

Chalkhill Family Practice

Quality Report

113 Chalkhill Road
Wembley
HA9 9FX
Tel: 0208 736 7033
Website: www.chalkhillfamilypractice.nhs.uk

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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		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Inadequate	

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 Chalkhill Family Practice on 25 October 2017 and a second site visit was carried out on 10 November 2017 in order to collect further information. Overall, the practice is rated as Inadequate.

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

- We were not assured that staff were able to identify and report significant events and incidents. There was also no evidence that the reported significant events were communicated widely enough and so safety was not improved.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. Areas of concern were found in relation to recruitment checks, medicines management and dealing with emergencies.
- Staff were aware of current evidence based guidance although we did not see evidence that NICE guidance was always discussed in meetings.

- Governance arrangements had systemic weaknesses and did not ensure the practice was run safely and effectively, and performance was not being monitored in all areas.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice worked closely with other organisations and with the local community in planning services that met patients' needs.
- Patients we spoke with 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 areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

- Establish effective systems to ensure that there are no gaps in employment records.

In addition the provider should:

- Provide practice information in appropriate languages and formats.
- Display PPG information in the practice.
- Proactively identify and support patients who are carers.
- Review and update infection control audit and act on recommendations from the audit.

- Take action in response to patient feedback with regards to staff attitude.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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 inadequate for providing safe services.

- Staff were not able to identify and report significant events and incidents. There was no evidence that the reported significant events were communicated widely enough to facilitate improvement in safe care.
- There were gaps in employment records such as obtaining full employment history for all new members of staff.
- The arrangements for managing medicines were not adequate enough to minimise risks to patient safety.
- Arrangements for safeguarding reflected relevant legislation and local requirements and staff demonstrated they understood their responsibilities regarding safeguarding.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Staff were aware of current evidence based guidance although we did not see evidence that NICE guidance was always discussed in meetings.
- Not all clinical staff were able to demonstrate a clear understanding of clinical audits and not all audits demonstrated quality improvement.
- Although the practice shared relevant information with other services in a timely way in relation to two-week wait referrals, only verbal safety netting was carried out despite their high referral rate.
- Data from the Quality and Outcomes Framework showed patient outcomes were mostly above average compared to the national average.
- 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.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Survey information we reviewed showed that patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment although some patients highlighted issues with staff attitude.
- We saw staff maintained patient and information confidentiality.
- Information for patients about the services was available but not everybody would be able to understand or access it. For example, there were no information leaflets displayed in the practice in different languages despite the large proportion of non-English speaking patients at the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The individual needs and preferences of people with a life-limiting condition, including patients with a condition other than cancer and patients living with dementia, were central to their care and treatment. Care delivered was flexible and provided choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients we spoke with 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.
- All patient groups were able to access the service in a way and time that suited them by offering extended hours surgeries and Sunday clinics.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. However, there was no evidence that learning from complaints had been shared with staff during their practice staff meetings.

Good



Are services well-led?

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

- The practice had a mission statement which was displayed on their website and recorded in the business development plan but not all staff were aware of it.
- Governance arrangements had systemic weaknesses and did not ensure the practice was run safely and effectively and performance was not being monitored in all areas.

Inadequate



Summary of findings

- Not all the partners in the practice were able to demonstrate they had the experience, capacity and capability to ensure safe and high quality care.
- There was a clear staffing structure and although staff were aware of their own roles, they were not all fully aware of their responsibilities

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 provider was rated as inadequate for safety and well-led, requires improvement for effective and rated good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the hospital at home as well as the WSIC (Whole Systems Integrated Care) team.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice worked with the care navigators who provided patients with extra support in the community.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to local and national averages.

