

Dr Mukesh Pandya

Quality Report

Savita Medical Centre

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Date of inspection visit: 7 September 2017

Date of publication: 06/11/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Mukesh Pandya's practice on 9 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for on our website at www.cqc.org.uk.

We carried out an announced comprehensive follow-up inspection on 7 September 2017. This report sets out our findings. The practice had made improvements in response to our previous inspection and overall the practice is now rated as good.

Our key findings were as follows:

- The practice had improved systems for incident reporting and responding to safety alerts. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- The practice had reviewed its policies and procedures for safeguarding children and vulnerable adults.

- Performance data showed most patient outcomes tended to be in line with the national average.
- Patient feedback had markedly improved since our previous inspection. The practice now consistently scored in line with the local and national averages for the quality of consultations.
- The practice scored highly with patients on access to the service although the patient list was increasing. Patients were usually able to book an appointment within a week.
- The practice had policies and procedures to govern activity. The principal GP had recently retired from performing clinical duties and had secured regular locums to provide the service.
- The practice had identified priorities for further development. These included putting in place effective succession arrangements and building greater capacity and longer opening times at the branch practice in response to increasing patient demand.

There were areas of practice where the provider should make improvements:

Summary of findings

- The practice should continue to embed systems for improving and learning from practice, for example documenting action taken in response to patient safety alerts.
- The practice should continue to embed clinical audit and completed audit cycles as tools for clinical improvement.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events and other types of incidents. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents at both the main and branch surgeries.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes tended to be in line with the local and national averages.
- Staff were aware of current evidence based guidance.
- The practice carried out some quality improvement work including clinical audit.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with the local and national average for most aspects of care.

Summary of findings

- Survey information we reviewed showed that patients said they were treated with care and concern and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and was using this understanding to meet the needs of its population. For example it was planning to expand its opening hours in response to an increase in the local population.
- The practice took account of the needs and preferences of patients with life-limiting conditions.
- Patient feedback was positive about the ease of making an appointment with a named GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice investigated complaints in line with its policy. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had identified succession arrangements as the immediate priority.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice had systems for identifying notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. The provider was aware of the requirements of the duty of candour.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was some focus on continuous learning and improvement at all levels although the use of clinical audit remained an area for improvement.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered personalised care to meet the needs of the older people in its population. The practice had recently appointed two salaried GPs with the aim of promoting continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice was fully accessible to patients with mobility difficulties.
- The practice had access to a local outreach nurse who carried out home visits to older patients who found it difficult to attend the practice including those who were at specific risk of rapid deterioration and hospital admission. The associated care plans were well documented with evidence of good patient involvement.
- The practice offered eligible older patients the flu, shingles and pneumococcal vaccinations.
- The practice identified and provided support to carers.

People with long term conditions

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

Good



- The practice had identified patients with long-term conditions and offered these patients a structured annual review to check that their health and medication needs were being met.
- The practice was performing well for most indicators of chronic disease management and the practice held regular multidisciplinary meetings to review and coordinate care.
- Practice performance on diabetes was below average. For example in 2015/16, 69% of diabetic patients had blood sugar levels that were adequately controlled compared to the CCG and national averages of 78%. The practice had very low exception rate reporting however at 1% compared to 13% nationally which might explain the disparity in performance.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children at risk of abuse. Children at risk were regularly reviewed at multidisciplinary meetings and information shared in a timely with local health visitors.
- The practice prioritised young children and babies for urgent or same-day appointments.
- In 2015/16, 77% of practice patients with asthma had an asthma review in the preceding 12 months compared to the national average of 76%.
- The practice provided child immunisations. Immunisation rates were above or close to the 90% targets for all standard childhood immunisations. The practice liaised with the local health visitors to follow up children who did not attend for immunisation.
- Appointments were available outside school hours.

Working age people (including those recently retired and students)

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

- The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible.
- Appointments at the practice were available in the evening one day a week. Telephone consultations were available during opening hours.
- The practice offered health promotion and screening services appropriate for this group, for example NHS health checks to adults aged 40-74.
- The practice cervical screening coverage rate was 75% compared to the CCG average of 77% and the national average of 81%. Exception reporting rates were also in line with the local average.

