patients on this register had attended a health check in the previous 12 months.

Staff knew how to recognise signs of abuse in vulnerable adults and children and the electronic system was tagged with information to alert staff to vulnerable patients when they attended the practice. The practice staff spoke some Indian languages which were widely spoken in the local area. An interpreter service was available for patients whose first language was not English.

**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). There were aspects of care and treatment that required improvement that related to all population groups. The practice sign posted patients to the appropriate services. The practice was participating in enhanced services for dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 34 comment cards, spoke with a member of the Patient Participation Group (PPG) and interviewed eight patients. All comments received indicated that patients found the staff helpful, caring and polite and the majority described their care as very good.

The feedback we received reflected the findings from the National GP Patient Survey. While the majority of respondents were positive about the practice, the practice tended to score less positively for questions about the quality of consultations than the Harrow average. Seventy-six percent of 94 responding patients in the national survey said the last GP they saw or spoke to was good at treating them with care and concern, compared to the average practice score in Harrow of 82%

and 85% nationally. Seventy-one percent of patients said the doctor was good at giving them enough time compared with the average practice score in Harrow of 83%. Several patients fed back to us that they did not think their GP listened to them effectively and that impacted on the timeliness of their care.

However, the practice scored more positively than average for questions about the ease and convenience of obtaining an appointment. Ninety-one percent of respondents found it easy to get through to the practice by phone compared to the Harrow average score of 70%.

The practice responded to complaints and suggestions made by the patient participation group which met quarterly.

## Areas for improvement

### Action the service **MUST** take to improve

- Properly investigate performance data and patient feedback which might indicate potential risks to care.
- Ensure that written monitoring checks carried out in the branch surgery, such as, fridge temperature checks are available for review.
- Audit infection control procedures in the branch surgery to ensure these have due regard to national guidance.

### Action the service **SHOULD** take to improve

- Enable patients to consult with a female doctor at the practice if they wish.
- Carry out completed clinical audit cycles to ensure improvements are identified and sustained.
- Review the disability access arrangements to the premises. The current arrangement of providing access to the main surgery directly through the doctor's treatment room is potentially disruptive and uncomfortable for patients.



# Dr Mukesh Pandya

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Dr Mukesh Pandya

Dr Mukesh Pandya is located in Harrow in North West London. The practice provides NHS primary medical services through a Personal Medical Services contract to around 2,600 patients in the local community. The practice has two surgeries with the main surgery located at 48 Harrow View and a smaller branch surgery about one mile away at 86 Spencer Road, Wealdstone. Patients registered with the practice are able to attend either surgery. This inspection covered both surgeries although the branch surgery was closed on the day of the inspection and had been undergoing building works.

The practice has a larger than average proportion of younger adults on its patient list, particularly in the 25-34 age range. Income deprivation levels for the practice population are similar to the English average. The prevalence of diabetes in the local population is particularly high. Harrow is one of the most ethnically diverse boroughs in the country and many patients speak English as a second language.

The current practice staff team comprises the principal GP (who owns the practice), a practice nurse, a practice manager and a small team of reception and administrative staff. The practice employs two additional GPs on a part-time basis. The practice employs around 1.5 GPs on a

whole time equivalent basis. All the doctors are male. (The GP partner was considering ways to offer patients a female GP including possible merger with another practice nearby.) The practice nurse is female.

The practice is open across both surgeries from 08:30 to 18:30 on weekdays with extended hours on Thursday evening. The Harrow View surgery is open between 09:00 and 18:30 during the week. Appointments with a doctor are available between 09:30 and 11:30 every weekday and between 17:00 and 18:30 Monday, Tuesday, Wednesday and Friday. Appointments are also available here every Thursday evening between 18:30 and 20:00. The Spencer Road branch surgery is open between 08:00 and 16:30 during the week. Appointments here with a doctor are available between 08:00 and 09:00 every weekday and between 15:00 and 16:30 on Monday, Tuesday, Wednesday and Friday. The practice undertakes home visits for patients who are housebound or are too ill to visit the practice.

