Preston Road Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Preston Road Surgery on 8 December 2015 . 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. There was a strong emphasis on health promotion and prevention. The practice ensured staff had access to relevant training and learning opportunities to maintain their skills.
- Patients said they were treated with compassion and respect and they were involved in decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and affected patients received an apology.
- Most patients we spoke with said they found it easy to make an appointment. Urgent appointments were available the same day.The practice promoted continuity of care for patients with long term conditions and older patients.
- The practice was well equipped to treat patients and meet their needs but space was limited and this was a constraint on the service. The practice was planning to extend the building.
- There was a clear leadership structure and staff felt supported by management. The practice had a strategic approach to managing long-term conditions and reviewing its performance. 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.

We saw one area of outstanding practice:

Summary of findings

The practice had a significant number of Tamil-speaking diabetic patients who were unable to benefit from NHS education and self management courses (known as 'DESMOND') which were not available locally in Tamil. The practice therefore put on DESMOND courses for patients at the practice in Tamil.

The areas where the provider should make improvement are:

- The practice should ensure that it obtains a satisfactory written explanation of any gaps in employment as part of its recruitment process.
- The practice should continue to monitor and if necessary improve patient access to the service by telephone.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes tended to be at or above average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had developed a programme of clinical audit to drive quality improvement and participated in Clinical Commissioning Group (CCG) audits and benchmarking.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice provided a range of health promotion and screening services. The practice was achieving targets for cervical screening and child immunisations. The practice had taken action to increase patient uptake for bowel cancer screening.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The practice was able to provide examples of ways in which it had supported individual patients in difficult circumstances, or during serious illness.
- Data from the national GP patient survey showed patients rated the practice in line with the local and national averages for the quality of consultations with GPs and nurses and patient involvement.
- The practice signposted carers to sources of support. The practice had assigned a member of the reception team as their 'carers champion' to support the needs of patients who were carers. The practice maintained a register of patients who were also carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services. The practice tailored its approach to the needs of its local population.
- Most patients said they found it easy to make an appointment with urgent appointments and home visits available the same day for patients in need.
- The national GP patient survey results for access to the service were similar to those of other local practices. However, the practice scored below average for ease of getting through to the surgery by telephone.
- The practice had good facilities and was well equipped to treat patients although space was increasingly a constraint.
- 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.

Are services well-led?

Good

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

- The practice had a clear vision to deliver 'the highest quality care' to their patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a comprehensive range of policies and procedures to govern activity.
- Staff told us they had opportunities to discuss ideas for improvement. The practice held regular clinical and staff meetings and kept minutes of these for future reference.
- There was an effective 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 sought feedback from staff and patients, which it acted on. The patient participation group was active and positive about their involvement and influence.
- There was a 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients aged over 75 were allocated a named GP and continuity of care was encouraged.
- The practice was responsive to the needs of older people, and offered home visits and urgent or longer appointments for those with enhanced needs. The practice offered overflow telephone consultations for elderly patients who cannot get an appointment on the day.
- Practice staff could speak Gujarati, Romanian and Tamil which was particularly valued by older patients who spoke these languages.
- The practice ensured that older patients with mobility problems were seen in the ground floor consultation rooms. The practice staff swapped rooms if necessary to facilitate this.
- Older patients were able to request repeat medications by telephone if they found it difficult to travel to the practice.The practice kept a list of patients who were able to request a repeat by telephone. An alert was added to these patients' records to inform reception that this is appropriate.
- Older patients were regularly discussed in the monthly multi-disciplinary team meetings at the practice.
- The practice provided one to one training with older diabetic patients on how to use their blood glucose monitor.

People with long term conditions

Good

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

- The medical and nursing staff members had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- The practice provided in-house phlebotomy and ECG monitoring. The practice also provided one-to-one and small group training for patients on how to use their blood glucose monitor.
- Patients with long-term conditions 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. Patients at risk of hospital admission were identified as a priority.