Good



People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability and other complex needs. The practice provided care to a number of patients in residential care and reviewed these patients on a six monthly basis.
- The practice regularly worked with other health care professionals for example health visitors, in the management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice screened for risks such as domestic violence and female genital mutilation for example as part of antenatal care.
- The practice had reviewed its safeguarding policy and protocols since our previous inspection. Staff were trained on how to recognise signs of abuse in vulnerable adults and children and reviewed high risk cases at clinical and multidisciplinary meetings.

People experiencing poor mental health (including people with dementia)

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

- In 2015/16 all patients (four) diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months.
- 83% (34 of 41) patients diagnosed with psychosis had a comprehensive, agreed care plan documented in the record within the last 12 months, which was comparable with the national average of 89%. The practice had not reported any exceptions for this indicator.
- The practice facilitated access for relevant patients to a range of community based mental health services including the local mental health nurse (who attended the practice) and the local wellbeing team. The practice GPs had direct access to the consultant psychiatric liaison service.

Good



Summary of findings

What people who use the service say

At our previous inspection of 9 September 2016, we noted the national GP patient survey results were lower than average, for example in relation to the care and concern showed by clinical staff and patient involvement in decisions about their care. The practice's national GP patient survey results had markedly improved at this inspection.

The national GP patient survey results were published in July 2017. The survey programme distributed 374 questionnaires by post and 110 were returned. This represented 4% of the practice's patient list (and a response rate of 29%). The results showed the practice was rated positively by its patients. The practice's survey scores for the quality of consultations and access to the service now tended to be in line with or better than the local and national averages.

- 92% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 64% and the national average of 71%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 84%.

- 85% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 82% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 89% of patients described the receptionists as helpful compared to the CCG average of 84% and the national average of 87%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

We spoke with one patient and two members of the patient participation group on the day of the inspection and received 39 completed patient comment cards. The feedback was positive about the practice and recent changes to the service. A theme to some of the critical comments related to the practice becoming increasingly busy so that routine appointments were no longer always available within a week.

The practice participated in the NHS Friends and family questionnaire survey with positive results. It had an active patient participation group and members told us the practice was responsive to suggestions and had made improvements as a result of patient feedback.

Areas for improvement

Action the service SHOULD take to improve

- The practice should continue to embed systems for improving and learning from practice, for example documenting action taken in response to patient safety alerts.
- The practice should continue to embed clinical audit and completed audit cycles as tools for clinical improvement.

Dr Mukesh Pandya

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Mukesh Pandya

Dr Mukesh Pandya's practice (also known as Savita Medical Centre) is located in Harrow in North West London. The practice provides NHS primary medical services through a personal medical services contract to around 2950 patients. The practice has two surgeries with the main surgery located at 48 Harrow View and a smaller branch surgery around one mile away at 86 Spencer Road, Wealdstone. Patients registered with the practice are able to attend either surgery. This inspection covered both surgeries.

The practice has a larger than average proportion of younger adults on its patient list, particularly in the 25-34 age range. Income deprivation and employment levels for the practice population are similar to the English average. Harrow is one of the most ethnically diverse boroughs in the country and many patients speak English as a second language. The prevalence of diabetes in the practice population is high at 11%.

The current practice staff team comprises the principal GP, a practice nurse, a health care assistant, a part-time practice manager and reception and administrative staff. Since our previous inspection, the principal GP has

changed their role at the practice. They no longer provide routine clinical sessions but still attend the practice on a daily basis to provide oversight, teaching and remain the main clinical lead.

The practice employs three additional GPs (male) as regular locums and has an informal arrangement with a nearby practice to see patients who wish to consult with a female doctor. The practice employs around 1.5 GPs on a whole time equivalent basis.

- The Harrow View surgery is open between 9am and 6.30pm during the week. Appointments with a doctor are available between 9.30am and 12noon and between 5pm and 6.30pm every weekday. Extended hours appointments are also available every Thursday evening until 8pm.
- The Spencer Road branch surgery is open between 8am and 6.30pm during the week with the exception of Thursday when the surgery closes at 4pm. Appointments with a doctor are available between 2pm and 4pm from Monday to Friday.