The practice has opted out of providing out-of-hours services and refers patients to a local out-of-hours primary care service run by Care UK. The practice also provides information about local walk-in and emergency services on its website. Patients ringing the practice when it is closed are provided with recorded instructions on how to access urgent primary medical care and emergency health services.

The practice is a teaching practice, providing short placements for medical students. Two students were attending the practice on the day of the inspection.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

## 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and stakeholders to share what they knew about the practice. We carried out an announced visit on 5 February 2015.

We spoke with a range of staff including the principal GP, the practice nurse, the practice manager, the integrated care link nurse and reception staff. We also spoke with a representative of the patient participation group and reviewed 34 comment cards completed by patients in the run up to the inspection.

# Are services safe?

## Our findings

### Safe track record

There were systems in place for reporting and recording significant events, complaints and other safety alerts. The practice had a significant event monitoring policy and a significant event recording form which was accessible to the staff on the practice computer system. We were able to review the records of significant events in the previous year. These had been documented and discussed.

### Learning and improvement from safety incidents

All staff were encouraged to complete significant event reporting forms on the practice's computer system. We reviewed one significant event which occurred the previous year. The practice had held a confidential meeting with the staff members concerned and sought advice from a pharmacist. The learning resulted in a more formalised approach to managing the recommendations made by external representatives from pharmaceutical and medical products companies. The learning from this incident was documented and shared with the team including the undergraduate medical students who were on placement at the practice at the time.

The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager kept a record of these and followed-up relevant alerts with the GPs to ensure these were implemented.

### Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff on the computer system. The principal GP was the safeguarding lead and staff were aware of this. The policy included contact details for local lead agencies if staff had concerns about a patient's welfare.

All staff had received safeguarding children training at a level suitable to their role for child safeguarding, for example the clinicians had level three training. Staff had also received safeguarding vulnerable adults training.

The practice had an electronic patient records system which enabled alerts to be added to a patient's record if they were known to be at risk or subject to protection

procedures. The principal GP provided reports about patients at risk of abuse when appropriate for other agencies with a statutory role in child protection and adult safeguarding.

A chaperone policy was available on the practice's computer system. The practice nurse and health care assistant acted as chaperones if required. There was a notice in the waiting room to advise patients the service was available should they need it. Staff had received in-house training to carry out this role and all staff had received a Disclosure and Barring Service (DBS) check.

### Medicines management

Immunisations were offered at the main practice site. We checked medicines stored in the medicines refrigerator in the main practice and found they were stored securely and were only accessible to authorised staff. The practice followed written procedures to ensure that medicines were kept at the required temperatures. These described the action to take in the event of a potential failure. The fridge temperature was checked and documented daily. Records showed that the appropriate temperature range had been maintained. Staff we spoke with knew who was responsible for monitoring the fridge and what to do if the temperature fell outside the acceptable range.

The practice had contingency plans in place to safely transfer medicines to the other surgery in the event that a fridge failed. The branch practice was closed on the day of the inspection and there were no medicines being stored on the premises when we visited it. However, the records for the fridge at the branch practice could not be located on the day of the inspection.

Processes were in place to check that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Telephone requests for prescriptions were not accepted for safety reasons. Patients could make online requests for repeat medicines. The practice had procedures in place to protect the security of prescriptions.

There was a system in place for the management of patients taking high risk medicines such as warfarin, and

## Are services safe?

the practice reviewed patients taking multiple medicines every six months. Vaccines, including childhood immunisations, were administered by the practice nurse. We saw patient group directions had been produced in line with legal and national guidance.

The practice participated in prescribing audits in the Clinical Commissioning Group (CCG) area and was prescribing in line with CCG and national prescribing rates for specific types of medicines, such as, antibiotics.

### Cleanliness and infection control

The principal GP was the lead for infection control. There was an infection control policy in place. All staff had been trained on infection control. Infection control was also included in the induction programme for new and temporary staff.

The practice had policies and procedures for hand hygiene and the management of sharps. Staff understood the protocol for responding to a sharps injury including reporting the incident without delay. Receptacles for sharps were located and installed appropriately.

Treatment rooms had the necessary hand washing facilities and single-use personal protective equipment was available (for example, disposable gloves). Hand gels were provided in the reception area and for staff undertaking home visits. The practice had clinical waste disposal contracts in place and spillage kits were available on the premises.

