

# Dr Raphael Rasooly

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection covering Dr Raphael Rasooly's practices, Neasden Medical Centre and Greenhill Park Medical Centre, on 7 October 2016.

The inspection was carried out to follow up our previous inspections carried out at Neasden Medical Centre on 30 October 2014 and at Greenhill Park Medical Centre on 26 March 2015. Both services were rated as 'requires improvement' overall and we identified a number of breaches of regulations. (The previous reports can be read by selecting the 'all reports' link for Dr Raphael Rasooly on our website at [www.cqc.org.uk](http://www.cqc.org.uk)).

After the inspections the practice drew up action plans to improve its performance and meet all relevant regulations in response to our findings. At the follow up inspection on 7 October 2016, we reviewed the practice's progress in implementing these plans. We found that the practice had made improvements and overall the practice is now rated as 'good'.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The provider was aware of and complied with the requirements of the duty of candour.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

- Most patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs. The practice was planning to extend the main surgery to better meet the needs of the practice population.
- There was a clear leadership structure and staff felt supported by the partners, the lead GP and management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had effectively acted on most of the concerns identified at our previous inspections.

The areas where the provider must make improvement are:

- The provider must ensure there are sufficient staff with suitable skills available in the main surgery to undertake health screening activities for example cervical screening to improve rates to CCG and national levels and reduce the risk of patients developing avoidable cancers.

The areas where the provider should make improvement are:

- The practice should ensure that it reviews non-clinical safety alerts. For example it should risk assess its use of vertical blinds with looped cords in line with the relevant alert issued by NHS England.
- The practice should complete two-cycle clinical audits to ensure that observed improvements to clinical practice are sustained as part of the quality improvement programme.
- The practice should ensure that staff carrying out monitoring checks of the emergency medicines check that all items are present within packaging and are available for use in an emergency.
- The practice should make information about its vision, values and strategy more widely available to patients.
- The practice should continue to actively identify patients who are carers to ensure that they receive appropriate support and their needs are met.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

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

Requires improvement



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed the practice tended to be at or above average for clinical indicators.
- The practice scored above other practices in the local area for key performance indicators on managing diabetes.
- The practice carried out clinical audits which demonstrated quality improvement although it had not carried out any completed two cycle audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Cervical screening coverage rates had not improved since our previous inspections. In 2015/16, less than half of eligible women registered with the practice had been screened within the previous five years. Child immunisation rates were also below target.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from recent patient surveys showed that the practice tended to score in line with other practices in the clinical commissioning group for patient experience.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

**Good**



- The practice had a vision, governance framework and strategy to deliver high quality care to patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had up to date policies and procedures to govern activity and met regularly as a team.
- The practice had arrangements in place to monitor and improve quality and identify risk.
- The provider complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

- There was a focus on continuous learning and improvement. We found that the practice had acted on most of the concerns raised in our previous inspections.
- The low coverage of cervical screening among the eligible female practice population remains of concern. The practice had identified this as a high priority for action but with little impact as yet.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered personalised care to meet the needs of the older people in its population. Patients over 75 had been informed of their named GP.
- The practice was responsive to the needs of older people, and offered home visits, care planning and urgent appointments for those with enhanced needs. For example, certain patients (based on clinical need) had open access to telephone consultations.
- All eligible patients were offered annual flu vaccines either at the practice or at home if they were housebound. The practice also offered the shingles and pneumococcal vaccines to eligible older patients.

Good



### People with long term conditions

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

- The practice kept registers of patients with long term conditions. These patients had a regular structured review to check their health and medicines needs were being met. The practice operated a call-recall system to encourage patients to attend for their review.
- Practice performance for diabetes was above the CCG average. The percentage of diabetic patients whose blood sugar levels were adequately controlled was 84% compared to the clinical commissioning group average of 77%.
- The practice participated in a local scheme to avoid unplanned admissions. Patients identified as at risk were reviewed and had a personalised care plan. Cases were discussed at regular multidisciplinary meetings. Patients with complex problems requiring more intense support were case managed by a local complex patient multidisciplinary group.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were close to the average for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. The premises were suitable for children and babies.
- Appointments were available outside of school hours.
- We saw positive examples of timely communication with and referral to health visitors and other health, social and education services.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice was open until 6.30pm on three evenings during the week and on Sunday mornings by appointment. Patients also had access to local primary care 'hub' services in the evening and at weekends.
- The practice offered a range of ways to access services, for example, daily (and early evening) telephone consultations with a GP, online appointment booking and an electronic prescription service.
- The practice offered a range of health promotion and screening services reflecting the needs for this age group. However cervical screening coverage was low with only 45% of eligible women having a test result recorded in their notes within the previous five years compared with the national average of 81%.