- There was a high prevalence of diabetes in the local population at 8.2%. The practice nurse had a special interest in diabetes and the practice also had a lead GP for diabetes.
  The community diabetic nurse attended consultations with the practice nurse or doctor. All diabetic patients were referred for diabetic education.
- The practice has a significant number of Tamil-speaking diabetic patients. The practice introduced diabetic education ('Desmond') clinics at the practice in Tamil which were not available elsewhere locally.
- Practice performance for diabetes related indicators varied in comparison to the national average. For example, the percentage of diabetic patients whose blood sugar levels were well controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 68% compared to the national average of 78%. The percentage of diabetic patients whose last blood pressure reading was in the normal range was 86% compared to the national average of 78%. Ninety-one per cent of the practice's diabetic patients had a recorded foot examination within the last year which was higher than the national average of 88%.
- The practice had conducted case finding audits in relation to several long term conditions including chronic obstructive pulmonary disease (COPD), asthma, hypertension and chronic kidney disease. As a result the practice had diagnosed new cases and these patients were now receiving treatment. The practice had also reduced its referral thresholds for particular conditions where its prevalence rates were low to ensure that patients with these conditions were being identified.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.Young children and babies were seen the same day.
- The practice provided antenatal checks, the six week postnatal check and a weekly baby clinic. The practice employed a midwife and health visitor to improve continuity of care for the practice population. Appointments with the midwife were for 20 minutes. The practice also liaised with the community health visitors and midwifery teams as appropriate.
- One of the GPs had a specialist interest in dermatology and good links with specialist services.
- The practice had reviewed asthma control with 79% of asthmatic practice patients in the last 12 months which was in line with the national average of 75%.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- GP consultations were available until 7:30pm on Monday and Tuesday evenings. Appointments with the practice nurse were available until 7.30pm on Monday evenings.
- Patients were able to book appointments online and the practice offered an electronic prescription service. The practice also sent text reminders before appointments.
- The practice offered a full range of health promotion and screening reflecting the needs of this age group including NHS health checks for patients aged 40-74. The practice had identified patients with previously undiagnosed diabetes through these checks.
- The practice offered access to physiotherapy at the practice; travel advice and vaccinations; family planning services and cervical screening. The practice's coverage for the cervical screening programme was 82%, the same as the national average.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability and patients recently arriving in the UK without family.
- The practice maintained a register of patients who were also carers. One staff member was the practice 'carers champion' who developed a relationship with carers and helped signpost to support groups and voluntary organisations.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and cases were discussed in practice and multidisciplinary team meetings.
- 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.
- The practice enabled patients to register regardless of their circumstances and had a diverse patient list, including for example, travellers and homeless patients.
- The practice employed a Tamil-speaking counsellor to provide support to patients (such as recently arrived refugees) as it had proven difficult to find Tamil counselling services in the area for these patients.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had 19 patients with a diagnosis of dementia. Fourteen had attended a face to face review of their care in the last year. The practice screened patients at risk of dementia and referred patients to a local memory clinic for further investigation and diagnostic tests.
- The practice regularly worked with multi-disciplinary teams in the care planning of patients experiencing poor mental health and those with dementia.
- Distressed patients who are known to have mental health issues were offered appointments or telephone consultations the same day. 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.

Summary of findings

- Patients with mental health needs were offered longer appointments or consultations at the end of the session. The practice also facilitated continuity of care for these patients.
- Patients had access to the local IAPT (Improving Access to Psychological Therapies) and Free from Torture services. The practice provided a Tamil speaking counsellor for patients who would benefit from this.
- The practice advised patients experiencing poor mental health how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. Questionnaires were sent to 403 patients and 117 were returned: a completion rate of 29% (that is, 2% of the patient list). The results showed the practice tended to perform in line with or better than other GP practices in the local area but below the national average.

- 57% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 95% had confidence and trust in the last GP they saw or spoke to compared to the national average of 95%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards. We also spoke with 15 patients during the inspection including seven members of the practice's patient participation group (PPG).

The patient feedback we received was positive about the quality of care. Many patients commented on the helpfulness and kindness of both the reception and clinical staff. Patients gave us many positive examples of how their preferences were valued and acted on. They said the practice was efficient in referring them for further treatment or tests if necessary and they were involved in decisions.

We received mixed comments about accessibility. Three of the comment cards mentioned some difficulty obtaining a quick appointment while most patients described the accessibility of the service as a strength of the practice. The practice tended to score positively for its accessibility on the national GP patient survey but below average for being easy to get through by telephone.

Preston Road 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, and a second CQC inspector.

Background to Preston Road Surgery

Preston Road Surgery provides NHS primary medical services to around 6000 patients in Wembley, through a Personal Medical Services contract. The service is run from one surgery.

The current practice clinical team comprises three GP partners (male and female), another GP who focuses on teaching, two part time practice nurses, three healthcare assistants, a midwife, health visitor and a counsellor. The practice also employs a practice manager and a team of receptionists and administrators.

The practice is open from 8.30am daily and closes at 8.00pm on Monday and Tuesday and 7.00pm on Thursday and Friday. The practice is closed between 2pm-2.30pm daily and also closes on Wednesday afternoon and over the weekend. Appointments can be made between 8.30am and 1.00pm and from 3.00pm until 6.30pm with an additional evening surgery until 7.30pm on Monday and Tuesday.