All areas within the main surgery were found to be clean and tidy. Comments we received from patients indicated that they found the practice to be clean. The practice had a written specification for the premises and equipment and a cleaning schedule. The branch surgery was closed on the day of the inspection and undergoing building work. The branch premises were older and less easy to maintain. The practice was not undertaking infection control audits at the branch surgery.

The practice carried out audits of infection control in the main surgery however and an external NHS infection control audit had recently been carried out there. This had found that the practice was achieving well against current national guidelines on infection control.

The practice had a Legionella risk assessment undertaken for the main surgery and had implemented steps to

minimise the risk. (Legionella is a bacterium which can contaminate water systems in buildings). The practice had not yet had a risk assessment carried out at the branch practice.

### Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. All electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment in use was checked to ensure it was working properly. For example blood pressure monitoring equipment was annually calibrated. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was in good working order. The practice nurse carried out and documented monthly checks on emergency equipment such as the defibrillator.

### Staffing and recruitment

Staff told us there were enough staff to meet the needs of patients and they covered each other in the event of unplanned absences.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. The staff files we looked at contained evidence that recruitment checks had been undertaken prior to employment. For example, proof of identification, right to work checks, references, qualifications, registration with the appropriate professional body and employment history. All staff working at the practice had received a Disclosure and Barring Service (DBS) check to ensure they were suitable to carry out their role.

### Monitoring safety and responding to risk

The practice manager was responsible for the compliance with fire and other health and safety regulations for the premises.

There were procedures in place for monitoring and managing risks to patient safety. All new employees working in the building were given induction information for the building which covered health and safety and fire safety. There was a health and safety policy available for all staff.

The practice carried out routine checks of the building, the environment, medicines management, staffing, dealing

## Are services safe?

with emergencies and equipment. An incident and accident book was kept in reception and staff recorded relevant incidents. Staff members said they would always speak to the practice manager if an accident occurred.

The practice kept paper and electronic patient records. Electronic records were password protected and could only be accessed by staff. Patients' paper records were stored in a secure office on the first floor.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. All staff had received training in basic life support within the last two years and knew how to respond to an emergency. Emergency equipment was available

including oxygen, an automated external defibrillator (used to attempt to restart a person's heart in an emergency), and resuscitation equipment in both surgeries. The emergency equipment was checked monthly.

The practice kept a small stock of medicines for use in an emergency. These included medicines for the treatment of cardiac emergencies, asthma attack and anaphylaxis. All the medicines we checked were in date and the practice kept records showing the emergency medicines were regularly checked and new stock ordered before expiry.

A business continuity plan was in place to deal with a range of emergencies that might affect the daily operation of the practice. The practice was potentially able to temporarily run solely from the main or branch surgery if an emergency affected one site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and practice nurse could clearly outline the rationale for their approaches to treatment.

They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, carers and patients with learning disabilities.

The practice nurse or healthcare assistant carried out a health check with newly registered patients which included information about the patient's individual lifestyle as well as their medical history, a blood pressure reading and a urine test to check for potential diabetes. The practice nurse referred the patient to the GP when necessary.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The practice was achieving well on the QOF. Data showed patient outcomes were generally in line with expectations for the locality although the prevalence of Chronic Obstructive Pulmonary Disease (COPD) in the practice population was much lower than might be expected. The practice was in the process of purchasing spirometers (instruments which measure the movement of air in the lungs). We were told this would help identify patients at risk of obstructive lung disease and other lung disorders.

The principal GP showed us two examples of audit they had conducted into prescribing patterns on the recommendation of the prescribing advisor. As a result, the practice carried out medication reviews with several patients to review their use of inhaled corticosteroids (medicines used to ease the symptoms of an asthma attack) and "Z drugs" (a group of medicines used to treat insomnia). The practice also identified other areas for improvement during the course of the audit, for example in

relation to record taking. However, we did not see any evidence of completed audit cycles, that is, where an audit is repeated to ensure that identified issues and improvements have been implemented in clinical practice.

The practice held a Personal Medical Services contract and also provided a number of local Clinical Commissioning Group led enhanced services such as extended opening hours and increasing the uptake of immunisation rates.

