Dr Abubakr Shaikh

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?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Abubakr Shaikh on 31 March 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. In addition, we issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become complaint with the law by 15 July 2016.

A second announced comprehensive inspection was undertaken on 8 December 2016 following the period of special measures. Overall the practice remained rated as inadequate as they had not met the requirements of the warning notice and, as a result, further enforcement action was taken in respect of safe care and treatment and good governance.

In response to the enforcement action taken, the provider sent us an action plan outlining improvements that had been put in place since our previous inspections. We then carried out an unannounced focused follow-up inspection on 4 July 2017 to check that the necessary improvements had been made, or whether further enforcement action was required. At the inspection we found significant improvements had been made to prevent enforcement action although we still found continuing areas of non-compliance in respect of safe care and treatment and good governance.

The full comprehensive reports on the March and December 2016 inspections and the report of the focused follow-up inspection in July 2017 can be found by selecting the 'all reports' link for Dr Abubakr Shaikh on our website at www.cqc.org.uk.

This inspection, carried out on 14 December 2017, was an announced comprehensive inspection to review in detail the actions taken by the practice since our December 2016 and July 2017 inspections to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Overall the practice is now rated as good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Summary of findings

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

Our key findings were as follows:

- The practice had made further improvements since our inspection in July 2017, specifically in respect of infection prevention and control, health and safety and the management of high risk medicines.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff had the skills, knowledge and experience to carry out their roles. However, we found that appropriate training had not been provided to support a member of staff in an extended lead role.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Results of the national GP patient survey, comments cards we received and patients we spoke with showed patients felt they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Although there were systems and processes in place to support good governance we found that these had failed to ensure safe and appropriate recruitment checks.
- The practice could not demonstrate stability of management support to ensure the sustainability of the improvements made so far.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Consider how patients with a hearing impairment would access the service.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The six population groups and what we found

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

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

Dr Abubakr Shaikh

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.

Background to Dr Abubakr Shaikh

Dr Abubakr Shaikh is an individual GP who provides NHS primary care services through a General Medical Services (GMS) contract from Peel Precinct Surgery to 1741 patients in the Kilburn area of Brent in North West London. The practice is part of NHS Brent Clinical Commissioning Group (CCG).

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

The male GP provides 10 clinical sessions per week and is supported by a long-term locum female GP (one session per week), two practice nurses (13 hours per week), a healthcare assistant (four hours per week), a part-time practice manager (14 hours per week) and four part-time receptionists.

The practice is open between 8am and 6.30pm Monday to Friday and Saturday from 9am to 11am. Appointments are available Monday to Friday from 8.30am to 11am and 4pm to 6.30pm. On-line services, which include appointment booking and repeat prescriptions can be accessed from the practice website www.peelprecinctsurgery.nhs.uk.

The practice serves a multi-ethnic mix of population who have varied socio-cultural and religious needs. The information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice area has a higher percentage than national average of male and female patients aged between 05-09, 10-14, 35-39, 40-44 and 45-49.

Good

Are services safe?

Our findings

At our inspection on 8 December 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of cleanliness and infection prevention and control, medicine management, health and safety and recruitment were not adequate. Enforcement action was taken against the provider in the form of a warning notice.

We subsequently undertook an unannounced inspection on 4 July 2017 to follow-up on the requirements of the warning notice and found arrangements had significantly improved. However, we found further improvement was still required for infection prevention and control, health & safety and the management of patients on high risk medicines.

At this inspection we found that the practice had maintained the majority of improvements observed at our inspection on 4th July 2017 and had made further improvements in respect of infection prevention and control, health and safety and the management of high risk medicines. The practice is now rated as good.

Safety systems and processes

At our inspection on 4 July 2017 we found that the practice had addressed the majority of shortfalls identified at our previous inspection of 8 December 2016 in respect of infection prevention and control (IPC). For example, there was a signed cleaning schedule in place to demonstrate that tasks had been completed. However, it was noted at our 4 July 2017 inspection that two actions identified on an IPC audit undertaken by NHS England in June 2016 had not been actioned. These were new flooring in consultation rooms and the occupational health service had not been contacted by the provider to determine staff vaccinations against Varicella (chickenpox).

At our inspection on 14th December 2017 we observed that the practice had maintained the improvements observed at our previous inspection and had acted upon one of the outstanding IPC audit recommendations and could now demonstrate the immunisation status of its staff in direct patient care in line with the recommendations of the 'Green Book' Immunisation against infectious diseases (chapter 12) and staff had access to an Occupational Health service. The practice told us they had not replaced the wipeable flooring in the consulting rooms, which showed some sign of wear and damage, as the building currently occupied was scheduled to be vacated, due to its demolition, and arrangements were being made for a re-location. This had been scheduled for the end of December 2017 but the GP told us this would most probably be March 2018.