Requires improvement



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability. Patients with a learning disability were offered an annual health review.

Good





# Summary of findings

- The practice offered longer and same day appointments for patients in vulnerable circumstances and patients with a learning disability.
- The practice identified and flagged patients who were also carers. Carers were offered regular reviews and flu vaccination.
- The practice liaised with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- The practice kept a register of patients diagnosed with dementia. 90% (of 29) practice patients with dementia had attended a face to face review of their care in the last year which was comparable to the CCG average of 86%.
- Patients newly assessed to be at high risk of dementia were referred to the local memory clinic for diagnostic tests.
- The practice regularly liaised with specialist teams in the case management of patients experiencing poor mental health.
- 92% (of 64) practice patients diagnosed with a psychosis had a comprehensive care plan which was comparable to the CCG average of 91%.
- The practice was able to advise patients experiencing poor mental health and their carers how to access various support groups and voluntary organisations. The practice provided examples where this support had enabled patients to live at home.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Practice staff had recently attended Mental Capacity Act training and were aware of their responsibilities under this legislation.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice's results were comparable with the local and national averages. The survey programme distributed 366 questionnaires by post and 100 were returned. This represented 1% of the patient list (and a response rate of 27%).

- 85% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 68% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 70% and the national average of 78%.

We spoke with five patients during the inspection and one member of the patient participation group. We also

received 35 patient comment cards which were all completed at the main surgery. All the feedback we received was very positive about the service, for example the doctors were consistently described as professional and prompt in organising referrals or advising on options. Patients also described the receptionists as friendly and helpful. One carer commented that the surgery understood their situation and the staff were always helpful.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. We received one critical comment about occasional delays to appointments when the surgery was busy but this patient also said they were generally happy with the service.

The practice had an active patient participation group we were told the practice was responsive to suggestions and had made improvements. For example, the practice had introduced extended hours on Sunday as a result of patient feedback.

## Areas for improvement

### Action the service **MUST** take to improve

The provider must ensure there are sufficient staff with suitable skills available in the main surgery to undertake health screening activities for example cervical screening to improve rates to CCG and national levels and reduce the risk of patients developing avoidable cancers.

### Action the service **SHOULD** take to improve

- The practice should ensure that it reviews non-clinical safety alerts. For example it should risk assess its use of vertical blinds with looped cords in line with the relevant alert issued by NHS England.
- The practice should complete two-cycle clinical audits to ensure that observed improvements to clinical practice are sustained as part of the quality improvement programme.
- The practice should ensure that staff carrying out monitoring checks of the emergency medicines check that all items are present within packaging and are available for use in an emergency.
- The practice should make information about its vision, values and strategy more widely available to patients.
- The practice should continue to actively identify patients who are carers to ensure that they receive appropriate support and their needs are met.

# Dr Raphael Rasooly

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Dr Raphael Rasooly

Dr Raphael Rasooly provides primary care services to around 8,200 patients living in the areas of Harlesden and Neasden in North West London (Brent Clinical Commissioning Group) through a general medical services contract.

The practice runs two surgeries: the main surgery at Neasden Medical Centre and a branch surgery at Greenhill Park Medical Centre (Greenhill Park, London, NW10 9AR) which is located around two miles away. Patients have the option of attending either surgery for routine appointments. The main surgery offers a wider range of diagnostic tests.

The practice is owned by a GP principal (male) who works full time at the main surgery, alongside two regular locum GPs (male and female). There is currently a vacancy for a practice nurse at the main site. The branch is staffed by a salaried GP (female), a practice nurse and receptionists. The practice manager also attends both surgeries regularly. In total the GPs provide around 23 clinical sessions each week across both surgeries.

- Neasden Medical Centre is open from 8am–12:30pm daily. The surgery opens in the afternoon from

3pm-6.30pm Monday to Wednesday and 3pm-6pm on Friday. The surgery is closed on Thursday afternoon. Extended hours appointments are offered at Neasden Medical Centre from 10am-2pm every Sunday.