### Effective staffing

Practice staffing included the principal GP, two part-time salaried doctors (one of whom was retired and provided training support to undergraduate medical students on short-term placement with the practice). The practice also employed a practice manager, a practice nurse and a healthcare assistant as well as reception and administrative staff. At the time of the inspection, the practice did not have a female doctor. We were told that patients who wanted to see a female doctor could use a practice located nearby and remain as patients. Staff were up to date with attending mandatory courses such as annual basic life support and infection control.

The GPs were up to date with their yearly continuing professional development requirements and had a date for revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practice and remain on the performers list with NHS England). All staff completed an induction programme when they started working for the practice.

Staff received annual appraisals that identified personal development and learning needs. We saw appraisal documentation for members of staff which identified clear areas for development and timescales for achieving these.

Staff confirmed that the practice provided training and funding for relevant courses to further the skills of the clinical and administrative team, for example we were given examples of staff at the main practice attending courses on cervical cytology.

### Working with colleagues and other services

The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care



# Are services effective?

## (for example, treatment is effective)

providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

Patients were referred to hospital using the 'Patient Choose and Book' system and used the two week rule for urgent referrals such as cancer. The practice had monitoring systems in place to check on the progress of any referral.

The practice was part of a group of "buddy" practices and met quarterly. This involvement supported the exchange of best practice and positive information sharing between practices and secondary care services in the local area. The practices had recently secured funding to employ a nurse practitioner to visit patients over 75 in their homes. The practitioner's role was review each patient's care plan with them with the aim of ensuring patients received timely support and reducing the risk of sudden deterioration in their health. The scheme had only recently been set up and it was too soon to assess its effectiveness.

The practice developed care plans for patients with complex conditions but did not hold regular multidisciplinary meetings to coordinate patient's care or to discuss patients on the palliative care list.

### Information sharing

The practice had systems to provide staff with the information they needed. An electronic patient record was used by staff to coordinate, document and manage patient care. Staff were trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. The practice liaised with local Macmillan nurses in relation to patients with cancer on the palliative care list.

The practice used summary care records to ensure that important information about patients could be shared between healthcare settings. The practice planned and

liaised with the out of hours provider regarding any special needs for a patient; for example faxes were sent regarding end of life care arrangements for patients who may require assistance over a weekend.

### Consent to care and treatment

We spoke with the GPs about their understanding of the Mental Capacity Act 2005 and Gillick guidelines. The clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

The lead GP was aware of Gillick guidelines for children. (Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)

The practice carried out joint injections and had sought consent from patients prior to the procedure being carried out. The practice nurse had obtained parental consent before administering child immunisations and recorded this in the notes.

### Health promotion and prevention

The practice had a variety of patient information available to help patients manage and improve their health. There were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on dementia and for carers. The practice staff sign posted patients to additional services such as lifestyle management and smoking cessation clinics. The practice offered new patient and NHS health checks to identify risk factors before these impacted on people's health.

The practice achieved uptake rates for flu immunisation and cervical screening which were generally close to national average rates and targets. For example, 78% of eligible women had had a cervical smear (target 80%). Ninety percent of two year olds on the patient list had received the Dtap/IPV/Hib vaccination. Eighty-five percent of five year olds had been fully immunised against MMR.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous caring and very helpful to patients both attending at the reception desk and on the telephone. Thirty-four CQC comment cards were received and patients we spoke with indicated that they found staff to be helpful, caring, and polite. Results from the national GP patient survey (2015) showed that the majority of patients were positive about this aspect of the service although their patient survey results were consistently lower than the local and national average practice scores. Seventy-six percent of 94 responding patients in the national survey said the last GP they saw or spoke to was good at treating them with care and concern, compared to the average practice score in Harrow of 82% and 85% nationally. Seventy-one percent of patients said the doctor was good at giving them enough time compared with the average practice score in Harrow of 83%.

Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. The doctor always offered female patients a chaperone before conducting any physical examination and there were notices about this in the treatment and waiting rooms. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments.

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

The principal GP told us they took care to listen to patients and this was something they emphasised to undergraduate medical students who attended the practice on learning placements. The patient feedback we reviewed showed that most patients responded positively to questions about their involvement in decisions.