Since our inspection on 4 July 2017 the practice had had a further comprehensive NHS England IPC audit on 8 August 2017. The practice achieved a compliance score of 92%. We noted that the practice had addressed the remedial actions identified in the audit. For example, replacement of hand hygiene sinks with elbow/wrist operated mixer taps, availability of appropriate spillage kits and a cleaning and decontamination check list for medical equipment. We noted that the replacement of consultation room flooring had not been included as a remedial action on IPC audit of 8 August 2017.

All staff had access to IPC policies and procedures. The practice had nominated the practice nurse as the IPC clinical lead. All staff had received on-line IPC training. However, the nominated lead for IPC had not undertaken any enhanced training to support the responsibilities of the role which the practice had indicated on its mandatory training schedule was a requirement for the role. We observed that each consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and waste disposal facilities. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.

The practice had a system in place, by way of a check list, to ensure appropriate recruitment checks had been carried out prior to employment. However, from the five recruitment files we reviewed we found that the practice had not ensured that there was appropriate professional indemnity cover in place for a practice nurse, which is required by law in order to practise and provide care. (Indemnity cover relates primarily to malpractice inmedical professions. It applies to accidents, mistakes and other incidents and, in cases where negligence is proven, compensation is paid to the claimant). The practice sent documentary evidence after the inspection that

Good

Are services safe?

appropriate indemnity was now in place. In addition, we found that the practice had applied for an enhanced Disclosure and Barring Service (DBS) check for a newly recruited member of the team and had accepted, in the interim, a DBS check dated 2014 from a previous employer. However, we noted that this was a standard DBS check and the role and responsibilities of the job and the level of contact with patients, potentially children and vulnerable adults, required an enhanced DBS. (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 had not risk assessed this. The practice sent evidence after the inspection that a satisfactory enhanced DBS check had been obtained.

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed, accessible to all staff and outlined clearly who to go to for further guidance. We saw posters in all consulting rooms regarding local safeguarding contact details and guidance on the mandatory reporting of female genital mutilation (FGM).
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We saw evidence that all clinical and non-clinical staff had received up-to-date safeguarding children and vulnerable adults training appropriate to their role. All staff we spoke with knew how to identify and report safeguarding concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- At our inspection on 4 July 2017 we found that the practice had addressed some of the shortfalls in respect of health and safety arrangements. For example, the recommendations from an asbestos survey. However, some actions remained outstanding from a Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment. At this inspection we found that the practice had now addressed the outstanding actions and we saw evidence that the practice was undertaking and recording the flushing of water faucets and monitoring water temperatures.
- The practice had undertaken a further health and safety audit by an external company in June 2017. We saw that remedial action identified had been actioned. For example, to carry out risk assessments to ensure that the hazards associated with display screen work were adequately controlled. The saw evidence that the practice had ordered adjustable seating for staff working on the reception desk as a result of the risk assessments.
- The practice had undertaken a fire risk assessment by an external company. We saw that all, but one, of the remedial actions had been undertaken. A recommendation had been made to change the existing key operated mortise lock on the rear fire exit door to a single simple locking device that could be easily operated without the use of a key. The practice told us that they had not actioned the recommendation as they were scheduled to move out of the premises. However, immediately after the inspection the practice sent photographic evidence that a thumb turn lock had been installed. We observed appropriate fire warning signage on the interior and exterior of the door.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- The practice ensured that equipment was safe and maintained according to manufacturers' instructions. We saw that calibration of medical equipment had been undertaken in February 2017.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

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Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Although the practice had systems in place for the appropriate and safe handling of medicines these required improvement.

- During our inspection we noted that clinical staff did not have access to all the appropriate colour-coded sharps containers required for the disposal of the range of medicines administered at the practice. Furthermore, a sharps bin in use had been opened in February 2017 which exceeded the guidance that sharps bins should be closed and disposed of three months after first use even if not full. The IPC lead was unaware of these requirements.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- At our inspection on 4 July 2017 we found that the practice did not have effective systems in place to monitor patients on high risk medicines in line with guidance. At this inspection we saw that the practice had put a protocol and register of all its patients on high risk medicines in place and undertaken an audit to identify when the last repeat prescription and blood test had been undertaken. A random review of three patients on high risk medicines showed that blood test results had been seen prior to issuing a repeat prescription.

