

# Dr Jyotsna Patel

## 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 Chamberlayne Road Surgery on 12 February 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. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff had been trained and their competencies assessed to carry out their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. 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 urgent appointments were available the same day.
- The practice was well equipped to treat patients and meet their needs and was accessible to patients with disabilities.
- 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.

We saw one area of outstanding practice:

- The practice ensured that low-risk patients were able to get a repeat prescription for the contraceptive pill without delay. The practice had designed a short self-complete risk assessment for women who required a repeat prescription. Women were asked to take their own blood pressure (a blood pressure machine was available in the practice) and include the results with their completed form. This ensured that

# Summary of findings

women at low-risk of complications were not delayed by having to wait for an appointment with a doctor to receive a repeat prescription, increasing the risk of unplanned pregnancy.

The areas where the provider should make improvement are:

- The practice should recruit or hire a nurse to provide more practice nurse sessions. This would make better use of the clinical team's skills and resources.
- The practice should monitor patients' telephone access to the service and appointment booking

system. We noted that patient feedback about telephone access was positive, but the telephone line was typically only operational for 4.5 hours a day. Patients ringing outside of these hours, even when the practice was open, were directed to attend local urgent care centres, the NHS '111' service or the practice deputising service if they were experiencing an urgent problem.

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

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above 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.

### 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 close to the clinical commissioning group average for most aspects of care. The practice carried out its own surveys which were also positive.
- Patients said they were treated with compassion and respect and they were involved in decisions about their care and treatment. Patients were very positive about the GP principal.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- 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.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day.
- The practice 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 and used to improve the service.

Good



## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GP principal 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 focus on continuous learning and improvement at all levels.

Good



# 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 good for the care of older people.

Good



- Around 3% of practice patients were aged 75 years or over. The practice was responsive to the needs of older patients and offered home visits to older patients unable to travel to the surgery.
- The practice had regular communication and coordination with other providers of care for older patients with complex needs including regular contact with the community nurses and, for patients coming to the end of life, the palliative care nurse.
- The practice sent older patients an advance reminder of their appointments.
- Older patients were offered annual health checks covering health promotion, dietary advice and exercises appropriate for this age group. Older patients were assessed for falls and referred for occupational therapy if appropriate.
- Older patients were signposted to other sources of advice and support for example, local befriending services and day centres.
- The practice offered the flu, shingles and pneumococcal vaccines to eligible older patients.
- All emergency admission discharges were followed up to avoid readmission with referral to the local rapid response service when appropriate.

### People with long term conditions

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

Good



- The practice maintained registers of patients with particular long-term conditions.
- Practice performance for diabetes related indicators tended to be better than the national average. For example, the percentage of diabetic patients whose blood sugar levels were well controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 79% compared to the national average of 78%. The percentage of diabetic patients whose last blood pressure reading was in the normal range was 91% compared to the national average of 78%. Ninety-six per cent of the practice's diabetic patients had a recorded foot examination within the last year which was higher than the national average of 88%.

# Summary of findings

- Patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. Longer appointments and home visits were available when needed.
- 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 practice participated in the Brent Integrated Care initiative and coordinated care with other community and social services teams and professionals as appropriate.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations. Children were invited proactively for immunisations by text messages to parents. Non-attenders were followed up.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors, for example to follow up children who had not attended for immunisation. Staff had contact details for the local midwives and school nurses.
- The practice provided antenatal care and a weekly baby clinic.
- The practice provided contraception services and chlamydia screening for patients aged 16-25.

Good



## 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.
- The practice offered evening opening hours one day a week. Pre-bookable and emergency appointments were available and face to face or telephone consultations.

Good



# Summary of findings

- There was an online appointment booking and cancellation facility and electronic prescription service. Online services were becoming increasingly popular with patients.
- The practice offered a range of health promotion and screening services reflecting the needs for this age group. For example the practice had participated in the meningitis C vaccination programme targeting students.
- The practice provided contraceptive services. The practice encouraged younger patients who were sexually active to be tested for chlamydia.
- The practice's coverage for the cervical screening programme was 83%, which was comparable to the national average of 82%.
- Patients presenting with work-related stress were supported and could be referred to the local Improving Access to Psychological Therapies service (IAPT) or the online 'Big white wall' service as appropriate.