The practice offers online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, the website and on a recorded telephone message.

The practice differs from the average practice in England in having a larger proportion of adults in the 25-39 age range. It has a relatively small proportion of patients aged over 65. The practice population is ethnically diverse with a significant number of patients being Sri Lankan and Indian by background. Practice staff can speak a wide range of languages including Tamil, Sinhalese, Gujarati, Hindi, Spanish, French, Romanian and Polish. The prevalence of some chronic diseases, notably diabetes, is high locally.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection assessed whether the registered 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

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 8 December 2015. During our visit we:

- Spoke with a range of staff (GP partners, the practice nurse, the phlebotomist, the practice manager and members of the reception and administrative team). We spoke with 15 patients who used the service including seven members of the practice patient participation group (PPG).
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of the personal treatment records and care plans of patients.
- Reviewed 36 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.
- Observed and inspected the environment, facilities and equipment.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the partners or the practice manager of any incidents and there was a structured, recording form available on the practice computer system. The practice shared relevant incidents more widely through the National Reporting and Learning System (NRLS).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice had conducted medication reviews with patients after incidents or errors involving prescriptions. The practice kept a record of all correspondence.
- The practice analysed significant events and maintained a log on the computer system.

We reviewed safety records, incident reports, patient safety alerts and the minutes of meetings where these were discussed. Lessons were shared with the whole practice team and action was taken to improve safety in the practice. For example, the practice checked the records of all patients over 75 following an incident involving a prescription to ensure this was an isolated case. The practice discussed the incident and their response with the affected patient and their family and put in place measures to prevent any reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There 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 on safeguarding children and vulnerable adults relevant to their role. The clinical staff were trained to child protection 'level 3' and the non-clinical staff to 'level 2'.
- Notices in the waiting room and other areas of the practice advised patients that chaperones were available if required. The practice nurse, health care assistants and certain receptionists acted as chaperones. They were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 policy in place and staff had received training. The practice carried out six-monthly audits of infection control.
- The practice had arrangements for managing medicines, including emergency medicines and vaccines that kept patients safe (including arrangements for obtaining, prescribing, recording, handling, storing and security of medicines). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had a GP prescribing lead who received benchmarking data which was reviewed in the quarterly meetings with CCG pharmacist.
- A repeat prescribing policy was available to all staff on the shared computer drive. The practice assessed prescribing risk against patient need. For example, patients who were known to have difficulty travelling to the practice were able to telephone the practice for a repeat prescription.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow

the nurse to administer medicines in line with legislation. The practice did not keep controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises.

- We reviewed the personnel files of two staff members who had been recruited within the last two years 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. The practice requested a written employment history from prospective employees. In one case there was a gap in the documented employment history although we were told that this had been discussed verbally. The practice should ensure that it obtains a satisfactory written explanation of any gaps in employment as part of its recruitment process.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had health and safety policies and displayed a health and safety law poster. The practice had an up to date fire risk assessment. The practice also carried out regular fire drills and daily premises checks including fire safety. Fire safety equipment was installed and regularly checked.
- Electrical equipment was checked to ensure the equipment was safe to use. 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 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 the different staffing groups to ensure that enough staff were on duty to meet patient needs. The practice had systems in place to cover staff absence. Staff were flexible in covering for absence.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- There were appropriate emergency medicines available in the treatment room. 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 defibrillator available on the premises with adults and children's defibrillator pads and oxygen with adult and children's masks. The practice also kept a first aid kit and accident book. There had been no recent accidents.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had arrangements in place with another practice to share premises or equipment in the event of a major incident.

Good

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and case finding exercises. We reviewed a sample of patient records that showed that the practice was found to be following good practice guidelines.

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 96.0% of the total number of points available compared to the national average of 94.8%.