Track record on safety

- The practice had not been consistent in ensuring remedial actions identified from risk assessments were addressed. However, we saw that the practice had now acted on its previous risk assessments.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The practice had reported three significant events in the past 12 months. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, after the failure of the out of hour's message on the practice answering machine, the end of day procedure was changed to include a check that the answering machine was functioning.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 December 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of the management, monitoring and improving outcomes for people, obtaining consent and induction and training for staff were inadequate.

We subsequently undertook an unannounced follow-up inspection on 4 July 2017 when these arrangements had significantly improved in respect of obtaining consent, induction and training. However, we found further improvement was still required in respect of monitoring and improving outcomes for patients through the Quality and Outcome Framework (QOF).

At this inspection we found that the practice had maintained the improvements observed at our inspection on 4 July 2017 and had made further improvements. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Prescribing data for 1 July 2016 to 30 June 2017 showed that the practice was comparable to the clinical commissioning group (CCG) and the England average for its prescribing. For example:

- The average daily quantity of hypnotics (a sleep-inducing drug) prescribed per Specific Therapeutic group was 0.75 (CCG average 0.44; national average 0.9).
- The number of antibacterial prescription items prescribed per Specific Therapeutic group was 0.83 (CCG average 0.71; England average 0.98).
- The percentage of antibiotic items prescribed that are Cephalosporins and Quinolones was 8% (CCG average 5%; national average 5%).

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines. The practice liaised with community pharmacies regarding the delivery of medicines to patients' homes and the appropriate provision of blister packs (a method of packing medications, where each dose of medication is placed in a small plastic bubble and backed by a sheet of foil. Medicines are organised by day, usually for up to a week at a time).
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Performance for diabetes related indicators was statistically comparable to the CCG and national averages. For example:
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 69% (CCG average 77%; national average 80%) with a practice exception reporting of 11% (CCG average 11; national 12%);
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading

Good

Are services effective?

(for example, treatment is effective)

(measured in the preceding 12 months) is 140/80 mmHg or less was 89% (CCG average 80%; national average 78%) with a practice exception reporting of 8% (CCG average 8%; national average 9%);

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 77% (CCG average 80%; national average 80%) with a practice exception reporting of 13% (CCG average 9%; national average 13%).
- Performance for respiratory-related indicators was comparable to the CCG and national averages. For example:
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 89% (CCG average 81%; national average 76%) with a low practice exception reporting of zero per cent (CCG average 2%; national average 8%);
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 91% (CCG average 93%; national average 90%) with a low practice exception reporting of 8% (CCG average 9%; national average 11%);
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 99% (CCG average 97%; national average 95%) with a practice exception reporting of zero per cent (CCG average 0.6%; national average 0.8%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. We noted uptake achievement ranged from 95% and 100%, which was above the national target of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice offered a range of family planning services, which included Intrauterine Contraceptive Device (IUCD) fitting and contraceptive implants.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 79%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Patient outcomes for people experiencing poor mental health (including people with dementia) was statistically comparable to the CCG and national averages: For example:

- 100% of patients (three) diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (CCG average 84%; national average 84%).
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months (CCG average 92%; national average of 90%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption in the preceding 12 months was 100% (local average 93%; national average 91%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and the England average of 96%. The overall exception reporting rate was 9% compared with the CCG average of 9% and the national average of 10%. (QOF

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Are services effective?

(for example, treatment is effective)

is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.). There had been an improvement on the findings of our previous inspections when we found QOF achievement in 2014/15 to be 85% (national average 95%) and in 2015/16 to be 88% (national average 95%).

At our inspection in December 2016 the patient outcome for depression had been significantly below local and national averages. Data for 2015/16 showed the practice was achieving 0% (national average 92%). At our inspection in July 2017 we saw that this had improved to 30%. During this inspection we reviewed the practice's clinical system for the 2017/18 QOF achievement which ends in March 2018 and saw that the practice were currently achieving 80% for this indicator.

The practice had a comprehensive programme of quality improvement and activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate clinicians took part in local improvement initiatives and benchmarking with the CCG, for example, audit of prescribing with the CCG Medicine Optimisation Team.

The practice provided a selection of audits which included six CCG-initiated prescribing audits, which were single-cycle and scheduled for review, and two practice-initiated two-cycle audits. We saw that the practice routinely audited its minor surgical procedures, Intrauterine Contraceptive Device (IUCD) fitting and contraceptive implants after patient follow-up.

The practice used information about care and treatment to make improvements. For example, audits were used to identify that women with known gestational diabetes (a condition in which a woman without diabetes develops high blood sugar levels during pregnancy) had appropriate post-natal blood test follow-up.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and clinical supervision.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 49%, which was comparable to the national average of 50%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were

Good

Are services effective?