- Greenhill Park Medical Centre is open from 9am-1pm every day and from 4pm-6pm Monday, Tuesday, Wednesday and Friday. The surgery is closed on Thursday afternoon.

When the practice is closed patients are directed to the local out-of-hours service or the NHS 111 service. Patients can also be seen out-of-hours at a local “hub”, that is, a designated practice in the locality providing primary care services in the evening and over the weekend.

The practice has a relatively high proportion of patients between the ages of 20-39, a lower than average proportion of patients over the age of 65 and serves an ethnically diverse population. Income deprivation levels and associated levels of health and social need are particularly high in the area of the branch surgery.

The practice is registered with the Care Quality Commission to provide the following regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures and surgical procedures.

Since our previous inspection, the practice has merged with another practice known as St Andrews Medical Centre which was co-located at the Greenhill Medical Centre. This has resulted in an increase to the patient list size of around 1200 patients. The practice has also deregistered Greenhill Medical Centre as a 'location' in its own right with CQC. This inspection report (and the ratings) therefore cover both the main and branch surgeries which are considered together as parts of the same service.

# Detailed findings

## Why we carried out this inspection

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

The inspection was carried out to follow up our previous comprehensive inspections carried out at Neasden Medical Centre and at Greenhill Park Medical Centre. Both services were previously rated as 'requires improvement' overall.

- At our inspection of Neasden Medical Centre on 30 October 2014 we rated the practice as 'requires improvement' for the provision of safe, effective, caring, responsive and well-led care. We found that the practice was failing to meet regulations in relation to assessing and monitoring the quality of service; records and requirements relating to workers.
- At our inspection of Greenhill Park Medical Centre on 26 March 2015 we rated the practice as 'requires improvement' for the provision of safe, effective and well-led care. We rated the practice as 'good' for its provision of caring and responsive care. We found the practice was failing to meet the regulation relating to good governance.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 October 2016 attending both Neasden Medical Centre and Greenhill Park Medical Centre. During our visit we:

- Spoke with a range of staff at both sites including the principal GP, salaried and regular locum GPs, the practice nurse, a healthcare assistant, the practice manager and receptionists.

- Observed how patients were greeted and interviewed five patients (across both sites) and a member of the patient participation group.
- We observed the facilities and equipment and any related recorded safety checks.
- Reviewed 35 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal treatment records of patients. This was necessary to corroborate what the practice told us about its management of patients with long term conditions and care planning.
- Reviewed a range of other documentary sources of evidence including policies, protocols, risk assessments, complaints and significant event logs, audit records and minutes of meetings. We also reviewed the action plans the practice had sent us following our previous inspections.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time. Reported performance and survey information cover both the main and branch surgeries unless otherwise indicated.

# Are services safe?

## Our findings

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

- Staff told us they would inform the practice manager or the lead GP of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, critical incidents, near misses and medicines and equipment alerts. The practice acted on these alerts to identify any patients affected and ensure their treatment complied with current guidelines. The practice was less organised in relation to non clinical alerts. For example, it had not risk assessed the use of blinds with looped cords within the practice in line with a recent NHS England alert.

Significant events were discussed at both clinical and staff meetings and minutes were retained. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

For example, one incident involved a 'near miss' which could have resulted in a delay to a significant diagnosis albeit due to circumstances outside the practice's control. The practice reviewed the incident and ways of minimising adverse consequences in this type of situation. As a result, the practice team clarified additional risk factors warranting proactive, urgent follow-up of diagnostic tests and telephone follow-up with the patient.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The practice had raised safeguarding alerts or called the police when the staff had concerns about potential or alleged abuse.
- Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The practice had a designated lead for safeguarding children and vulnerable adults. The GPs provided safeguarding related reports where necessary for other statutory agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs, practice nurse and practice manager were trained to child safeguarding level 3. The other staff members were trained to level 1 or 2.
- Notices in the waiting and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the lead for infection control in the practice and was supported by the practice manager and health care assistants at the main practice and the practice nurse at the branch practice. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff had received up to date training on infection control and were familiar with practice infection control protocols. The practice carried out six-monthly infection control audits. The most recent audit had identified actions to replace items of furniture, purchase protective eyewear and run an update discussion session on hand washing at the next staff meeting.
- The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of