## 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 people with a learning disability, patients at risk of a fall, and carers.
- The practice offered longer appointments for patients who needed this for example patients with a learning disability. The practice routinely booked interpreters for patients who did not speak English well.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice added alerts to the patient electronic record system identifying patients at risk.
- The practice staff told us that as a small practice they knew many of their patients well. They provided examples where they had alerted the GP to concerns when a patient known to them seemed to be in distress, behaving out of character or experiencing other difficulties.
- The practice invited patients with a learning disability for an annual health check and liaised with the community learning disability nurse and dementia nurse. Care plans we reviewed included evidence that patients and carers were involved.

Good





# Summary of findings

- The practice kept a register of patients who were carers and signposted them to additional sources of support. The practice had identified 3% of the practice population as carers.

## 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).

- The practice had a small numbers of patients over 75 and very few patients with a diagnosis of dementia. All had attended a face to face review of their care in the last year including a review of their medicines. The practice had a case finding approach to dementia and screened patients at risk, for example, following a stroke.
- The practice proactively reminded patients with dementia of their appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice advised patients experiencing poor mental health how to access various support groups and voluntary organisations and referred patients experiencing stress and less severe mental health problems to the local IAPT programme and the online 'Big White Wall' service.
- 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. Patient feedback we received confirmed that the practice was quick to recognise and provide support for patients experiencing crisis.

Good



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or a little below the national average. Questionnaires were sent to 397 patients and 79 were returned: a completion rate of 29% (that is, 3% of the patient list).

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards most of which were positive about the standard of care received. We spoke with five patients during the inspection and two members of the practice patient participation group.

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

In total, ten patients made some criticism of the service or had suggestions for improvement. These focused on appointments running late; the lack of early morning appointments and some patients were disappointed to have seen a locum GP recently rather than their usual doctor. (The principal GP had recently taken a period of leave).

We received positive comments about accessibility. Patients told us they could usually book an appointment within three days or the same day if they had an urgent problem. The practice also tended to score positively for its accessibility on the national GP patient survey.

- 74% of patients said their experience of making an appointment was good compared to the national average of 73%.

# Dr Jyotsna Patel

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector. The team included a GP specialist adviser, and a second CQC inspector.

## Background to Dr Jyotsna Patel

Dr Jyotsna Patel provides NHS primary medical services to around 2500 patients in the Kensal Rise area of London through a 'general medical services' contract. The service is run from one surgery.

The current practice clinical team comprises a principal GP (female), a locum GP (male), a part-time locum practice nurse, two health care assistants and a phlebotomist. The practice also employs a practice manager and receptionists and administrators.

The practice is open from 9.00am until 1.00pm every weekday although telephone lines are only open between 9.00am and 11.00am. Afternoon opening times vary, with the practice open from 4.00pm until 6.30pm on Monday, Wednesday and Friday and from 4.00pm until 8.00pm on Tuesday. The practice is closed on Thursday afternoon.

Appointments can be made between 9.00am and 11.00am in the morning and between 4.00pm and 6.00pm on Monday, Wednesday and Friday and between 5.00pm and 8.00pm on Tuesday.

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

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

The practice has a high proportion of adults under 45 and relatively few children and patients aged over 65. The practice population is ethnically diverse with significant number of patients originating for example, from Indian, Caribbean and Eastern European backgrounds. Practice staff can speak a range of languages.

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

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 February 2016. During our visit we:

- Spoke with a range of staff (the principal GP, the practice nurse, the health care assistants, the practice manager and members of the reception and administrative team).
- We spoke with five patients who used the service and two members of the practice patient participation group (PPG).
- Observed how patients were greeted and treated at reception.
- Reviewed a sample of the personal treatment records and care plans of patients.
- Reviewed 38 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.
- Observed and inspected the environment, facilities and equipment.