The GPs undertake home visits for patients who are housebound or are too ill to visit the practice. Housebound patients may also be visited by the local enhanced nurse practitioner who is attached to a number of practices in the area including Savita Medical Centre.

When the practice is closed, patients are signposted to the local out-of-hours primary care service. The practice provides information about local walk-in and emergency services on its website and on a recorded telephone message.

The practice is a teaching practice, providing short term placements for medical students.

Detailed findings

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery services; and surgical procedures.

We previously inspected the practice on 9 September 2016. The practice was rated as requires improvement overall at that time.

Why we carried out this inspection

We undertook a comprehensive follow-up inspection of Dr Mukesh Pandya's practice on 7 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This was because the service had been identified as not meeting all legal regulations at our previous inspection on 9 September 2016 and because the practice had been rated as requires improvement for providing safe, caring and well led services and was rated as requires improvement overall.

Specifically, we identified breaches of:

- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment. The practice was failing to safeguard vulnerable adults from the risk of abuse or neglect. The practice did not operate systems and processes to effectively investigate, immediately upon becoming aware of any allegation or evidence of such abuse.
- Regulation 18 HSCA (RA) Regulations 2014 Staffing. The practice was not ensuring that all staff members received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice including the action plan the practice had submitted after the previous inspection and asked other organisations to share what they knew. We carried out an announced visit on 7 September 2017. During our visit we:

- Spoke with the principal GP, one of the regular locum GPs, the practice manager, the practice nurse and members of the reception and administrative team.
- Spoke with three patients who were attending the practice on the day of the inspection including two members of the patient participation group.
- Reviewed 39 comment cards completed by patients in the days leading up to the inspection.
- Observed how patients were greeted on arrival at reception.
- Reviewed the electronic appointments system.
- Reviewed a range of practice policies and related documentary evidence, such as infection control protocols, monitoring checks and audits.
- Inspected the practice premises, facilities and equipment at both the main and branch surgeries.

This follow up inspection was carried out to check that required improvements had been made. We inspected the practice against the five questions we ask about services:

- 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

Detailed findings

- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our previous inspection on 9 September 2016 we rated the practice as requires improvement for providing safe services. This was because:

- We did not have confidence in the practice's safeguarding systems following the practice's response to a recent safeguarding alert.
- The practice could not show that it had acted on recommendations in some environmental risk assessments, for example its Legionella risk assessment.
- The practice did not have systems in place to ensure that safety alerts were implemented.

These arrangements had significantly improved when we undertook a follow up inspection on 7 September 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events and other types of incidents.

- Staff told us they would inform the principal GP or practice manager of any significant events or incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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 had not recorded any significant events since our previous inspection although it had recorded and investigated other types of incidents, for example a labelling error on a pathology specimen. We saw evidence that when things went wrong with care and treatment, the practice communicated with patients and patients received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these issues were discussed. We saw evidence that significant events and incidents were discussed at clinical meetings and records kept for future reference. The

practice could do more to embed tools such as 'root cause analysis' as part of its learning and further tighten safety procedures, for example by documenting that relevant safety alerts have been acted on and how.

- Safety alerts were received electronically by the GPs and the practice manager who now checked that clinical staff had received and were aware of any necessary action required. The practice provided evidence that it had acted on recent alerts.

Overview of safety systems and processes

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

- The practice had a reviewed its policy and the operating procedures in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.
- Policies were accessible to all staff, including locum staff, and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the practice lead for adult and child safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. The GPs and practice nurse were trained to child safeguarding level 3.
- The practice provided evidence that patients at risk were reviewed at multidisciplinary meetings and relevant information shared with relevant professionals. For example the health visitors were informed when children did not attend for immunisation so they could follow this up with the family.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy at both the main and the branch practice. The principal GP was the infection control clinical lead. There was an infection control protocol in

Are services safe?

place and staff had received up to date training. The branch practice had been refurbished since our previous inspection visit and modernised in line with current infection control standards.