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

- Practice performance for diabetes related indicators varied in comparison to the national average. For example, the percentage of diabetic patients whose blood sugar levels were well controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 68% compared to the national average of 78%. The percentage of diabetic patients whose last blood pressure reading was in the normal range was 86% compared to the national average of 78%. Ninety-one per cent of the practice's diabetic patients had a recorded foot examination within the last year which was higher than the national average of 88%.
- Performance for mental health related indicators was better than the national average For example 97% of practice patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- The practice had carried out a programme of clinical audit. Audits had been prompted by significant events, changes to guidelines and comparative performance and prevalence data.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. We saw several examples. For example, the practice had audited its prescribing of newer hypoglycaemic medicines for diabetes in 2014/15 and repeated this the following year to ensure good practice was maintained. These audits showed an improvement in prescribing practice in line with current guidelines. The practice also annually audited joint injections and had achieved 100% compliance with provision of information to patients; obtaining consent; record keeping and monitoring complications.
- The practice used its knowledge of the practice population to identify and act on risks. For example, the practice had reviewed the smoking status of all Asian male diabetic patients. Patients with a smoking history were then screened for ischaemic heart disease. This identified a number of patients with previously undiagnosed heart disease who were at increased risk of 'sudden cardiac death'.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were supported and had a period of shadowing more experienced colleagues.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice retained the services of the former senior partner who attended the practice for one session a week with a focus on clinical mentoring and learning.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice recorded new patients' BMI (Body Mass Index) measurement and provided in-house weight management clinics covering diet, exercise and lifestyle. The practice prescribed exercise courses and referred eligible patients to the 'Fit4life' intensive lifestyle intervention programme which was run by the community dietitians in Brent.

The practice's coverage for the cervical screening programme was 82%, which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of screening by providing information in different languages and a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and women who were referred as a result of abnormal results were followed up.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake and coverage for breast screening was high with 80% of eligible women having been screened compared to the local average of 66% and the national average of 72%. Bowel cancer screening rates were in line with the local average of 46% but below the national average at 58%. The practice had identified this as an area

Good

Are services effective?

(for example, treatment is effective)

for improvement and had followed up patients who had not responded to their initial invitation. This action had resulted in the early diagnosis of bowel cancer in a patient who had not responded to their initial invitation.

Practice childhood immunisation rates tended to be better than other practices locally. For example, 86% of two year old practice patients had received the 'five-in-one' vaccination compared to 68% in the CCG overall. And 72% of five year olds had received both MMR booster vaccinations compared to 56% in the CCG overall.

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

Good

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.

All of the 36 comment cards we received were positive about the quality of care. People described the doctors, nurse and receptionists as professional, helpful and caring. We spoke with 15 patients including seven members of the patient participation group (PPG) who also praised the service. Many patients commented on the helpfulness and kindness of both the reception and clinical staff. Patients gave us many positive examples of how their preferences were valued and acted on. They said the practice was efficient in referring them for further treatment or tests if necessary.

Results from the national GP patient survey showed that the practice tended to score in line with the local and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 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 said they were able to make an informed decision about the choice of treatment available to them and any potential side effects of medicines were explained. Patient feedback from the comment cards we received reflected similar views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patient scores in relation to being involved in decisions about care tended to be in line with the local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

The practice population was ethnically diverse with substantial minorities of patients originating from a Sri Lankan or Indian background. The practice provided facilities to help patients communicate effectively with the staff and be involved in decisions about their care:

- Reception staff spoke a number of locally spoken languages in addition to English including Gujarati, Tamil and Romanian. Translation services were also available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also had an induction loop at reception.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system had the facility to alert staff if a patient was also a carer. The practice held a register of patients who were also carers. One of the receptionists had been assigned the role of carers' champion' to develop relationships with carers. This enabled them to get to know which patients were less likely to ask for support and to proactively offer or signpost them to useful resources, such as the local carers centre. This member of staff also raised issues relevant to carers in practice meetings. Written information was available to direct carers to the various avenues of support available to them and information was displayed in the waiting room.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs and by giving them advice on how to find a support service.

Good

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. For example, the practice provided phlebotomy, and access to a physiotherapist and a Tamil speaking counsellor on the premises.

The practice was aware of the socio-demographic and cultural characteristics of its population and used this knowledge to tailor its approach. For example, the practice was aware that there was a particular stigma against smoking amongst certain local communities and so smoking was likely to be under reported. The practice therefore carried out a case finding exercise to identify diabetic patients who had a smoking history and review their heart health. The practice also lowered its referral thresholds for conditions such as COPD.

- The practice offered evening appointments on Monday and Tuesday with the GPs and evening appointments with the nurse on Monday for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or mental health problems.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for pregnant women, young children and babies.
- The practice offered a full range of NHS and private travel vaccinations with information about relevant costs and when to seek vaccination in order to have sufficient protection while abroad.
- There were disabled facilities, a hearing loop and translation services available.
- The practice premises were located over two floors with a staircase. Patients with mobility issues were always seen on the ground floor and if necessary the doctors temporarily changed rooms to ensure continuity of care.
- The practice had expanded in recent years and was increasingly constrained by the premises. For example, the waiting room became very busy during the morning surgery with some patients having to stand before staff brought in more chairs. This also made it more difficult to maintain confidentiality in the waiting area. The practice was planning to extend the building and had submitted an application for funding.