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

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

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

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

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

# 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 or GP principal of any incidents and there was a structured, recording form for doing so on the practice computer system.
- We saw evidence that when things went wrong with care and treatment, patients were invited to a meeting and were told about any actions to improve processes to prevent the same thing happening again. The practice kept a record of all correspondence.
- The practice analysed significant events and maintained a log on the computer system.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with the whole practice team and action was taken to improve safety in the practice. For example, a recent incident had involved a child being given the wrong vaccine in error. The incident was reported immediately and the Health Protection Agency was informed and the incident discussed with the parents. The child subsequently received the correct vaccine at the practice. The practice reviewed its procedures and rearranged the way it stocked the fridge to ensure that vaccines were clearly grouped by age cohort. The vaccine protocol was also displayed prominently on the vaccine fridge and in the consultation rooms as a reminder to carry out all necessary safety and labelling checks before administering vaccines.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The principal GP and practice manager were trained to child protection 'level 3' and the other staff members to 'level 2'.

- Notices in the waiting room and other areas of the practice advised patients that chaperones were available if required. The health care assistants and receptionists acted as chaperones. They had been trained for the role by the GP principal 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 generally clean and tidy. The GP principal was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The health care assistants carried out day to day infection control checks and monitoring. There was an infection control policy in place and staff had received training. The local NHS infection control support team had recently carried out an external audit of infection control arrangements at the practice. The practice had scored highly and had acted on most of the recommendations.
- The practice had arrangements for managing medicines, including emergency medicines and vaccines that kept patients safe (including arrangements for obtaining, prescribing, recording, handling, storing and security of medicines). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice liaised regularly with their local community pharmacist, which helped raise awareness for example on the availability of particular medicines. A repeat prescribing policy was available in each consulting room. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Specific Directions (PSDs) were used appropriately to enable a health care assistant to provide flu, pneumococcal and shingles vaccines to

## Are services safe?

adult patients. (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.) The health care assistant had been trained to perform this role and their competency had been assessed.

- The practice did not keep controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises.
- We reviewed the personnel files of two staff members who had been recruited within the last two years and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the office. The practice had an up to date fire risk assessment. The practice also carried out occasional fire drills and daily premises checks including fire safety.
- All electrical equipment was checked to ensure the equipment was safe to use. All clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice was small and secured locum GPs when the principal GP was away or needed additional support. At the time of the

inspection, the practice was running with a vacancy for a practice nurse. The role was being covered by the GPs who carried out cervical screening and child immunisation. The practice had also hired a locum nurse to provide one evening session a week. The practice employed two healthcare assistants and a phlebotomist who carried out blood tests, health checks, smoking cessation advice and adult immunisations. The healthcare assistants and phlebotomist had been appropriately supported and trained for their role. All non-clinical staff were trained to cover each other's duties in the event of annual leave or sickness.

### 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 had received annual basic life support training.
- There were appropriate emergency medicines. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises with adults and children's defibrillator pads and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had systems in place to divert all digital patient notes and phone calls to one of the other practices in the provider group in the event of a major incident and arrangements with a 'buddy' practice to share facilities or premises should the need arise.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice manager was responsible for ensuring that NICE alerts were shared as appropriate. We reviewed a sample of patient records that showed that the practice was following good practice guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.8% of the total number of points available compared to the national average of 94.8%. The practice had low rates of exception reporting (that is, where patients are excluded from the QOF calculation for certain pre-defined reasons).