Inadequate



People with long term conditions

The provider was rated as inadequate for safety and well-led, requires improvement for effective and rated good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- The practice shared relevant information with other services in a timely way, for example when referring patients for two-week wait appointments, verbal safety netting was carried out only.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Inadequate



Summary of findings

- Outcomes for patients with diabetes were similar to local and national averages. For example, the percentage of patients with diabetes on the register whose cholesterol levels were within normal range was 82%, compared to the CCG and national averages of 80%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

The provider was rated as inadequate for safety and well-led, requires improvement for effective and rated good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation uptake rates for the standard childhood immunisations were relatively high and similar to the national average of 90%. The nurse followed up children who did not attend their vaccination appointments.
- Patients told us, on the day of inspection, that 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.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of antenatal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Inadequate



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as inadequate for safety and well-led, requires improvement for effective and rated good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Sunday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients had access to the practice website and could book appointments and order repeat prescriptions online. A Brent Health mobile phone application system was available for patients to promote self-management of their own care.
- The practice offered health checks and health screening.

Inadequate



People whose circumstances may make them vulnerable

The provider was rated as inadequate for safety and well-led, requires improvement for effective and rated good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including a learning disability liaison nurse, health and social care co-ordinators and care navigators. Care navigators provided patients with extra support in the community such as obtaining blue badges, personal alarm pendants and arranging transport.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Inadequate



Summary of findings

- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 provider was rated as inadequate for safety and well-led, requires improvement for effective and rated good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- The practice carried out advance care planning for patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice regularly worked with multi-disciplinary teams in the case management of patients living with dementia. They worked closely with primary care dementia nurses, social services and old age psychiatry to manage dementia patients in the community.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, mental health patients were invited for annual health checks, drug monitoring and ECG's as required.
- Complex mental health patients were referred to the Complex Patient Management Group (CPMH) for further input from the multi-disciplinary team.
- 93% of patients with mental health conditions had a comprehensive agreed care plan and this was higher than the CCG average of 91% and national average of 89%.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Alerts were added to patient records where they were classified as high risk to inform clinicians when assessing patients.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017 and contained data collected between January to March 2017. The results showed the practice was performing in line with local and national averages. Three hundred and seventy survey forms were distributed and 95 were returned. This represented 1% of the practice's patient list.

- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 80% 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 69% and the national average of 77%.

- As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were mostly positive about the standard of care received. Eight comments highlighted issues with access and two comments highlighted issues with staff attitude.

We spoke with 10 patients during the inspection including four members of the PPG. Most of the patients said they were satisfied with the care they received. Some patients highlighted issues with staff attitude, getting an appointment with a GP of their choice and appointment waiting times. Most of the patients said they were not aware of the PPG. They also thought there was not enough information displayed in the practice in different languages.

The friends and family test results from November 2016 to November 2017 showed that 90% of patients were likely to recommend the practice to friends and family.

Chalkhill Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

When we visited the practice on 25 October 2017, the inspection was led by a CQC Lead Inspector and the team included a GP specialist adviser. At the second site visit on 10 November 2017, the inspection was led by a CQC Lead Inspector, a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Chalkhill Family Practice

Chalkhill Family Practice is located in Brent, London and holds a General Medical Services contract and is commissioned by NHS England, London. The practice is registered with the Care Quality Commission to provide diagnostic and screening procedures; family planning and treatment of disease, disorder or injury.

The provider, who was a single-handed GP, had brought in two new partners in August 2017; Consequently, the practice was operating as a partnership staffed by a lead female GP and a male and female GP partner as well as another female salaried GP who provided a total of 28 sessions.

The practice also employs a practice manager who works 30 hours a week, an assistant practice manager, a practice nurse who works 22 hours a week, two part-time healthcare assistants (HCA), a practice secretary and seven reception and administration staff members.

The practice is open between 9.00am and 6.30pm Monday to Friday. Appointments are from 9.00am and 12.30pm and 1.30pm and 6.30pm daily. Extended hours appointments

are offered on Tuesday and Wednesday between 7.00am and 8.00am and 6.30pm and 7.00pm. The practice is part of the Kingsbury and Willesden network to provide a GP HUB service in the premises between 6.00pm and 9.00pm as part of the network. They also offer an extended GP HUB service for pre-booked appointments on Sunday. Outside of these hours, the answerphone advises patients of the number of their out of hours provider, Care UK.