Access to the service

The practice was open from 8.30am daily and closed at 8.00pm on Monday and Tuesday and 7.00pm on Thursday and Friday. The practice was closed between 2pm-2.30pm daily and also closed on Wednesday afternoon and over the weekend.

Appointments could be made between 8.30am and 1.00pm and from 3.00pm until 6.30pm with an additional evening surgery until 7.30pm on Monday and Tuesday.

The practice offered online appointment booking and an electronic prescription service. The GPs made home visits to see patients who were housebound or too ill to visit the practice.

Results from the national GP patient survey showed that patient satisfaction with access to the service was generally close to the CCG average, although the practice scored poorly for ease of getting through on the telephone.

- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 75%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 85%.
- 68% describe their experience of making an appointment as good compared to the CCG average of 67% and the national average of 73%.

The practice had made changes to its appointment system following patient feedback and comments from the patient participation group (PPG). The telephone system had been upgraded to keep patients informed while they were waiting to connect to the surgery. The practice also now assigned one of the receptionists solely to answering the telephone in the morning. We were told by the PPG members that the patient experience of accessing appointments had improved.

The practice had a system in place to assess:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention. Patients unable to obtain an appointment the same day were able to speak with a GP over the telephone who could assess whether an emergency appointment or other action was appropriate.

Patients requiring home visits were requested to ring before 10.30am and their request passed to the relevant GP. The GP might telephone the patient or their carer to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Practice patients were also able to access the local primary care 'hub' services offering evening and weekend appointments.

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, for example the practice had a complaints leaflet which was visible in reception and information about how to complain was also available on the website and in the practice leaflet.

We looked at five complaints received in the last 12 months and found these were handled in line with the practice complaints policy. The practice was open in following up complaints with the patients concerned, for example, meeting patients to discuss the problem. The practice responded to formal complaints in writing with an apology. Lessons were learnt from concerns and complaints and shared with the wider team. In one case, we saw that the practice had discussed how to improve confidentiality with the patient participation group following a complaint. The practice had implemented the group's suggestions for posters making it clearer which room to go to for blood tests and requesting that patients knock before entering consultation rooms.

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 partners stated their vision as a practice was to provide the highest quality care to patients regardless of their background; to maintain equality, diversity and dignity; and to treat every patient holistically. The practice also aimed to be a 'learning organisation'. Staff were clear about the vision and their responsibilities in relation to it.

- The practice had a robust strategy and supporting business plans and they were regularly monitored. The practice had identified the lack of space in the current premises as a constraint and their goal was to extend the building to larger premises. The practice had applied for funding to help with the costs.
- The practice team had developed a strategic approach to managing long-term conditions. For conditions including asthma, diabetes, hypertension, COPD, the practice reviewed prevalence and common risk factors within the practice population; reviewed performance data; carried out clinical audits and reviewed practice policy, for example revising referral thresholds. With this approach, the practice had identified patients previously undiagnosed with conditions and ensured they received appropriate treatment.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care:

- 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 in folders and on the shared drive.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information and clinical audit was used routinely to understand performance in comparison to other practices within the same locality and the clinical commissioning group area.
- There were robust arrangements for identifying, recording and managing risks 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.

- The practice held regular staff meetings and clinical meetings. The practice rotated the day of the staff meeting to ensure that all staff had the opportunity to attend some meetings. Minutes were kept for future reference and to check that outstanding actions had been completed. The practice team also met for social events and away days.
- There was evidence that changes to policies, guidelines, systems and processes were shared with staff. For example, staff members had signed updated policies to indicate they had read and were aware of the current version.
- Staff said they felt respected, valued and supported by the partners in the practice and the practice manager. The practice had a strong track record in retaining and developing staff with the current staff team having worked at the practice for an average of five years.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issue.
- The provider complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice shared information and learning within and outside the team. The practice was an active member of the locality group of 23 GP practices covering the Kingsbury and Willesden area of Brent. The practice had organised educational meetings across the group.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and surveys, comments and complaints. The PPG was representative of the practice population with around 25 members and met every six months. The PPG carried out patient feedback exercises and suggested improvements to the practice management team. We met with seven members of the patient participation group who were positive about their involvement and influence.

Are services well-led?

Good

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

- The practice had also gathered feedback from staff through appraisals and staff discussion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

- There was a focus on learning and improvement at all levels within the practice. The practice was keen to experiment and trial new ideas, for example one of the receptionists had been nominated as the practice 'carers champion' and played a significant role in identifying carers and signposting carers to available support, the local carers centre and relevant voluntary organisations.