However, comparatively the practice tended to score less well than the average for Harrow in the national patient survey. Seventy-one percent of patients said the GP was good at involving them in decisions about their care compared to the Harrow practice average of 77%. Seventy-six percent said the GP was good at listening to them compared to the Harrow practice average of 86%.

Patient feedback we received during the inspection revealed mixed views from patients about whether they were fully involved in decisions about care and treatment. Nine patients commented that their GP did not always listen. This impacted on their confidence in the practice to provide timely treatment.

The practice carried out care planning for patients with more complex needs for example patients with enduring mental health problems or with multiple medical conditions. Care plans were reviewed with patients annually or more often depending on the patient's circumstances.

The practice scored much better than average on the national patient survey for patients being able to see their preferred doctor at 77% compared to the local average of 50%. Some patients we spoke with particularly valued the continuity of care they received at the practice and commented that this had led to good treatment outcomes.

### Patient/carer support to cope emotionally with care and treatment

The patients we spoke with and the feedback forms we received described the staff as compassionate and empathetic. Notices in the patient waiting room provided information about accessing emotional support. The principal GP told us that if families had suffered bereavement, they were referred to counselling and bereavement services if they wished. The practice actively identified carers and offered them support.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was generally responsive to people's needs, although patients were unable to see a female GP at the practice. The practice team understood the broader commissioning priorities for the borough and the socio-demographic profile of the population which had changed over recent years. The practice served a young population group. The branch practice was open until 8pm one evening per week making it easier for families and people living locally to attend for appointments. Patients were also free to attend either the main or branch practice, whichever was the most convenient.

The practice had an established patient participation group (PPG). The PPG met quarterly and had been involved in designing a practice patient survey. We spoke with one member of the group who told us the practice had been responsive to their concerns. For example, the practice was making improvements to the premises following discussion with the PPG.

### Tackling inequity and promoting equality

The practice had many patients for whom English was not their first language. It recorded patient's language and ethnicity at registration. The surgery staff were able to communicate directly with patients in some Indian languages which were commonly spoken in the area and also had access to translation services.

The main practice was accessible to disabled people although people using a wheelchair had to access the practice through a separate entrance directly through the GP's consultation room. This was potentially disruptive to patient care and difficult for patients and not a good solution. The branch surgery had not been purposely designed as a medical practice and access was more limited. Building improvements were ongoing to this building at the time of the inspection.

### Access to the service

The practice was open across both surgeries from 08:30 to 18:30 on weekdays with extending evening hours one day a week. The main surgery was open between 09:00 and 18:30 during the week. Appointments with a doctor were available between 09:30 and 11:30 every weekday and between 17:00 and 18:30 Monday, Tuesday, Wednesday

and Friday. Appointments were also available every Thursday evening between 18:30 and 20:00. The branch surgery was open between 08:00 and 16:30 during the week. Appointments with a doctor were available between 08:00 and 09:00 every weekday and between 15:00 and 16:30 on Monday, Tuesday, Wednesday and Friday. The practice carried out home visits for patients who were housebound or too ill to visit the practice.

The practice provided information for patients by answerphone, on the door and in the practice leaflet about how to access alternative primary and urgent care services when the practice was closed and over the lunchtime period.

Telephone access was available during surgery opening hours and home visits were provided for patients who were housebound or too ill to visit the practice. Patients could book appointments by telephone, online and in person. Appointments were generally ten minutes in length however longer appointments were also available for people who needed them.

The appointment system had availability for urgent appointments each day. We spoke with one patient who was attending the practice the same day as making their appointment. They said they had been called back when the practice had a cancellation.

The practice scored more positively than average for questions about the ease and convenience of obtaining an appointment. Ninety-one percent of respondents found it easy to get through to the practice by phone compared to the Harrow average score of 70%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a complaints leaflet in reception which patients could take away. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who managed all non-clinical complaints and the principal GP managed the clinical complaints in the practice. The branch practice had received several complaints in the last year which it had responded to in line with its policy. There was some evidence that complaints were used as a learning tool particularly in relation to individuals' annual appraisals.