The practice has a list size of 6,400 patients and is located on the first floor of the Welford Centre at 113 Chalkhill Road, Wembley, HA9 9FX. Access to the practice is via an access lift and stairs. The practice provides a wide range of services including phlebotomy, spirometry, ECG monitoring, joint injections, cryotherapy, child health surveillance, family planning and contraception, coil insertion, sexual health screening, cervical screening, chronic disease management including insulin initiation, travel clinic and NHS health checks. They also provide healthcare to three local care homes.

The practice is located in a very deprived area and demographically diverse area with a large proportion of the practice population being from the black and ethnic minority (BME) community. The practice has a higher proportion than average of young people aged between 15-44 years of age.

The practice has not been inspected before. An initial site visit was carried out on 25 October 2017, however; due to difficulties experienced at this inspection, a second site visit was carried out on 10 November 2017.

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

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 25 October 2017 and a second site visit was carried out on 10 November 2017. During our visit we:

- Spoke with a range of staff including two GPs, a practice manager, a practice nurse and two reception and admin staff members.
- We spoke with 10 patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

The system in place for reporting and recording significant events was inadequate.

- Staff told us they would inform the practice manager of any incidents. The practice provided us with one significant event prior to the inspection; however, on inspection we found that there was no clear understanding from both clinical and non-clinical staff as to what the practice determined as a significant event. For example, we found that two other significant events had been recorded in the accident book and there had been three other significant events which had not been recorded as such. This included when a patient collapsed at the reception desk, resulting in cancelled appointments for a clinical member of staff who had to attend to the patient. This was not recorded as a significant event, despite their policy describing this as incident as a significant event and there was no learning shared.
- Clinical staff told us that newly diagnosed cancers would be recorded as significant events as per their policy; however, on inspection we found that there had been five new diagnoses of cancer in the last 12 months that had not been recorded as significant events.
- Although the practice told us that significant events were discussed in meetings, there were no minutes kept of these meetings. From one documented significant event provided by the practice relating to staff interactions dealing with a patient in need of urgent care, lessons were not shared. The practice told us that they did not discuss this incident with other staff members.
- The system in place to manage safety alerts was not effective. During the first inspection, the lead GP and practice manager told us that all safety alerts were shared with relevant members of the team. However, the GP was unable to locate the most recent alerts and there was no evidence to show that these were discussed at meetings prior to our first inspection on 27 October 2017. When we conducted our second site visit on 10 November 2017, we saw evidence that that two safety alerts had been read and signed by the clinical

team and discussed at their most recent clinical meeting. We also saw evidence that a discussion regarding what constituted a significant event was had during this meeting.

Overview of safety systems and processes

The practice systems, processes and practices in place to minimise risks to patient safety were not all adequate in relation to medicines management and recruitment checks. However, the practice had clear processes and practices to safeguard children and vulnerable adults.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of three documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. Infection control processes were in place, although one area required action.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were

Are services safe?

undertaken and we saw evidence that action was taken to address any improvements identified as a result, with the exception of an action to replace the clinician chairs which were fabric and not impermeable.

The arrangements for managing medicines in the practice were inadequate and required review and monitoring, in order to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing and security).

- The process in place for handling repeat prescriptions which included the review of high-risk medicines was inadequate. When we checked patient records for those on high-risk medicines such as methotrexate (usually prescribed for rheumatoid arthritis) there was no evidence that blood tests were carried out and the results checked prior to prescribing.
- There was a system in place for monitoring warfarin (a high risk medicine) however, non-clinical staff we spoke to responsible for printing prescriptions for signing were not aware of any other medicines that required regular blood testing.
- When we visited the practice on 25 October, the practice had a repeat prescription policy in place. However, the process in place for managing prescriptions required improvement. We saw evidence of prescriptions not having been collected by patients for three months. The practice repeat prescribing policy in place stated that the prescription box was to be checked every three months and two reception staff members would dispose of any outstanding prescriptions outside this period, with a note placed on the computer system to alert the GPs. However, on inspection, we saw that this policy was not being followed as the GPs were not being notified if a patient was non-compliant with collecting their prescriptions, as uncollected prescriptions were being disposed of.
- When we sampled a small number of prescriptions alphabetically from A to C, we found a patient had been issued the same medicine by two different GPs on the same day and we found a controlled drug had been prescribed to one patient on two consecutive days and the GPs had not been made aware of this.
- The practice had reviewed and made changes to their repeat prescribing policy by the time of the second site visit on 10 November.