(for example, treatment is effective)

detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity, bowel and breast cancer screening.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- We saw evidence that appropriate written patient consent had been taken prior to minor surgical procedures.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

At our previous inspection on 8 December 2016, we rated the practice as requires improvement for providing caring services as we found shortfalls in the identification and support of patients who were also carers.

We subsequently undertook an unannounced follow-up inspection on 4 July 2017 when these arrangements had improved and the practice were able to demonstrate that a carers' register was in place and evidence that support was offered.

At this inspection we found that the practice had continued to identify carers and offered appropriate support and signposting to support groups. The practice is now rated as good for providing caring services.

Kindness, respect and compassion

We observed that staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 53 patient Care Quality Commission comment cards, of which 50 were positive and three were negative. Patients providing positive feedback said they felt the practice offered a very good service and staff were caring, polite and friendly. The negative feedback included waiting time to be seen for their appointment when at the surgery.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and sixty-one surveys were sent out and 69 were returned. This represented a completion rate of 19% and approximately 4% of the practice population. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:
  - 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
  - 89% of patients who responded said the GP gave them enough time (CCG average 82%; national average 86%).
  - 96% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 94%; national average 95%).
  - 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 81%; national average 86%).
  - 93% of patients who responded said the nurse was good at listening to them (CCG average 84%; national average 91%).
  - 93% of patients who responded said the nurse gave them enough time (CCG average 85%; national average 92%).
  - 97% of patients who responded said they had confidence and trust in the last nurse they saw (CCG average 94%; national average 97%).
  - 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%; national average 91%).
  - 95% of patients who responded said they found the receptionists at the practice helpful; (CCG average 83%; national average 87%).

We saw that results of the NHS Friends and Family Test were displayed in the waiting room. The results for November 2017 showed that 72% (18 surveys) would be extremely likely or likely to recommend the surgery. This was comparable with the national GP patient survey where 71% of patients said they would recommend this surgery to someone new to the area (CCG average 69%; national average 77%).

Two members of the patient participation group (PPG) we spoke with spoke very highly about the practice and the clinical care received. They told us they felt involved in their treatment and care and were treated with dignity and respect by all staff.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (AIS), which is a requirement to make sure that patients and their carers can access and understand the

information they are given. We saw that non-clinical staff had undertaken AIS on-line training and there was an information poster in the waiting room to alert patients to accessing information in different formats.

- Interpretation services were 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. This included access to British Sign Language (BSL). Patients were also told about multi-lingual staff who might be able to support them. Practice staff spoke several languages which included Urdu, Punjabi and Arabic. Information regarding languages spoken in the practice was included in the practice leaflet.
- The practice did not have an induction hearing loop, a system for use by people with hearing aids. The practice demonstrated that it had coded its patients with hearing impairment and would arrange for a BSL interpreter, if requested.
- Staff helped patients and their carers find further information and access community and advocacy services. We also saw evidence of posters and leaflets available in the waiting room on a wide range of support services.

At our inspection on 8 December 2016, we found shortfalls in the identification and support of patients who were also carers. At our unannounced follow-up inspection on 4 July 2017 we found these arrangements had improved and the practice were able to demonstrate that a carers' register was in place and evidence that support was offered. For example, access to influenza immunisation. At this inspection we saw that the practice's computer system alerted GPs if a patient was also a carer and the practice had identified 19 patients as carers (1.1% of the practice list). In addition, we saw posters and leaflets in the waiting room for adult and young carers to access support from Brent Carers Centre, which included support for carers looking after someone with a mental health condition. Information was also available on the practice website, which had the functionality to translate.

Staff told us that if families had experienced bereavement, the GP would contact them. This call was either followed by a patient consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service. The GP demonstrated local bereavement services available.

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 in line with local and national averages:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 78%; national average 82%).
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 84%; national average 90%).
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%; national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- We saw that staff had undertaken information governance training.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 8 December 2016, we rated the practice as good for providing responsive services. At this inspection the practice remains rated as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments.
- The practice made best use of the facilities and premises to deliver its services to patients. The waiting area was large enough to accommodate patients with wheelchairs and prams. There was enough seating for the number of patients who attended on the day of inspection.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice was accessible via a ramp and patients had access to an accessible toilet facility. There was no hearing loop.
- Translation services were available and we saw that the practice website included a translation facility.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice offered ambulatory blood pressure monitoring (ABPM), ECG, 24-hour ECG monitoring and spirometry (a device to diagnose asthma, chronic obstructive pulmonary disease (COPD) and other conditions that affect breathing) for its patients.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, Saturday morning appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Staff told us patients were given extended appointments and at flexible times to suit care and support needs. The practice demonstrated its annual review recall system for this cohort of patients.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. We saw the practice held a register of its patients and extended appointments were offered.