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

- Practice performance for diabetes related indicators tended to be similar or better than the national average. For example, the percentage of diabetic patients whose blood sugar levels were adequately controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 79% compared to the national average of 78%. The percentage of diabetic patients whose last blood pressure reading was in the normal range was 91% compared to the national average of 78%. Ninety-six per cent of practice diabetic patients had a recorded foot examination within the last year which was higher than the national average of 88%.
- Performance for mental health related indicators was better than the national average For example all

practice patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits and benchmarked its performance against other practices in the locality. The practice did not participate in external peer review with other practices.
- The practice was able to show us several clinical audits completed in the last year. For example, we saw examples of audits into the prescribing of newer hypoglycaemic medicines for patients with diabetes. The practice was able to demonstrate how they had identified patients who required a change to their medicines or medication review. We also saw an audit of flu vaccination in pregnancy. The audits we saw were repeated after several months to ensure that good practice was being maintained.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the health care assistants had been enrolled for the Care Certificate course.
- 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 and reviews of practice development needs. Staff had access to appropriate training to meet identified learning needs and to cover the scope of their work.



# Are services effective?

## (for example, treatment is effective)

- Non-clinical staff were able to access support day to day either from the principal GP or the practice manager. Staff described the working environment and colleagues as supportive. The practice held regular staff meetings.
- 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 local training put on by the practices in the locality and the CCG.
- 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice recorded patient consent for vaccinations and joint injections in the patient records.
- The process for seeking consent was monitored through patient records and staff training and discussion. The practice consent policy had recently been updated with additional information about mental capacity.

### 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 shared drive.

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice used risk profiling to identify patient needs and care plans for those at risk of unplanned admission.
- 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 services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated at these meetings. The practice regularly reviewed any patients receiving palliative care. The practice also followed up patients attending A&E. The practice had the lowest rate of emergency admission through A&E of the GP practices in the locality.

### 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. Staff had recently undergone online refresher training about this.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice offered health promotion advice on smoking and weight management. Patients were signposted with regards to self-care on the NHS website.

The practice's coverage for the cervical screening programme was 83%, which was comparable to the national average of 82%. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice uptake levels for bowel and breast cancer screening were in line with the national averages.

Childhood immunisation rates for the vaccinations given tended to be better than the local CCG average. For example, over 90% of five year olds had received the recommended childhood immunisations.

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



## Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. If these checks identified significant risk factors or other abnormalities, the patient was offered a consultation with the GP for further investigation and review.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were pleasant and helpful to patients and treated them with 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 told us they could offer patients a private area to discuss their needs if patients wanted to discuss sensitive issues or appeared distressed.

Most of the 38 comment cards we received were positive about the quality of care. People described the doctors as professional, helpful and caring. Two patients were recently registered and said they had been recommended to the practice by friends. Other patients said they valued being registered at a small practice where they got to know the staff. Some patients commented negatively about having to consult with a locum GP when the GP principal was away but patients said they could usually see the doctor of their choice. Comments about the receptionists were more mixed although several patients said that the quality of reception had recently improved. We spoke with three members of the patient participation group (PPG). They considered that the practice provided an excellent service and had also improved in terms of the range of services offered and customer service.

Results from the national GP patient survey showed patients felt they were treated with compassion and respect. The practice tended to score close to the local average for its satisfaction scores on consultations with GPs but somewhat below the national average. Patient satisfaction with reception was more markedly below average.

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 64% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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 patient scores in relation to being involved in decisions about care tended to be below average. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

The practice had conducted a more detailed survey of 31 patients about the quality of the service in October 2015. The results were positive with the majority of patients indicating they thought the service was good including reception. The practice also encouraged patients to complete the 'Friends and family test' (this is a short, standard questionnaire which is used across the NHS). In the previous three months 92 patients had completed a questionnaire of which 84% said they would be 'likely' or 'extremely likely' to recommend the practice to others.

The practice population was ethnically diverse. The practice provided facilities to help patients communicate effectively with the staff and be involved in decisions about their care:

## Are services caring?

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

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system had the facility to alert staff if a patient was also a carer. The practice had identified 64 patients who were also carers (that is 3% of the practice list). Carers were offered the flu vaccination, an annual review and were involved in their family members' care where appropriate. Written information was available to direct carers to the various avenues of support available to them and the practice had links with the local care coordinators if a full assessment was needed.