## Are services safe?

medicine). Processes were in place for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was meeting local antibiotic prescribing targets.
- The practice had systems in place to check that all test results and other clinical tasks had been reviewed and acted on if necessary. The GPs ran personal patient lists and were responsible for reviewing test results and tasks for their own patients. The lead GP additionally reviewed all results and tasks each day as a double check.
- The practice had effective systems in place to ensure vaccines and any other medicines were stored at the appropriate temperature.
- Patient group directions (PGDs) had been adopted by the practice to allow the locum practice nurse 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).
- However, due to a misreading of guidance the practice had recently started using PGDs to govern the administration of vaccines by one of the health care assistants. We raised this with the practice. The practice confirmed after the inspection that they had reverted to their previous practice of using patient specific directions (PSDs) to govern this activity. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had appropriate health and safety policies and protocols in place with named leads. The practice provided a copy of the fire risk assessment and Legionella risk assessment both of which were up to date. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had acted on the recommendations in these reports.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety such as control of substances hazardous to health and infection control.
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix. The practice currently had a vacancy for a practice nurse at the main surgery site. Since our previous inspection in 2014, the practice had recruited a nurse practitioner but this staff member had recently left. The practice had identified recruitment to this post as a high priority and was in the process of recruiting a practice nurse.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- There were emergency medicines available in both the main and the branch surgeries. The practice had a defibrillator available on the premises and oxygen with adult and child masks at both sites. 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. However, we found that one item of

## Are services safe?

emergency medicine was missing at the branch surgery. This had not been picked up by the practice's routine monitoring checks because the packaging for this medicine was still present.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that guidelines were followed through group discussion, audits, medicines reviews with individual patients and checks of patient records. The practice showed us examples of audits of their practice against NICE and CCG prescribing guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 were 94.6% of the total number of points available compared to the national average of 95.4%. The practice exception reporting rates were in line with the national average overall. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015/16 showed:

- Practice performance for diabetes related indicators was above the local and national averages. For example, 84% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 77% and the national average of 78%. Ninety-two per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the national average of 78%. The practice's exception reporting rates for diabetes indicators were below average.

- The lead GP had an interest in diabetes and undertaken further training to provide effective education and treatment in the primary care setting.
- In 2015/16, 90% (of 29 patients) diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months, compared to the CCG average of 86% and the national average of 84%.
- For patients with a diagnosis of psychosis, 92% (of 64 patients) had an agreed, comprehensive care plan which was comparable with the CCG average of 91% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were prompted by changes and updates to guidelines, local commissioning priorities, significant events and safety alerts.
- The practice used clinical audit as a tool to monitor and improve its performance. The practice had logged several audits since our previous inspections although none of these were two cycle audits where changes had been implemented and then re-audited to ensure the improvement had been sustained.
- Topics included an audit of the impact of prescribing new medicines for diabetes which showed a marked improvement in blood sugar control for eligible patients; an audit of access to appointments as well as various CCG-led prescribing audits.
- The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team. Findings were used by the practice to improve services.

### Effective staffing

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

- The practice had a structured 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.
- 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



# Are services effective?

## (for example, treatment is effective)

to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The practice sometimes used locum GPs and checked their professional registration, references and immunisation status before they started at the practice.

- 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 on going support, one-to-one meetings, team meetings and informal discussion and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months or had an appraisal booked.
- We were told that reflection, learning and development was encouraged. For example, the practice held clinical and team meetings. Clinical meetings included regular discussion of guidelines, any significant events and unusual or complex cases.
- All staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- The practice participated in the local integrated care programme aiming to avoid unnecessary hospital admissions for patients assessed to be at high risk. Practice clinicians attended multidisciplinary meetings in the locality at which care plans were

routinely reviewed and updated for patients with complex needs. The practice also routinely liaised with health visitors, district nurses and the local palliative care team to coordinate care and share information.

- The practice actively engaged with other practices in the locality and was committed to working within a 'federation' of practices for the benefit of patients. For example, practice staff had access to locality training and meetings.

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

### Supporting patients to live healthier lives

The practice identified patients in need of extra support. For example: patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- In 2015/16, 45% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 77% and the national average of 81%. A female sample taker was available at the branch surgery but there were currently no practice nurse sessions offered at the main surgery.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast. Coverage rates for these programmes were in line with the CCG average.
- Childhood immunisation rates were below average and the practice had not achieved the 90% target in 2015/16. For example, 81% of eligible babies had received the full

## Are services effective?

(for example, treatment is effective)

course of recommended vaccines by the age of one year. The practice followed up children who did not attend their initial appointments and children were prioritised for vaccination at the branch surgery.