Timely access to the service

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and sixty-one surveys were sent out and 69 were returned. This represented a completion rate of 19% and approximately 4% of the practice population.

- 92% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 95% of patients who responded said they could get through easily to the practice by phone (CCG average 65%; national average 71%).
- 92% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 77%; national average 84%).
- 94% of patients who responded said their last appointment was convenient (CCG average 72%; national average 81%).
- 97% of patients who responded described their experience of making an appointment as good (CCG average 67%; national average 73%).

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. We saw that there were complaint leaflets and posters in the waiting room to assist patients to make a complaint.
- The complaint policy and procedures were in line with recognised guidance. Two complaints had been received in the last year and we found that both had been handled in a timely way and written responses had been sent in line with its policy.
- We saw that complaints were reviewed in practice meetings which included an overview of outcomes and lessons learned.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 8 December 2016, we rated the practice as inadequate for providing well-led services as there were deficiencies in the systems for identifying, recording and managing risks and issues and implementing mitigating actions. In addition, not all practice policies and procedures were reviewed and sufficiently tailored to the practice's requirements. These arrangements had improved when we undertook an unannounced follow-up inspection on 4 July 2017, however further improvement was still required.

At this inspection we found that the practice had maintained the improvements observed at our inspection of 4th July 2017 and had made some further improvement. However, we found that systems and processes had failed to ensure safe recruitment and we still had concerns about the sustainability of the improvements made, specifically in respect of the stability of management support. The practice is now rated as requires improvement for being well-led.

Leadership capacity and capability

At our inspection on 8 December 2016 we found that the GP lacked management support and this had impacted on his capacity to lead effectively. At our follow-up inspection the practice had engaged a practice manager one day a week to help improve the service. However, at this inspection we found that the practice manager had left the service in September 2017 and the practice had been without regular management support since that time. On the day of the inspection a new practice manager had been recruited, who had previously worked at the practice in an administration role. The practice told us this was a permanent position, 14 hours per week, over four days. Although a this inspection we found the practice had demonstrated continued improvement in systems and processes at our inspection, they could not demonstrate stability to ensure the sustainability of the improvements made so far.

Vision and strategy

The practice had a mission statement, which was displayed in the waiting room and staff we spoke with were aware of it. The GP told us the practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. The strategy prioritised making improvements to the service identified at previous Care Quality Commission inspections and demonstrating sufficient improvement to come out of special measures. The practice were also due to vacate the current premises, due to its demolition, and arrangements were being made for a re-location. This had been scheduled for the end of December 2017 but the GP told us this would most probably be March 2018.

Culture

- Staff we spoke with said they felt supported and valued and were proud to work in the practice. Staff told us they were happy a new practice manager had been recruited to provide some management support.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. All staff we spoke with understood the principles of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and training updates. However, the lead for infection control had not received enhanced training to support this role. All staff had received an appraisal in the last year.

Governance arrangements

The practice had allocated responsibilities, roles and systems of accountability to support good governance and management to key members of staff. However, we found some areas required improvement.

- The systems and processes in place for safe recruitment had failed to ensure that there was appropriate professional indemnity cover in place for a practice nurse, which is required by law in order to practise and provide care.
- Appropriate training had not been provided for the lead for Infection Prevention and Control. At our inspection we observed some shortfalls in respect of some aspects of this role which included the appropriate management and disposal of clinical waste in line with guidance.

Are services well-led?

Requires improvement

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

However, staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding. We saw that policies and procedures to ensure safety were in place and these had been recently reviewed.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had an active patient participation group (PPG) who met regularly. We spoke with two members of the group who spoke highly of the practice and the care provided. The group told us they were aware of the need for relocation from the current premises but were unsure of the timeframe for this.
- The practice sought patient feedback through surveys, the NHS Friends and Family Test, complaints, comments and compliments. The practice displayed patient feedback in the waiting room.
- The service was transparent, collaborative and open with stakeholders about performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The provider had failed to ensure safe and appropriate recruitment checks were undertaken in line with guidance. • The provider had failed to ensure clinical staff had appropriate indemnity insurance cover in place. • The provider had failed to ensure that appropriate training had been provided to support a member of staff in an extended lead role. • The provider did not have consistent systems and processes in place to demonstrate stability and ensure the sustainability of the improvements made so far.