- The local NHS infection control team had carried out an infection control audit at the main practice in May 2017. The practice had scored highly on this and had reviewed the recommendations, for example to upgrade some of the sinks to meet best practice guidance. The practice also carried out its own annual infection control audits to monitor whether infection control standards were being fully maintained. The most recent audit had been carried out in March 2017.
- There were effective arrangements for managing medicines in the practice, including emergency medicines and vaccines (covering obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions and there were clear protocols to monitor patients prescribed high risk medicines which were followed. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice carried out medicines audits with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines and was aware of areas where practice prescribing was higher or lower than the average. The practice had procedures in place to monitor the temperature of vaccines requiring refrigeration. The practice checks were available and showed that temperatures were monitored in line with guidelines.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed three personnel files and found appropriate recruitment checks had been carried out 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 had been carried out.

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 policies governing procedures to manage various aspects of health and safety policy. The practice had up to date fire risk assessments and carried out regular fire safety checks. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises at both the main and branch surgeries such as control of substances hazardous to health and legionella. (Legionella is a type of 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 staff rota to ensure enough staff were on duty. The practice used regular locum GPs to provide clinical sessions following the principal GP's change of role. The practice population had been growing steadily and was projected to rise further. The practice was aware of this and was planning to recruit more clinical staff (both GPs and nursing staff) in the longer term and had recently recruited a healthcare assistant.

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. At both the main and branch surgeries, the practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available at both sites.
- Emergency medicines were easily accessible to staff in a secure area of the practice (at both the main and branch surgeries) and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and a 'buddy' arrangement with a nearby

Are services safe?

practice to share facilities if required. The plan included emergency contact numbers for staff and was accessible

offsite. The practice had put parts of the plan into action when it experienced a telephone failure in 2016. As a result the practice had been able to maintain the service until the telephone system was repaired.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection of 9 September 2016 we rated the practice as good for providing effective services. Following our latest inspection on 7 September 2017, the practice remains rated as good.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant 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. For example the practice was using templates within the electronic record system to manage diabetes and chronic obstructive pulmonary disease (COPD) which were designed and updated to reflect NICE guidance.
- The practice monitored that these guidelines were followed through audits, searches and checks of patient records. The practice held a weekly clinical meeting including the regular locums.

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 for 2015/16 were 89.8% of the total number of points available compared to the English national average of 94.8%.

The practice had low rates of exception reporting under the QOF. For example its exception reporting for the clinical domain was 4% compared to the clinical commissioning group average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was below the CCG and national averages. For example, 69% of

diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and national averages of 78%. However, the practice had very low exception reporting for this indicator of only 1% compared to the national average of 13%.

- Performance for mental health related indicators tended to be close to the national average. For example 34 of 41 (83%) patients diagnosed with a psychosis had a documented care plan in their records compared to the CCG average of 91% and the English average of 89%. The practice had zero exception reporting for this indicator compared to the national average of 13%.
- The practice had fewer than ten patients diagnosed with dementia. All had attended a face to face review in the previous year.

There was evidence of continued quality improvement work since our previous inspection although the use of clinical audit remained quite limited.

- We saw two examples of clinical audits completed since our previous inspection. This included an ongoing audit of antibiotic prescribing which showed a gradual decrease over time in the proportion of broad spectrum antibiotics prescribed.
- The practice had also continued to audit patient non attendance at booked consultations (DNAs) which had remained static and was working with its patient participation group to raise awareness with patients of the importance of cancelling unwanted appointments.
- The practice participated in local audits, national benchmarking, and shared information with other practices at locality meetings and the CCG pharmacy team.
- The practice tracked its antibiotic prescribing, emergency admissions, A&E attendances and referral rates.

Effective staffing

Clinical staff had the proven skills, knowledge and experience to deliver effective care and treatment.

- The principal GP no longer provided routine clinical sessions and had secured the services of regular locum

Are services effective?

(for example, treatment is effective)

GPs to provide consultations, home visits (if required) and to maintain continuity. The practice had recently recruited a health care assistant to broaden the skill mix and make better use of clinical expertise.

- The practice could demonstrate how it ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice had developed an induction programme for newly recruited staff since our previous inspection.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All established staff had received an appraisal.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings and formal appraisals.
- 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, in-house training and external training opportunities as appropriate.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and a shared computer drive.