- 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.

The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP and the benefits of the programme, for example, the practice had recently diagnosed a patient with a serious condition at an early stage through a new registration check.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were polite and helpful to patients and treated them with respect. During the inspection, the practice dealt with the unexpected arrival of a patient in crisis. This patient was treated kindly by reception and clinical staff and taken to a private area before seeing a doctor.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We were given several examples where practice staff had gone out of their way to provide compassionate care. For example, the lead GP had attended a patient in crisis at their home out of hours to avoid the need for police intervention.

All the patients who participated in the inspection were very positive about care they received at the practice, for example the doctors were consistently described as professional and prompt in organising referrals or advising on options. Patients also described the receptionists as friendly and helpful.

Results from the national GP patient survey reflected these findings. The practice's results were statistically comparable to the national and local averages for patient experience of consultations. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 75% 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 85%.
- 86% 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%.

- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they were listened to and were involved in decisions.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their treatment. The practice results were statistically comparable to the local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 73% 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%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

The practice had carried out its own larger survey of patient experience in 2016. It received 290 completed questionnaires from 310 given out to patients. The results were consistently positive, for example, 91% of patients said the doctor had been good or very good at involving them in their care and 96% described their doctor as good or very good at assessing their health.

### 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 including information for carers. One of the comments we received was from a patient who said they had received very good support from the practice after experiencing a miscarriage.

The practice computer system alerted staff if a patient was also a carer. The practice had a register of 67 carers (that is, just under 1% of the practice population). The practice

## Are services caring?

offered carers the flu vaccination and priority for appointments. One carer who completed a comment card for the inspection commented that the surgery understood their situation and the staff were always helpful.

Staff told us that if patients had suffered bereavement, the GP would visit or telephone. The practice signposted patients to bereavement support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team, the clinical commissioning group (CCG) and was active in its locality group of GP practices to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability or other more complex needs.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems.
- The practice offered travel vaccinations at the branch practice. The practice provided information about which vaccinations were available free on the NHS and which were available privately for a set fee.
- There were disabled facilities and translation services. Consultation rooms were located on the ground floor on both sites and all areas were accessible to people with disabilities. The practice did not have induction hearing loop facilities however.
- Patients were able to request appointments with a male or female GP. Practice nurse appointments were currently only available at the branch surgery (Greenhill Park Medical Centre).
- The practice had a relatively high number of patients who were vulnerable due to their circumstances, for example patients with enduring mental health needs or patients with no permanent address. Practice staff were familiar with these patients and understood for example, which patients might not be able to tolerate waiting for long.

### Access to the service

- Neasden Medical Centre was open from 8am–12:30pm daily. The surgery opened in the afternoon from 3pm–6.30pm Monday to Wednesday and 3pm–6pm on Friday. The surgery was closed on Thursday afternoon. Extended hours appointments were offered at Neasden Medical Centre from 10am–2pm every Sunday.

- Greenhill Park Medical Centre was open from 9am–1pm every day and from 4pm–6pm Monday, Tuesday, Wednesday and Friday. The surgery was closed on Thursday afternoon. Practice nurse appointments were available Monday to Friday.

Practice patients were able to attend either surgery according to preference for routine appointments. The practice offered online appointment booking and an electronic prescription service. Same day appointments were available for patients with complex or more urgent needs. The GPs made home visits to see patients who were housebound or too ill to visit the practice.

With the exception of patient satisfaction with opening hours, the results from the national GP patient survey showed that patient satisfaction with access to the service tended to be above or in line with the local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 85%.
- 78% of patients described their experience of making an appointment as good compared to the CCG average of 68% and the national average of 73%.
- 54% of patients were usually able to see their preferred GP compared to the CCG average of 52% and the national average of 59%.
- 37% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 42% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The only negative comment came from one patient who said that appointments were sometimes delayed by late running surgeries but otherwise access was good.

The practice had carried out an audit of access to the service in 2015. This monitored all appointment requests (for a nurse or doctor) over the course of a week and

# Are services responsive to people's needs?

(for example, to feedback?)

showed that 90% of patients who requested an appointment were seen within two working days. Only two patients out of 155 had to wait longer than three working days for an appointment.

