

Staverton Surgery

Quality Report

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Date of inspection visit: 15 March 2016
Date of publication: 08/08/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Staverton Surgery on 15 March 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice had arranged customer service training for all members of the reception team. We noted that national GP

Good



Summary of findings

survey respondents rated the 'helpfulness of reception staff' as above national and local CCG averages. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had developed a protocol to support and ensure the safety and well-being of patients in a specialist vulnerable population group
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients who were experiencing chronic pain could be referred to an in-house acupuncture practitioner.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs used clinical software to identify patients at highest risk of attending A&E or being admitted to hospital. We noted that the practice had a lower than average number of emergency admissions.

People with long term conditions

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

Good



- One of the nursing team was a specialist nurse practitioner and had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, whose blood sugar levels were well controlled was 72% compared to the national average of 77% whilst 92% of patients with diabetes had a record of a foot examination and risk classification within the preceding 12 months compared to the national average of 88%.
- Blood pressure was well controlled for 86% of patients diagnosed with hypertension, compared to the national average of 84%.
- The percentage of patients with lung disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (a scale used to measure perceived respiratory disability) in the preceding 12 months was 96% compared to the national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- 85% of patients diagnosed with asthma, on the register, had had an asthma review in the last 12 months.
- 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 75% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- 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 held Saturday morning GP clinics to accommodate patients who were working during the week.
- There were arrangements in place for pre-bookable late evening and weekend appointments at a local hub and these also included cytology and nurse appointments.
- NHS health checks were offered for new patients and patients aged over 40. Results from these health checks were used to refer patients to a local authority sponsored fitness scheme when appropriate.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

People experiencing poor mental health (including people with dementia)

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

Good



- 93% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%
- Comprehensive, agreed care plans were documented in the records of 90% of patients with schizophrenia, bipolar affective disorder and other psychoses which is similar to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. Four hundred and thirty five survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 82% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 73% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards, all of which included positive comments about the standard of care received. Patients referred to helpful reception staff and said doctors were caring and attentive. Three cards expressed concern regarding urgent appointments access.

We spoke with ten patients during the inspection. All ten patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Staverton Surgery

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, a practice manager specialist adviser and an Expert by Experience.

Background to Staverton Surgery

Staverton Surgery provides NHS primary medical services to approximately 8400 patients in Willesden, London Borough of Brent, through a Personal Medical Services contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.).

The practice provides services from a single location. The current practice staff team comprises four GP partners (three female and one male) three of whom are full time and one part time and two part time salaried GPs (both female) who provide a total of 43 sessions per week. There is a specialist nurse practitioner, a practice nurse, two health care assistants, a practice manager and a team of receptionists and administrators.

The practice is open between 8.30am-6.30pm on weekdays, except for Thursdays when it closes at 5:15pm. The practice is closed for lunch between 1:00pm and 1.45pm. Appointments are available morning and afternoon. The practice also offers extended hours opening from 9.00am to 11:00am on Saturday mornings.

The GPs undertake home visits for patients who are housebound or are too ill to visit the practice. When the

practice is closed, the practice has arranged for patients to access an out-of-hours provider. Patients ringing the practice when it is closed are provided with recorded information on the practice opening hours and instructions to call the “111” telephone line for directions on how to access urgent and out-of-hours primary medical care or, what to do in an emergency. This information is also provided in the practice leaflet and on the website.

The practice also includes information on local urgent care centres and the local network ‘hub’ practices which offer appointments in the evening and at weekends. The practice has a higher than average proportion of adult patients in the 20-44 age range.

The proportion of babies and very young children is in line with the English average. The practice has fewer patients over 65 (9.8% of the practice list) compared to the national average. 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, surgical procedures and maternity and midwifery services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

Detailed findings

This location has not been inspected before.

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 15 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nurse and members of the administration and reception teams and with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

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 was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told of an incident when the practice became aware of repeated errors with prescriptions dispensed by a community pharmacy. The practice had identified this as a significant event, had taken actions to address the issue and had engaged with the pharmacy and the Local Medical Committee to find a solution. Practice records of the incident showed the practice had identified affected parties including the pharmacy, CCG Pharmaceutical Advisor and Local Medical Committee. There were details of steps taken and how the issue was resolved which included helping the pharmacy to undertake an independent review of its systems and processes. Records also included specific learning points, a follow-up review and guidelines of to deal with future, similar events. .

