

Jane Benn

Jane Benn - Pangbourne Drive

Inspection report

2 Pangbourne Drive
Stanmore
Middlesex
HA7 4QT
Tel: 020 8958 8557
Website: www.drjanebenn.co.uk

Date of inspection visit: 30 November 2017
Date of publication: 29/12/2017

Overall summary

We carried out an announced comprehensive inspection on 30 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Jane Benn - Pangbourne Drive is an independent GP practice located in Stanmore, Middlesex. There are approximately 3,500 registered patients. The practice is located in a converted residential property. The ground floor is accessible by wheelchair and has a waiting area, two consulting rooms, administrative areas, an accessible toilet with baby changing facilities, and a staff kitchen. The first floor has five consulting rooms (three rooms are rented to other healthcare professionals), a storage room and toilet facilities.

The practice team consists of a GP principal (female), four associate GPs (one male, three female), a practice manager, an assistant practice manager and eight administrative staff. The practice is open from 7.30am to 7.30pm on weekdays, and 8.30am to 1.30pm on Saturday. Consulting hours are 8.30am to 7pm on weekdays, and 9.30am to 1pm on Saturday.

Summary of findings

Services provided include: management of long term conditions; gynaecological assessment; antenatal and postnatal care; ECG (Electrocardiogram); dressings; childhood immunisations; blood and other laboratory tests; travel vaccines; and ear syringing. Patients can be referred to other services for diagnostic imaging and specialist care.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease Disorder or Injury, and Diagnostic & Screening Procedures.

The GP principal is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received 87 completed Care Quality Commission comment cards and spoke with three patients during the inspection. All the patient feedback we received was very positive about the staff and service offered by the practice.

Our key findings were:

- The practice had clear systems in place to reduce risk to patient safety. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

There were areas where the provider could make improvements and should:

- Review staff training for chaperoning.
- Review and update the infection prevention and control audit.
- Review and update the action log for safety alerts.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations. We also found areas where improvements should be made relating to the safe provision of treatment. These related to non-clinical staff and their understanding of the role of a chaperone, inaccuracies within the infection prevention and control audit, and updating the action log for safety alerts.

The service had safe systems, processes and risk assessments in place to keep staff and patients safe. Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services. The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

The service provided care and treatment in line with research based guidelines, and had systems in place to ensure that all staff had the skills and knowledge to deliver care and treatment. Information to plan and deliver care and treatment was available to appropriate staff. Consent was recorded prior to treatment, and the service routinely monitored performance.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Patients were very positive about the service provided at the practice and told us that they were treated with dignity and respect. The practice involved patients in decisions about their care and provided all information, including costs, prior to the start of treatment.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

The facilities and premises were appropriate for the services being provided. Patients could book appointments over the phone, in person or via email and appointments were usually available to same day. The practice monitored complaints, compliments and suggestions to ensure that the services offered met the needs of their patients.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment. The practice had systems and processes in place to identify and manage risks and to support good governance. Staff felt confident to carry out their role and described an open and supportive culture. The provider sought the views of patients and used this information to drive improvement.

Jane Benn - Pangbourne Drive

Detailed findings

Background to this inspection

Jane Benn - Pangbourne Drive is an independent GP practice located at 2 Pangbourne Drive, Stanmore, Middlesex, HA7 4QT. We carried out this inspection on 30 November 2017. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor.

Before visiting, we looked at a range of information that we hold about the practice. We reviewed the last inspection report from April 2015 and information submitted by the service in response to our provider information request. During our visit we talked to patients who used the service,

interviewed staff (GP principal; associate GP; practice manager; assistant practice manager; and two administrative staff), observed practice and reviewed of documents.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

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

- The practice conducted health and safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and updated information during practice meetings.
- The practice had systems to safeguard children and vulnerable adults from abuse. There was a practice lead and deputy lead for safeguarding. Policies were reviewed annually and were accessible to all staff. They clearly outlined who to go to for further guidance and contact details for the local safeguarding teams. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received up-to-date safeguarding and safety training appropriate to their role. For example, the GPs and practice manager were trained to child protection or child safeguarding level three, and non-clinical staff to level one. Patient identification was obtained at registration and checked when adults accompanied children to an appointment.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff on recruitment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had a chaperone policy in place and notices in the waiting room and consulting rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role however the non-clinical staff we spoke with were unclear about the role, for example the importance of being able to observe the examination. All staff who acted as chaperones had received a DBS check.
- We observed the premises to be clean and tidy. There was a system to manage infection prevention and control. Monthly cleaning audits were carried out to

check for efficacy. An audit for infection prevention and control was completed in August 2016 and an action plan was created to address areas for improvement. However, we noted discrepancies with what the audit specified and what was in place at the practice. For example, the audit stated that elbow or non-touch taps were available at all hand wash basins in clinical areas however this was incorrect. It also stated that furniture, such as chairs, in patient areas was made of impermeable materials however we noted chairs in consulting rooms had fabric seating and there was no regular cleaning schedule for these. Staff informed us that the chairs were cleaned when required.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Guidelines for identifying sepsis were displayed in consulting rooms.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Are services safe?