- The practice carried out medicines audits, with the support of the local clinical commissioning group (CCG) medicines optimisation teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However, this was not always effective as when we reviewed their prescribing audit, we found that there were no systems in place to monitor the use of blank prescription forms. There was no log kept of printed prescriptions and the log for handwritten prescriptions had not been updated since June 2017 and this was not picked up on the audit.
- When we checked the vaccines fridge during our first site visit on 25 October, we found that there was no fail-safe thermometer and the thermometer in place was out of range and reading 12 degrees Celsius, whilst the fridge temperature was reading within the normal range of 4.6 degree Celsius. The practice had purchased a second thermometer by the time of our second site visit on 10 November.
- Patient Group Directions (PGDs) had been adopted by the practice and appropriately signed off in order 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).

We reviewed five personnel files and found gaps in employment records. For example, we found there was proof of identification, registration with the appropriate professional body and the appropriate checks through the DBS. However, the practice had not obtained full employment history for all new five members of staff and there were unexplained gaps in their employment records. Not all staff had two references on file as per their recruitment policy. At our first visit on 25 October 2017, two new members of staff only had one reference in their files but by our second site visit on 10 November 2017, only one reference was still outstanding.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

Are services safe?

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The arrangements to respond to emergencies and major incidents were not all adequate.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, there was insufficient benzylpenicillin (an antibiotic) in the practice. There was only one vial of benzylpenicillin which was in the doctor's bag; this meant that when a doctor was on a home visit, there would be no benzylpenicillin on site if required for an emergency.
- The practice had a defibrillator available on the premises.
- The practice shared the oxygen tank with a neighbouring practice based in the same building which was always accessible to the practice. Adult and children's masks were also available. However, only the practice nurse was aware of the monthly oxygen checks which she carried out, while other staff members were unaware of this activity.
- A first aid kit and accident book were available.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines but more robust systems were required.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, we did not see evidence that NICE guidance was always discussed in meetings. For example, when we reviewed meeting minutes, we found one meeting where NICE standards were mentioned but there was no information regarding what guideline had been discussed, what learning had taken place and whom the guidelines had been shared with.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. QOF data for 2016/2017 showed that there was no significant variation to the 2015/16 results.

The 2015/16 overall exception rate for the practice was 5%, compared to the CCG and national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes on the register, who had average blood sugar levels, was 83%, compared to the CCG average of 77% and the national average of 78%.

- The percentage of patients with diabetes on the register, who had normal blood pressure readings, was 81%, compared to the CCG average of 80% and national average of 78%.
- Performance for mental health related indicators similar to the CCG and national averages. For example, the percentage of patients on the mental health register, who had a comprehensive agreed care plan, was 94%, compared to the CCG average of 91% and the national average of 89%.
- The percentage of patients diagnosed with dementia who had received a face-to-face review in the last 12 months was 92%, higher than the CCG average of 86% and the national average of 84%.

The practice participated in a number of surveys and quality assurance initiatives in partnership with the CCG medicine management team in relation to prescribing. Although there was evidence of clinical audit and two cycle audits; the practice performance in relation to audits was not always satisfactory. We were not assured that learning was always shared, and improvement to services were made. For example:

- From the repeat prescribing audit provided prior to the inspection on 25 October 2017, the results were worse in the second cycle when compared to the first. For example, in the first cycle audit, the prescribing risk assessment score was five, which was classified as low risk, in the second cycle audit; this score had increased to eight, which indicated higher risk. We saw evidence that these results were analysed but we found some aspects of this audit inaccurate. For example, the audit stated that there was a process in place for the issue of blank prescriptions. However, on inspection, there was no log of printed prescriptions, the log for the handwritten prescriptions had not been updated since June 2017 and the last prescription given did not match the record kept.

