

The Streatfield Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Streatfield Medical Centre on 27 October 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey was above the CCG and national averages for several aspects of care.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure the guidelines for the correct segregation and disposal of sharps waste is followed in line legislation.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey was above the CCG and national averages for several aspects of care. For example, 93% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%; national average 85%) and 98% of patients said the GP was good at listening to them (CCG average 88%; national average 89%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible both in the surgery and on its website.
- 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice utilised community services such as the 'virtual ward' in the management of its patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. This was echoed in the National GP Patient Survey which was above local and national averages. For example, 64% of patients usually get to see or speak to their preferred GP (CCG average 49%; national average of 59%) and 93% of patients said the last appointment they got was convenient (CCG average 87%; national average 92%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population and all patients over 75 had a named GP.
- The practice was responsive to the needs of older people and those identified as at risk, and offered urgent telephone access, home visits and urgent appointments. In addition, the practice utilised the local Rapid Response Team to manage complex patients at home.
- The practice worked with the community 'virtual ward' (a team of healthcare professionals providing support in the community to people with the most complex medical and social needs) in the management of its patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average. 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 84% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 96% (national average 94%).
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The community diabetes nurse specialist ran an in-house clinic to manage complex and poorly controlled diabetes patients.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to national averages for standard childhood immunisations.
- The practice coordinated the post-natal check and the eight-week baby check and initial immunisation schedule on the same day to reduce the number of attendances for new mothers.
- The practice website included information on pregnancy care planning and advice on the arrival of a new baby.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was above the national average (practice 83%, national 75%).
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered a 'Commuter's Clinic' for working patients who could not attend during normal opening hours on Monday, Tuesday, Wednesday and Friday from 6.30pm to 7pm. Both doctor and nurse appointments were available at these clinics.

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 held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability and arranged home visits to undertake health checks if necessary.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and patients were informed about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% (nine patients) compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice hosted an in-house clinic provided by the mental health team.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above local and national averages. Three hundred and sixty-six survey forms were distributed and 98 were returned. This represented a response rate of 27% and 1.5% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 87% 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 81% and the national average of 85%.
- 64% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 49% and the national average of 59%.

- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received.

We spoke with eight patients during the inspection, all of whom were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the guidelines for the correct segregation and disposal of sharps waste is followed in line legislation.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

The Streatfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to The Streatfield Medical Centre

The Streatfield Medical Centre is located at 177 Streatfield Road, Harrow, HA3 9BL and operates from a converted semi-detached property with access to three consulting rooms on the ground floor and one consulting room on the first floor. The first floor is accessed by stairs. The practice provides NHS primary care services to approximately 6,600 patients through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of Harrow Clinical Commissioning Group (CCG) which consists of 35 GP practices.

The practice has a diverse, multi-cultural population with a much larger than average proportion of working age adults within the age ranges 20-24, 25-29 and 30-34 and children aged 0-4 years.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury and maternity and midwifery services.

The practice staff comprises two male GP partners (18 clinical sessions per week) and two female locum GPs (totalling 3 clinical sessions per week). The clinical team is supported by two permanent practice nurses (totalling 27 hours), one regular locum practice nurse, a full-time practice manager, a secretary and six receptionists.

The practice premises are open from 8.30am to 6.30pm Monday to Friday. Extended hours are provided on Monday, Tuesday, Wednesday and Friday from 6.30pm to 7pm. Both doctor and nurse appointments are available at the extended hours clinics.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had been previously inspected on 8 January 2014 and was found at that time to be meeting all essential standards.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2016. During our visit we:

- Spoke with a range of staff (GP partners, practice manager, practice nurse, receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice had recorded 11 significant events in last 12 months. For example, following the delayed diagnosis of a child with type one diabetes mellitus, the clinician shared and reinforced good practice and guidance on recognising the symptoms of type one diabetes in children and the need to check glucose levels in the surgery for patients presenting with recognised symptoms.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed its scanning processes and protocol when it was identified that correspondence containing medical information had been scanned and uploaded to the wrong patient medical record. The process reinforced the need to check at least three identification parameters, for example, name, date of birth, NHS number. An outcome from the significant event was a two-cycle audit to randomly check the consistency of document scanning. The practice told us where possible they utilised the electronic transfer of secondary care letters and discharge summaries directly into its clinical system to reduce the risk of error.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurses were trained to child safeguarding level 3 and non-clinical staff to level one.
- A notice in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were 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) and had undertaken on-line training. However, one member of staff we spoke with was unsure where to stand to observe the procedure and indicated they would stand outside the screened-off area.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up-to-date with best practice. There was an infection control protocol in place and staff had received up-to-date training. 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.
- An infection control audit had been undertaken by the local infection prevention team in 2015 and an internal audit by the practice in September 2016. We saw

Are services safe?