- Electronic records included care plans, risk assessments, 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. The local enhanced nurse practitioner who was attached to the practice (and who worked across a number of practices in Harrow) updated care plans, carried out medication reviews and visited patients in their own homes. We reviewed a number of care plans and found they were up to date, comprehensive, well completed and included the views of patients (and their carers when appropriate).

There was evidence of good coordination of care and discussion of issues such as advance decisions with patients.

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 relevant clinician assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients 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's uptake for the cervical screening programme was 75% in 2015/16, which was in line with the CCG average of 77%. Exception reporting for this indicator was also in line with the CCG average at 10%. The practice ensured a female sample taker was available. There was a policy to follow up patients who

Are services effective?

(for example, treatment is effective)

did not attend for their cervical screening test. There were also systems in place to ensure results were received for all samples sent for the cervical screening programme.

- In 2015/16, the practice was achieving childhood immunisation targets. For example, over 90% of children had received the standard vaccinations by the age of one year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, health checks for patients with learning disability and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Are services caring?

Our findings

At our previous inspection of 9 September 2016 we rated the practice as requires improvement for providing caring services. This was because:

- The practice consistently scored below the local and national average on the national GP patient survey.

The practice's national survey results had significantly improved when we undertook a follow up inspection on 7 September 2017. The practice is now rated as good for providing safe services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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. The practice had acted following an incident to remind clinicians to check that the door had been closed.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the patient Care Quality Commission comment cards we received were positive about the service. Patients and members of the patient participation group described the clinical team and receptionists as helpful and some comments noted recent improvement to the service.

The practice scored in line with the local and national averages on the national patient survey for patient experience of consultations with GPs and nurses. The practice results had markedly improved since our previous inspection. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 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 87% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us they were involved in decision making about the care and treatment they received. Results from the national GP patient survey showed that a majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Again the practice results had improved since our previous inspection. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

The practice provided information for patients to facilitate involvement in decision-making about their care:

- Information for patients was easy to understand and accessible.
- Care plans were completed with patients (and their carers or family members if appropriate) and included patients' objectives and goals for example, covering social and personal objectives and advance decisions about care or treatment.
- Translation or signing services were available for patients who did not have English as a first language or who had hearing difficulties.
- The receptionists added a note to the electronic record system to alert them if a patient usually required an

Are services caring?

interpreter so this could be booked when patients rang to make an appointment. We met a patient with an interpreter during the inspection who said that they were able to understand their consultation.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice had further developed its website which included more information since our previous inspection.

We were told that the practice supported patients who were carers. The practice had 30 recorded carers on the system, that is 1% of the registered patient list. The electronic record system was coded to alert staff if a patient was also a carer. The practice was able to direct carers to the various avenues of support available to them, offer free flu vaccinations and flexibility over appointments.

The GPs contacted patients and families following a bereavement and offered consultations and provided advice on support services as appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection of 9 September 2016 we rated the practice as good for providing responsive services. Following our latest inspection on 7 September 2017, the practice remains rated as good.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) and other practices in the locality to secure improvements to services where these were identified. For example, the practice was aware that the local population was projected to increase and was planning to expand its opening hours in the longer term and to provide nurse appointments outside of normal opening hours.

- The practice offered evening opening hours on Tuesday for patients who found it difficult to attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or other complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice took account of the needs and preferences of patients with life-limiting conditions.
- Same day appointments were available for children and those patients with more urgent medical problems.
- Patients were able to receive travel vaccinations. The practice informed patients in advance which vaccinations were available free on the NHS and about any which were available only on a private prescription basis and the associated fees.
- Both the main and branch surgeries were fully accessible to patients with disabilities.
- A translation service was available and was regularly used.
- The practice aimed to be as flexible as possible with its registration procedure and was accessible to patients for example who had arrived in the UK as refugees.

Access to the service

- The Harrow View surgery was open between 9am and 6.30pm during the week. Appointments with a doctor

were available between 9.30am and 12noon and between 5pm and 6.30pm every weekday. Extended hours appointments were also available every Thursday until 8pm.