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

# 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 appointments until 8pm on Tuesdays to ensure the service was accessible to patients who could not attend during normal opening hours.
- There were longer appointments available for patients with communication difficulties or who had complex needs.
- 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 patients with urgent medical problems.
- Patients were able to receive a full range of travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- There were disabled facilities, a hearing loop and translation services available.
- All consultation rooms and the patient toilet were located on the ground floor and were accessible to patients with mobility difficulties.
- The practice texted patients a reminder in advance of their appointment or telephoned in advance in the case of some patients, for example those with dementia.

### Access to the service

The practice was open from 9.00am until 1.00pm every weekday although telephone lines were only open between 9.00am and 11.00am. Afternoon opening times varied, with the practice open from 4.00pm until 6.30pm on Monday, Wednesday and Friday and from 4.00pm until 8.00pm on Tuesday. The practice was closed on Thursday afternoon. Appointments could be made between 9.00am and 11.00am in the morning and between 4.00pm and 6.00pm on Monday, Wednesday and Friday and between 5.00pm and 8.00pm on Tuesday.

Results from the national GP patient survey showed that patient satisfaction with access to the service was comparable or better than the local average.

- 68% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 71% and the national average of 78%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 84% 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 77% and the national average of 85%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients told us they could usually book an appointment within three days or the same day if they had an urgent problem. The principal GP told us it was their normal practice to extend clinical sessions if required to prevent demand for appointments building up. The practice also signposted and referred patients to the local 'hub' practices if it was unable to provide a convenient appointment, (hub practices are funded by the clinical commissioning group to open in the evenings and at weekends and are accessible by patients in Brent).

Patients were able to visit the practice to book an appointment at any time during opening hours. However the telephone line was only open between 9.00am and 11.00am in the morning and from 4.00pm in the afternoon. This was because the receptionists were also acting as healthcare assistants and had a range of duties to cover in addition to answering the telephones. We noted that patient feedback on telephone access was generally positive despite the restricted operating hours. The practice should provide clearer information to patients about when the phone lines are available.

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.

This was done by asking patients or carers to request home visits early in the day wherever possible to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait

# Are services responsive to people's needs?

(for example, to feedback?)

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.

We looked at two written complaints and several verbal complaints (which the practice documented) from the last 12 months and found these were appropriately handled and dealt with in a timely way. The practice offered patients a written apology. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice put on additional staff training following a patient complaint about poor communication.

# 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's stated vision was to 'work in partnership with patients and staff to provide the best primary care services possible, working within local and national governance, guidance and regulations to deliver high quality care and promote good outcomes for patients'.

- The practice also had a mission statement reflecting its vision. This was not displayed in the waiting area or the website, and patients and staff we spoke with were not aware of it. However, staff consistently told us the practice aimed to provide high quality care and they understood their role in delivering this.
- The practice had a robust strategy and supporting business plans which were regularly monitored. The practice included long-term planning, for example around succession as well as more immediate objectives, for example the recruitment of a practice nurse.

### 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. The practice had developed the skills of the practice team over time and increased the range of services available at the surgery.
- Practice specific policies were implemented and were available to all staff in folders and on the shared drive.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information and clinical audit was used to monitor practice performance in comparison to other practices within the same locality.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

### Leadership and culture

The GP principal and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised high quality and compassionate care. The principal GP was accessible and staff told us that they were approachable.

- The practice held regular staff meetings. However, no minutes were kept for future reference, to check that outstanding actions had been completed.
- There was evidence that changes to policies, guidelines, systems and processes were shared with staff. For example, staff members had signed updated policies to indicate they had read and were aware of the current version.
- Staff said they felt respected, valued and supported by the principal GP and the practice manager.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issue.
- The provider complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a diverse and active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had requested that the practice change its phone system due to negative patient feedback. The practice agreed and cancelled the contract despite incurring a financial penalty.
- The practice had also gathered feedback from staff through appraisals and staff discussion. For example, the idea to enable low-risk women to obtain a rapid repeat prescription for their contraceptive pill was originally suggested by a locum GP.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.