- Staff received a weekly bulletin to update them of critical and vulnerable patients who may need extra support.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Safe track record and learning

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The GP principal and practice managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, and took action to improve safety in the practice. For example, a urine sample had not been analysed because the laboratory had not received a request form. The practice had procedures to ensure all samples were checked before being sent to the laboratory, and queried if the form had been lost with the courier or at the laboratory. The practice raised a complaint and as a result the laboratory now sent a daily list of outstanding tests so the practice were kept updated on the progress of all samples sent. The patient was updated throughout the process and learning was shared amongst staff.
- There was a system for receiving and acting on safety alerts, although the practice had not updated the log to state what action had been taken following specific alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice's computer system flagged vulnerable patients and those who may need extra support. For example, patients with dementia, cancer, confusion, anxiety, and patients on the critical care list.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. For example, patients were directed to an independent doctors visiting service or local NHS services for out-of-hours treatment.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- In the last four years there had been two completed clinical audits where the improvements made were implemented and monitored. For example, an audit on patients with low vitamin D levels showed the practice had improved retesting from 48% to 56%. The learning discussion highlighted that patients may not undergo retesting due to financial reasons.
- The practice carried out monthly audits of record keeping. This involved two consultation notes for each GP being randomly selected and reviewed by their peers.

Effective staffing

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

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

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- Some patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, when a change of medication had been prescribed.
- There was limited end of life care delivered by the practice. These patients were referred to a local palliative care team if needed.

Supporting patients to live healthier lives

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

- The practice offered a range of medical assessments which included pathology tests and patients could be referred for diagnostic screening such as X-ray.
- The practice identified patients who may be in need of extra support and directed them to relevant services. For example, patients could be referred to a dietician and counsellor who worked from the premises.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received 87 completed Care Quality Commission comment cards and spoke with three patients during the inspection. All the patient feedback we received was very positive about the staff and service offered by the practice.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The practice respected and promoted patients' privacy and dignity.

- The consultation rooms were set up to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Results from the practice's annual patient survey 2017 showed 100% of patients were given adequate privacy during their appointment.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Results from the practice's annual patient survey 2017 showed: 95% of patients were involved in their treatment plan; 97% said the procedures and next steps in treatment were explained in a way they could understand; and 98% felt they were given the time and attention they needed.
- We were told that any treatment including fees was fully explained to the patient prior to their appointment and that people then made informed decisions about their care.
- Standard information about fees was available on the practice website, in the patient guide, and on display in reception.
- Interpretation services were available for patients who did not have English as a first language. This service was advertised in the patient guide. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- Staff told us that if families had experienced bereavement, the GP principal or their usual GP contacted them and offered 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 organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, weekday evening and Saturday appointments were available. Telephone consultations and home visits were also available to patients on request.
- The facilities and premises were appropriate for the services delivered. Access to the clinic was suitable for disabled patients. For example, there was level access at the main entrance and accessible toilet facilities on the ground floor.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patients with mobility issues were seen in one of the two consulting rooms on the ground floor.

Timely access to the service

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

- The practice was open from 7.30am to 7.30pm on weekdays, and 8.30am to 1.30pm on Saturday. Appointments were available from 8.30am to 7pm on weekdays, and 9.30am to 1pm on Saturday. Appointments could be booked over the phone, via email, or in person.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients could usually be seen the same day.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Results from the practice's annual patient survey 2017 showed: 88% of patients were kept informed if their appointment was delayed; 50% of patients were seen on time; 38% of patients were seen within 10 minutes of their appointment time; 7% were seen within 15 minutes; and 5% waited up to 20 minutes.

Listening and learning from concerns and complaints

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

- There was a policy and procedures in place for handling complaints and concerns.
- The practice manager and GP principal were the designated leads for handling complaints.
- Information about how to make a complaint or raise concerns was available and easy to understand.
- The practice had received one formal complaint in the last 18 months which had been dealt with appropriately and in a timely way. The practice learned lessons from individual concerns and complaints and shared this learning with staff informally and in practice meetings. For example, a patient had booked a home visit via reception however a doctor had not contacted the patient prior to the visit to discuss their concerns. The practice accepted there was a communication error and the complaint was discussed with the doctors to ensure patients were contacted prior to home visits.

Are services well-led?

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

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The GP principal had developed and expanded the practice over 30 years and had a good understanding of patients' needs.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills. For example, an administrator had been trained and had now taken up the role as assistant practice manager.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, patients were notified, offered

an apology and updated on incidents which involved them. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Non-clinical staff received appraisals every 18 months in line with the practice's policy. Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical

Are services well-led?

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

staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The GP principal and practice manager had oversight of MHRA alerts, incidents, and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality was discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data to patients' NHS GPs and other healthcare professionals as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable services.

- The practice carried out an annual survey to gather patient feedback. The latest survey conducted in February to March 2017 received 60 responses. The results showed: 100% of patients were able to get through to the practice quickly: 98% received an appointment at a suitable time to them; and 98% were greeted promptly and courteously at reception.
- A monthly practice newsletter updated patients on the service and was available in the reception.
- The practice engaged with staff through appraisal and staff meetings.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, specialists were invited to provide educational talks during the clinical meetings and doctors were able to attend a variety of educational meetings hosted by other healthcare providers.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.