- The Spencer Road branch surgery was open between 8am and 6.30pm during the week with the exception of Thursday when the surgery closed at 4pm. Appointments with a doctor were available between 2pm and 4pm from Monday to Friday.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be in line with the local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 71%.
- 81% of patients said they were able to book an appointment to see or speak to a GP or nurse compared to the CCG average of 80% and the national average of 84%.
- 57% of patients said they were usually able to see or speak to their preferred GP compared to the CCG average of 49% and the national average of 56%.

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

The practice had a system in place to assess:

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

In cases 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.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Since our previous inspection, it had received one verbal complaint in relation to a mislabelled sample which had been resolved. While not a formal complaint, this incident had been reviewed by the practice team and action taken to reduce the risk of recurrence.

Are services responsive to people's needs? (for example, to feedback?)

- 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.
- The practice discussed patient feedback at practice meetings.

Are services well-led?

Good 

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

Our findings

At our previous inspection of 9 September 2016 we rated the practice as requires improvement for being well-led. This was because:

- We were concerned that the practice manager was not provided with sufficient support or training opportunities to undertake their role effectively.
- We had concerns about the governance in place to manage safeguarding concerns.
- The practice had not investigated why its results on the national GP patient survey were consistently below average or taken action to address this.

These arrangements had significantly improved when we undertook a follow up inspection on 7 September 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice vision was to provide patient-centred, accessible service enabling patients to achieve good outcomes. The practice was open to change and working with other practices. Staff members also told us the practice aims and ethos of providing an effective service that put patients first.

The practice had a strategy for development and had identified succession arrangements as the immediate priority. The principal GP was planning to retire from the practice and had entered into negotiations with potential partners to secure the longer term future of the service.

The practice had also identified the need to expand its capacity and opening hours in line with increasing patient demand in the area.

Governance arrangements

The practice had a comprehensive set of policies and procedures in place to govern activity and these were accessible to staff within the practice. The principal GP was the lead for performance, safeguarding, child protection and infection control at the practice. Staff were clear about who the lead GP was for these areas. The practice had reviewed and strengthened its safeguarding procedures and staff and locums were aware of the relevant procedures.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance and locally agreed

targets. QOF data was regularly discussed and progress monitored throughout the year. The practice monitored its prescribing and referral rates and admissions to A&E. It's was generally scoring well on these indicators.

We noted that the practice used audit to monitor aspects of its performance and shared the results with the practice team. However, the use of clinical audit remained somewhat limited. The practice could do more to embed the use of clinical audit to drive improvement against practice priorities.

Since our previous inspection the practice manager had implemented a staff induction programme and had carried out staff appraisals and a rolling review of practice policies and procedures. The manager had also helped to ensure that the practice continued to run when the principal GP had taken an extended period of unplanned leave during the last year.

The practice manager provided evidence that they had received appropriate training and support for the role and regularly attended practice manager meetings in the locality. They reported working well with the principal GP and the wider staff team and were confident about their role and responsibilities.

Leadership and culture

Leadership was currently provided by the principal GP and practice manager. There was a clear leadership structure in place and staff said they were supported by management.

- The provider was aware of and had systems in place to ensure compliance 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 held regular team meetings every two to three months and kept minutes of the discussion and any action points.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues.
- Staff said they felt respected, valued and supported by their colleagues the practice manager and the principal GP.
- The practice was a teaching practice and had received positive feedback from medical students who had completed a placement at the practice.

Are services well-led?

Good 

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

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

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

The practice had an active patient participation group (PPG). We spoke with two members who were strong advocates for the practice and told us that they frequently visited and spoke with patients and generally received positive feedback about the service.

The practice had gathered feedback from staff through practice meetings and annual appraisals. Staff told us their managers were approachable and they felt comfortable to give feedback and discuss any concerns or issues. Staff told us they felt involved and engaged and the practice manager was responsive to suggestions.

Continuous improvement

Staff at all levels of the practice told us they were keen to improve the service. The practice had responded to concerns raised at our previous inspection. We saw evidence of marked improvement particularly in relation to patient feedback about the service.