# 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 principal GP was able to articulate their vision and strategy to be patient-centred, accessible and enabling patients to achieve good outcomes. The practice was open to change and working with other practices. The principal GP told us they were considering the benefits of merger with another nearby practice which would provide patients for example with access to male and female GPs. Staff members also told us the practice aims and ethos of providing an effective service that put patients first.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were accessible to staff within the practice. The principal GP was the lead for safeguarding, child protection and infection control at the practice. Staff were clear about who the lead GP was for these areas.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance and was well organised, for example, in terms of ensuring that patients were reviewed in line with QOF requirements. The overall QOF score for this practice for 2013/14 showed it had performed above the CCG average. QOF data was regularly discussed and progress monitored. The practice was making some use of clinical audit but was not ensuring that results were shared across the team and there was no evidence of completed audit cycles.

The practice monitored its prescribing and referral rates and admissions to A&E. It was generally scoring well on these indicators, however its referral rates to specialist care were comparatively very low. We were told that the practice had the lowest referral rates in Harrow. The practice considered this a mark of good practice. We asked if the practice had reviewed its referral rates to see if they were clinically appropriate. We were told the local commissioners had done so and had not identified any concerns. The practice was not able to provide us with any documentary evidence of this. We contacted the commissioners who told us that very unusual or 'outlier' referral patterns were a source of concern and might indicate a risk to patient care. We found that the practice had not actively investigated their performance in this respect.

The practice was able to show us most policies, procedures and records we requested on the day of the inspection. The practice records were generally accessible and up to date and tailored to the practice. However, the fridge temperature records in the branch surgery could not be located on the day of the inspection.

### Leadership, openness and transparency

Leadership was provided by the principal GP and practice manager. Staff told us that the principal GP was visible and approachable. The principal GP was collaborating with other practices for the benefit of patients.

We reviewed a number of policies and procedures, for example recruitment and staff appraisal which were in place to support staff. Staff we spoke with knew where to find these policies if required. The practice also had a whistleblowing policy which was available to all staff electronically on any computer within the practice. Staff were aware of the whistleblowing policy if they wished to raise any concerns and were able to describe circumstances in which they would use it.

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

The practice had mechanisms to gather feedback from patients, through the national patient survey, the Friends and Family Test (a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care) suggestions, and complaints received. The practice also had a patient participation group.

We asked whether the practice had investigated some of the areas of patient feedback where the practice was consistently performing less well than the local and national averages. We were told that these results were due to cultural differences and unrealistic expectations held by the practice population. The practice was not able to provide any evidence to support this position apart from the demographic breakdown of the practice, which was not of itself unusual in this part of London. We found that the practice had not actively investigated the reasons for comparatively poor patient survey results and might be missing opportunities to improve the service.

The practice had gathered feedback from staff through monthly practice meetings and annual appraisals. Staff

# Are services well-led?

Requires improvement 

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

told us their managers were approachable and they felt comfortable to give feedback and discuss any concerns or issues. Staff told us they felt involved and engaged and the practice manager was responsive to suggestions.

## Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff received an annual appraisal which identified areas for development with timescales for achieving these. Staff we spoke to told us that their appraisals were effective in monitoring their development. The practice held regular monthly meetings for practice staff. Notes were kept of meetings and circulated to the team.

The practice had completed reviews of significant events and other incidents and shared lessons learnt with staff through meetings to ensure the practice improved outcomes for patients. The practice did not seem to be using some potential improvement tools, such as clinical audit, to drive learning and improvement however across the wider practice team.

The practice provided short-term placements for undergraduate medical students as part of their training. We spoke with two students during the inspection who told us they were learning a lot from the placement and they felt well supported by the practice team, for example, a retired GP attended the practice to discuss key topics in general practice with them.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to effectively assess and monitor the quality and safety of the service. For example, the provider was not completing clinical audit cycles, investigating variation in comparative performance and practice activity or acting on patient feedback to improve the service.</p> <p>This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which correspond to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way. In particular the provider did not have effective systems in place to assess the risk of and prevent the spread of health care associated infections in the branch surgery.</p> <p>This was in breach of regulation 8 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which correspond to regulation 12 (1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>