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. Records we inspected showed the practice had identified an occasion when pathology samples were not collected at the appropriate time. The practice had contacted patients affected by the incident, had apologised and arranged for fresh samples to be taken. The practice had explained to patients the steps taken to prevent a recurrence of this incident.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding children level 3 and non-clinical staff were trained to level 2.
- 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 check (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 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 practice used a message book to communicate with the cleaning contractor and we saw that messages were acknowledged when they had been read.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to

Are services safe?

enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. (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. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five personnel files and found 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.
- 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.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The most recent fire drill had included a full evacuation of the premises. This had been reviewed and discussed in a staff meeting where updates to the fire procedure were discussed, including relocating the visitors book to a more accessible location.

- All electrical equipment was checked to ensure the equipment was safe to use 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 that enough staff were on duty.

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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for key staff and all staff members held a copy of this plan off-site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice used clinical software to identify and support high risk patients. Care plans were in place for patients who needed then this included older patients, patients with long term conditions, patients experiencing poor mental health and patients in vulnerable circumstances.

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). The most recent published results were 96% of the total number of points available, with 7.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines 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:

- Performance for diabetes related indicators was similar to the national average. For instance, the percentage of patients with diabetes, whose blood sugar levels were well controlled was 72% compared to the national average of 77%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared to the national average of 88%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86% compared to the national average of 84%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 96% compared to the national average of 90%.
- The percentage of patients with asthma who had had an asthma review in the preceding 12 months that includes an assessment of asthma control was 85% compared to the national average of 75%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 93% compared to the national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We saw evidence of a two cycle audit of cervical screening services carried out at the practice. The initial audit had identified an inadequate test rate of 7.4% for tests carried out by one clinician. A second audit cycle had shown that there had been zero inadequate tests.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of one audit included an improvement in the diagnosis rate for chronic kidney disease from 1% of the practice population (July 2014) to 3% (February 2015).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding,

Are services effective?

(for example, treatment is effective)

infection prevention and control, fire safety, health and safety and confidentiality. All newly appointed staff had a training review after their first six weeks and the practice and this was used to identify any areas where additional support was needed. The practice also had an induction pack for locum clinical staff and this included processes for checking qualifications, registrations, medical insurance and DBS status as well as contact details for local community based services.

- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had undertaken a staff survey to identify any further staff training needs or skills deficits which had not been identified during the annual appraisal process and had used this to produce an annual training plan.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice were members of The Kilburn Primary Care Co-op where patients could be seen at one of two local hubs. Clinicians at the hubs had access to patient notes and could make updates to records. The practice received a daily list of patients who had been seen at a hub and the duty GP used this list to review all updates on a daily basis. (The Kilburn Primary Care Co-op is a collaborative project between 12 GP practices in the Kilburn locality which aims to provide additional access for GP appointments when a patient's own practice is closed or fully booked).
- Two week wait referrals were made using an online system and we saw examples of completed referrals. There was a process for checking that referrals had been received and actioned and that patients had been offered appointments.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- Verbal consent was sought for intimate examinations and this was recorded on patient records. Records showed that written consent was sought for surgical procedures.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice told us they had requested monthly advance notice of patient's being called for cervical screening and were using this to promote the screening programme directly to these patients. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they

ensured a female sample taker was available. The practice held a themed 'Pink Month' at the practice when staff dressed in pink clothing and decorated the reception area to promote the cervical screening programme though the impact of this event had not yet been assessed. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from The National Cancer Intelligence Network indicated the practice was performing in line with national averages, for instance, 69% of females aged between 50 and 70 had been screened for breast cancer in last 36 months (CCG average 66%, national average 72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 78% and five year olds from 65% to 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The practice had identified a need to further improve privacy in the waiting area and in particular in the vicinity of the reception desk. An improvement plan had been developed which involved a significant expansion and reconfiguration of the reception desk and patient waiting area and these works were in progress at the time of our inspection.

All of the 22 patient Care Quality Commission comment cards had positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three cards expressed concern regarding urgent appointments access. We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to others regarding satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 81%, national average 87%).

- 97% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

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 supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%).
- 68% said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%).

Staff told us that interpreting services were available for patients who did not have English as a first language. Sign interpreters were available for hearing impaired patients and carers. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had developed a 'Carer's Protocol' and this provided staff with guidance on how to register and

Are services caring?

provide support to carers, including children who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. We asked the practice how they identified patients who were also carers and were told that this information was initially requested during registration but that all staff would also ask patients opportunistically regarding their possible carer status. The practice also told us that a larger than average percentage of its patient population were aged between 20 and 40 and consequently it had fewer carers than other practices. The practice reviewed its carers list on a quarterly basis, hosted carers meetings and referred carers to Brent Carers Network for additional support. Written information was also available to direct carers to other avenues of support available to them.