The CCG provided out of hours primary care services at weekends and evenings which practice patients were able to use if they were unable to obtain a convenient appointment at the practice.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system.
- We looked at the one formal complaint received in the last 12 months. This involved a failure in communication. The practice had responded promptly with an apology and was planning to review the use of interpreters at the next staff meeting. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. Practice meetings included a standard agenda item on patient complaints.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice vision was to improve the health and quality of life of its patients and the community while providing a positive and safe experience for patients. However, the practice did not display a mission statement or other summary of its vision in the waiting area, on its website or in the practice leaflet.

- Staff we interviewed consistently told us the practice aimed to provide a high standard of care and they believed patients received a good service.
- The practice had a strategy and supporting business plans which reflected the vision and which were regularly monitored. The practice aimed to be an active member of its local GP federation. The practice had a five year strategy to improve the range and provision of primary care by working in partnership with other practices and investing in staff development and training.
- The practice had identified a number of more immediate objectives including the recruitment of a practice nurse at the main surgery and extending the main surgery which was limited in space. The branch surgery was also in need of a refresh.
- In 2015, the practice had successfully merged with another small practice which had relocated to the branch surgery. As a result the practice patient list had increased by around 1200 patients who predominantly used the branch surgery site. The practice had systematically assessed the impact of the merger for example on staffing requirements and access to appointments.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff in folders on the shared drive and in physical folders located in the reception areas.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.

- There was a comprehensive understanding of the performance of the practice. Benchmarking information was used to monitor practice performance in comparison to other practices within the same locality.

### Leadership and culture

The lead GP and senior staff had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised patient centred care and were able to provide examples. The lead GP and salaried GP and practice manager were accessible to patients and other staff members.

- There was evidence that changes to policies, guidelines, systems and processes were shared with staff. For example, changes to policies were discussed at the monthly staff meetings.
- Staff said they felt respected, valued and supported by the practice manager and GPs. The practice had undergone change over the previous two years since our previous inspection with the merger of the practice with another. Staff who had transferred to Greenhill Park Medical Centre from their original practice told us the culture was different but they were adjusting and had access to training, team meetings and more informal sources of support from colleagues.
- The practice held monthly staff meetings for staff from both the main and branch practices. Records of these meetings were kept for future reference. The practice made a point of sharing the learning from complaints and significant events with all staff.
- The provider complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

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

- It gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met twice a year, was involved in patient surveys and submitted proposals for improvements to the practice management team. The PPG had discussed the practice



# Are services well-led?

Good 

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

plans for expansion at the last meeting. We spoke with one member of the PPG who told us that the PPG had approved of Sunday morning opening and thought this was working well.

- The practice had also gathered feedback from staff through appraisals and staff discussion.
- Staff told us they would feel able to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

We found that the practice had acted on most of the concerns identified at our previous inspections. We found that the practice had improved in the following areas:

- The practice ensured that appropriate pre-employment checks were carried out before staff started work at the practice.
- All staff acting as chaperones had a Disclosure and Barring Service check and received training on the role. Patients were informed they could request a chaperone.
- The practice had purchased lockable cabinets and implemented new procedures to ensure that confidential information and prescription materials were stored securely.
- The patient group directions in use in the practice were correctly signed by the GP and practice nurse.
- There was greater clarity about the designated practice leads for child protection, safeguarding, health and safety, infection control and other key areas of practice in the main and branch surgeries.

- The practice kept records showing that learning from serious events, safety incidents, complaints, and feedback was being shared with staff.
- The practice had arranged for legionella risk assessments to be carried out at both the main and branch surgeries. The practice had acted on the recommendations.
- The practice had formalised its vision, aims and objectives although we found limited evidence that these had been widely shared with patients.

The practice had not fully acted on two of our concerns. These were:

- The low coverage of cervical screening among eligible female patients. The practice had appointed a nurse practitioner to work at the main surgery following our previous inspection but this staff member had recently left. The practice still had a large backlog of patients who were overdue a cervical screening test. The practice was in the process of recruiting a new practice nurse as a priority, but had not considered alternative solutions in the interim, for example using a locum nurse.
- The practice was using clinical audit to measure its performance against national guidelines. The examples we were shown were well designed and described with clear evidence of early impact. However, the practice had not yet completed any two cycle audits to demonstrate sustained improvements to practice.



This section is primarily information for the provider

## 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  The provider must take steps to ensure it has sufficient, suitably qualified practice nursing staff to meet the needs of its patients.