evidence that action was taken to address any improvements identified as a result. For example, replacement of taps in the clinical rooms with extended lever-operated taps in line with guidance.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, on the day of the inspection we noted the practice did not have all the appropriate colour-coded sharps bins required for the range of medicines administered. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice utilised prescribing optimisation software which interfaced with the practice's clinical system to ensure safe and appropriate prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (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). These were signed by the practice nurse and lead prescriber. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed six personnel files which included two files for locum staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters located on the ground floor and first floor which identified the local health and safety representative. The practice had undertaken a health and safety risk assessment in January 2016.
- There was a fire procedure in place and we saw evidence that all the fire extinguishers and the fire alarm had been maintained. The fire alarm sounder was regularly checked and staff confirmed they shared this responsibility and a log was maintained. Fire evacuation drills were undertaken regularly and all staff we spoke with knew where the fire evacuation assembly point was located. All staff had undertaken fire awareness training. The practice had an up-to-date fire risk assessment undertaken in January 2016.
- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in December 2015 and portable electrical appliances had been checked in August 2016.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in January 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers clinical system which alerted staff to any emergency.
- All staff received annual basic life support training with included training in the use of the defibrillator and the management of an anaphylactic reaction.
- 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.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

or building damage. The plan included emergency contact numbers for staff. The practice had a 'buddy' system in place with a neighbouring practice within the locality.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence of discussion in clinical meetings.
- The practice had access to on-line local medicine pathways and utilised a GP telephone advice system to obtain advice from local hospital consultants in a wide range of specialities. The practice told us this advice had helped reduce referral rates.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available.

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

- Performance for diabetes related indicators was comparable to the national average. 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 84% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 96% (national average 94%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 88% (national average 84%).
- Performance for mental health related indicators was above the national average. For example, the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (national average 88%).

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% (nine patients) compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, following a significant event where patient-related medical correspondence had been scanned and uploaded to the wrong patient medical record, the practice randomly selected 50 documents that had been scanned and uploaded to the clinical system to ensure these had been allocated to the correct patient medical record. The audit found that all documents had been appropriately uploaded. The practice repeated the audit six months later and found 100% compliance with its process. The practice told us that where possible it utilised the system of electronic transfer of correspondence directly into its clinical system to reduce the risk of error.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety, incident reporting, information governance and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had update training in asthma, diabetes,

Are services effective?

(for example, treatment is effective)

chronic obstructive pulmonary disease (COPD). The practice nurse told us she attended quarterly nurse forum meetings in the locality which were an opportunity for training and sharing best practice.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and practice nurses undertaking the Nurse and Midwifery Council (NMC) revalidation process. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that clinical staff had received MCA and Deprivation of Liberty Safeguards (DoLS) training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice utilised the local rapid response team and community 'virtual ward' (a team of healthcare professionals providing support in the community to people with the most complex medical and social needs) in the management of its patients.
- The practice hosted in-house clinics which included a dietician, mental health nurse and diabetes nurse specialist.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given for the period 1 April 2015 to 31 March 2016 were

Are services effective?

(for example, treatment is effective)

comparable to national averages. The data showed that childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% and five year olds from 90% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 93% 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 85%.

- 94% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared to the CCG average of 88% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 90% 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%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation 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.
- Several members of the practice staff spoke other languages, for example Hindi and Gujarati.
- The appointment check in system was available in several other languages in line with the practice demographic. The practice website had the functionality to translate its content to other languages and to change font size for visually impaired patients.
- Information leaflets were available in easy read format and health and self-management advice was available on the practice website which included links to the NHS Choices health A-Z of conditions and treatments and printable e-health leaflets. There were two television screens in the waiting room, one for patient information and one transmitting a news channel.

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 which included leaflets on a range of services offered by Harrow Age UK. Resources and guidance were also available on the practice website which included useful contact numbers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. For example, leaflets for Harrow Carers and information leaflets for the Harrow Young Carers Project. Information was also available on the practice website.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Monday, Tuesday, Wednesday and Friday between 6.30pm and 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those requiring an interpreter.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Several members of the practice staff spoke other languages, for example Hindi and Gujarati.
- The practice website had the functionality to translate to other languages and increase the size of the font for the visually impaired.

Access to the service

The practice was open between 8.30am and 6.30pm Monday, Tuesday, Wednesday and Friday and until 1.30pm on Thursday. Appointments were from 9am to 12 midday and from 3pm to 6pm in the afternoon, except Thursday. Extended hours were provided on Monday, Tuesday, Wednesday and Friday between 6.30pm and 7pm. Both doctor and nurse appointments were available. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages. For example:

- 90% 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 73%.
- 64% of patients usually get to see or speak to their preferred GP compared to the CCG average of 49% and the national average of 59%.
- 93% of patients said the last appointment they got was convenient compared to the CCG average of 87% and the national average of 92%.
- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.

People told us 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, complaints poster, leaflets in the waiting room and information on the practice website.

The practice had reported one complaint received in the last 12 months. We found this had been satisfactorily

Are services responsive to people's needs?

(for example, to feedback?)

handled and dealt with in a timely way. The outcome of the complaint was for the reception team to undertake refresher training in customer care. We saw evidence that this had been undertaken.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and business plans which reflected the vision and values. The practice as part of its business plan had successfully received funding through the Primary Care Premises Infrastructure Fund and had commenced some adaptations in the surgery.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings which included clinical meetings, practice nurse meetings and practice meetings. Good quality minutes were kept of these and were available to staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), surveys, the Friends and Family Test (FFT), NHS Choices and complaints received. The PPG met approximately twice a year and submitted proposals for improvements to the practice management team. For example, the practice installed a touch screen appointment check-in system as a result of PPG feedback to increase efficiency at reception.
- The practice had gathered feedback from staff through staff meetings and appraisals.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice utilised the 'virtual ward' in the care of its patients.