The practice proactively planned end of life care, in conjunction with community teams, to ensure anticipatory medicines were in place along with carer support and a preferred place of death assessment was carried out to ensure patient's wishes were known and taken into account.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. GPs told us that maintaining a supportive relationship with the deceased's family was an important part of their patient care ethos and they would usually prioritise a home visit for a recently bereaved patient.

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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was a member of The Kilburn Primary Care Co-op; the practice had dedicated appointment slots available at a local hub until 9:00pm every evening as well as at weekends between 9:00am and 3:00pm. These appointments were available with GPs and nurses, included childhood immunisations and cytology, and could be booked in advance.
- There was a walk-in clinic on a Saturday morning between 9:00am and 11:00am.
- There were longer appointments available for patients with a learning disability. Patients with a learning disability were also provided with annual health checks and these were undertaken by their named GP.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments could be booked and cancelled online and prescriptions requested through the website.
- Telephone appointments were available for patients who were unable to attend in person or whose needs meant they did not need to be seen in person.
- Patients who were unsure if they needed to be seen in person could speak to the duty doctor who would undertake a triage assessment over the telephone. This service was available every morning.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- One of the GPs had a special interest in ear, nose and throat conditions and the practice had established an internal clinic so that patients in need of this service could usually be seen at the surgery instead of travelling to an external location.
- The practice provided an in-house acupuncture service for patients experiencing chronic pain and GPs and

nurses could make internal referrals for this service. The practice had undertaken an impact assessment of this service but the results of this assessment were not available during our inspection.

- There were disabled facilities, a hearing loop and interpreting services available.
- The practice had developed a protocol to make sure homeless patients could register at the practice using the best address for each patient's own needs and this included registering at the practice address.

The practice had developed a protocol to support and ensure the safety and well-being of patients in a specialist vulnerable population group. All members of staff were familiar with this protocol.

Access to the service

The practice was open between 8:30am and 1:00pm Monday to Friday and from 1:45pm to 6:30pm Monday to Friday except for Thursdays when the practice closed at 5:15pm. The practice was also open on Saturday mornings 9:00am and 11:00am.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. At the time of our inspection, we noted that the next available routine GP appointment was in one week, the next routine nurse appointment was the following day. Urgent appointments were available with a GP and nurse for the following day.

The practice was a member of The Kilburn Primary Care Co-op and had dedicated appointment slots available at a local hub until 9:00pm every weekday evening as well as at weekends between 9:00am and 3:00pm. These appointments were available with GPs and nurses, included childhood immunisations and cytology, and could be booked in advance.

Comprehensive information was available to patients about appointments on the practice website which allowed patients to book or cancel appointments, order repeat prescriptions and provided details on how to access test results. Information was displayed in the practice waiting room and on the website directing patients to the NHS 111 and the out of hours service when the practice was closed. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when

Are services responsive to people's needs?

(for example, to feedback?)

it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out of hours service was also provided to patients in the practice information leaflet. The practice website provided information on self-treatment for common conditions, helplines and other useful contacts.

The practice was involved in a trial programme of providing patients with access to online consultations although the impact of this programme had not yet been assessed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 86% patients said they could get through easily to the surgery by phone (national average 73%).
- 49% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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. There was a notice in the waiting area and full details of how to complain were available on the practice website.
- As a result of the most recent annual review of patient complaints, the practice had arranged for all staff to attend a customer service training event.

We looked at three complaints received in the last 12 months and found these had been dealt with in a timely manner, with all issues being individually addressed and an apology provided to the complainant. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

For example, on one occasion, a newly registered patient requested a list of their immunisations. This was not easily accessible as the immunisation record had not been summarised and added to the electronic patient record. The practice subsequently reviewed their protocol for summarising notes and amended it to ensure that all information would be included in future. On another occasion, the practice and a complainant had worked together to create a training session which included a role playing element to help staff empathise with patients in vulnerable circumstances. Staff told us this had been a valuable exercise and had contributed to their understanding of some patients' experience at the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- The practice hosted a weekly lunch for all staff and staff told us this was a relaxed but important opportunity to exchange ideas and opinions with practice management.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, when the PPG had undertaken a visual survey of the patient waiting area, the practice used the survey to redecorate the walls with a more relaxing colour scheme and had reorganised notice boards and displays to make them easier to use.
- The practice provided information about actions taken following feedback. There was a dedicated noticeboard which displayed minutes of PPG meetings and had a display entitled 'You said, we did' to demonstrate the importance and impact of feedback.

Are services well-led?

Good 

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

- During a weekly staff lunch meeting, practice management took the opportunity to gather and give feedback and provide less formal refresher training or education events.
- The practice had gathered feedback from staff through annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in a Kilburn locality led pilot scheme to offer an online consulting service.