During the inspection on 25 October 2017, the lead GP was unable to demonstrate their understanding of a two-cycle audit. However, at our second visit on 10 November 2017, the practice was able to provide further evidence of two cycle audits. For example, one asthma care two-cycle audit showed that the number of patients using reliever inhalers with a written asthma care plan had increased from 64% to 92%. A second asthma two-cycle audit focussed on

Are services effective?

(for example, treatment is effective)

patients on high dose preventer inhalers; this audit demonstrated an improvement in the number of patients being reviewed over a 12-month period from 75% to 100%. The prescribing by the practice of reliever medicines in their practice fell from the 98th centile in December 2016 to the 74th centile in August 2017 (compared to all England practices).

Effective staffing

Evidence reviewed showed that staff received the necessary training 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, for those reviewing patients with long-term conditions. For example, the practice nurse attended update training for asthma and COPD once a year.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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 and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- The practice did not have a failsafe system for following up two-week wait referrals. We found that although the practice shared relevant information with other services in a timely way, for example when referring patients for two-week wait appointments, verbal safety netting was carried out only, despite their high two-week referral rate of 22 referrals in two months. There was no log kept of two-week wait referrals with a date of referral, appointments, or attendance.
- Care and risk assessments, care plans, medical records and investigation and test results were available and accessible to staff.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- A dietician was available on the premises and smoking cessation advice was available from the Brent Stop Smoking service.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 77% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 90% and similar to the national average of 90%. The rates for the vaccines given to five year olds ranged from 97% to 98%, when compared to the CCG average which ranged from 81% and 92% and national average which ranged from 88% to 94%.

There was a policy to offer telephone or text message reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by providing leaflets in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.

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

During our inspection, we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

Most of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and most of the staff were helpful and caring and treated them with dignity and respect. However, two comments highlighted issues with staff attitude.

We spoke with 10 patients including four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, although some patients highlighted issues with staff attitude and the lack of information in other languages displayed in the practice.

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

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 85% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with 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 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.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, children were offered immunisations outside of school hours and patients had access to the Brent Health mobile application system, designed to provide up to date information about health services and allowed patients to book GP appointments and order repeat prescriptions.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

Are services caring?

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language, although we did not see notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format but not available in different languages, except for cervical screening.

- Their practice website offered a variety of resources to promote self-management and information relating to healthy living.

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. Support for isolated or housebound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers (less than 1% of the practice list). The practice were aware of this and stated that due to their large proportion of ethnic minority patients, they did not want to be identified as carers despite carrying out caring duties and this affected the number of carers registered with the practice. Carers were offered flu vaccinations and referred to the Brent carers' service for a care package which included respite care.

Staff told us that if families had experienced bereavement, their usual GP contacted them and this call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday and Wednesday as well as an out of hours HUB service for pre-booked appointments on Sunday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Telephone and 48 hour appointments were also available.
- The practice sent text message reminders of appointments and test results. Text messages were also sent for invitations for vaccinations such as the MenACWY (a vaccination given to teenagers to protect against the four types of meningitis A, C, W and Y).
- Patients were encouraged to use the Brent Health mobile application system on their mobile phones and the practice website to promote self-management.
- The practice offered online access which included appointment booking and prescription requests. The practice was in the process of implementing access to medical records for patients with online access.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services such as sign language interpreters available.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, transport was arranged for those who required it and reception staff arranged blister packs for elderly patients.
- There was wheelchair access and there was lift access to the practice in the premises to improve access. There was also ramp access from the premises to a major supermarket where parking was available.

Access to the service

The practice was open between 9.00am and 6.30pm Monday to Friday. Appointments were from 9.00am and 12.30pm and 1.30pm and 6.30pm daily. Extended hours appointments were offered on Tuesday between 7.00am and 8.00am and Wednesday between 7.00am and 8.00am as well as 6.30pm and 7.00pm. The practice also offered an out of hours HUB service for pre-booked appointments on Sunday. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than the local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 71%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 77% and the national average of 84%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 60% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 64%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

This was done by telephoning the patient or carer in advance to gather information 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 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 a system 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, leaflets and posters displayed.

We looked at five complaints received in the last 12 months and found they were dealt with in a timely way, although we found from the meeting minutes provided that complaints were not discussed in practice meetings despite them being a standing agenda on the meeting minutes. From the complaints reviewed, we found that lessons were learned from individual concerns and complaints and action was taken to improve the quality of care. For example, a complaint had been received regarding a notification of a cancelled appointment which a patient had missed. An investigation was carried out and the patient was offered an alternative appointment. Changes were made that in addition to leaving voice messages for patients, the practice would now send a text message to patients notifying them of cancellations or changes to their appointments.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice vision to deliver high quality care and promote good outcomes for patients was not effective.

- The practice had a mission statement which was displayed on their website and recorded in the business development plan but not all staff were aware of it.
- The practice business plan in place was not effectively monitored. For example, in relation to risk control including identifying and reporting significant events.

Governance arrangements

Governance arrangements had systemic weaknesses and did not ensure the practice operated safely and effectively and performance was not being monitored in all areas.

- There were poor arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The governance framework in place did not always ensure that the practice was meeting its responsibilities for ensuring the safety of its patients.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. There was no evidence that complaints were discussed at practice meetings.
- A comprehensive understanding of the performance of the practice was maintained with the exception of some quality improvement such as prescribing audits which were not always analysed.
- There was a clear staffing structure and although staff were aware of their own roles, they were not all fully aware of their responsibilities in relation to significant events. Not all staff were fully aware of their responsibilities in relation to significant events, recruitment procedures, infection control and dealing with emergencies. The lead GP was not fully aware of their responsibilities in relation to patient safety alerts, clinical audits, oxygen checks, safety alerts and audits.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

Leadership and culture

Although on the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care, we found leadership arrangements were not always effective enough to ensure safe and high quality care. Not all the partners in the practice were able to demonstrate they had the experience, capacity and capability to ensure this.

- The lead GP did not demonstrate a complete understanding of the day-to-day management of the practice in relation to patient safety alerts, clinical audits, oxygen checks and safety alerts.
- A significant event recorded by the practice related to the behaviour of one of the clinicians in a leadership role.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. However, they did not have discernible clinical meeting minutes and it was difficult to determine what discussions took place, when compared to the practice meeting minutes which were comprehensive. There was no evidence from the meeting minutes if NICE guidelines were discussed at clinical meetings.
- Staff told us there was an open culture within the practice and mostly felt that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The provider was aware of and had systems 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 gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Inadequate



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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, they suggested a message was displayed to inform patients when the practice was running late for appointments. The practice implemented this.
- the NHS Friends and Family test, complaints and compliments received;
- staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff suggested the use of an urgent basket at the reception desk for urgent tasks and queries. The practice nurse also suggested an increase in immunisation appointment times from 15 minutes to 20 minutes as the shorter times were not sufficient and this suggestion was accepted by the practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was poor understanding of significant events and safety alerts.</p> <p>There was no proper and safe management of medicines. In particular, monitoring of high-risk medicines, prescriptions management, prescribing audits and emergency medicines.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have adequate systems or processes in place in that they failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular, significant events, safety alerts and clinical audits. Some senior clinicians were not aware of their responsibilities in relation to two-week wait referrals safety netting, medicines management and the oxygen checklist.</p> <p>The practice did not have discernible clinical meeting minutes and it was difficult to determine what discussions took place. There was no evidence from the meeting minutes if national guidelines or complaints were discussed.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had failed to ensure that persons employed had a full employment history. Full employment history for five new members of staff had not been obtained as there were unexplained gaps in their employment records.

One new member of staff had an outstanding reference.

This was in breach of regulation 19(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.