

# Dr Mukesh Pandya

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Mukesh Pandya's practice on 5 February 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the February 2015 inspection can be found by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced comprehensive follow-up inspection on 9 September 2016. This report sets out our findings. Although the practice had made improvements in response to our previous inspection, overall the practice remains rated as requires improvement.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

- Most risks to patients were assessed and well managed, although the practice had difficulty providing us with some evidence from key documents on the day.
- The practice had policies and procedures in place on safeguarding. However, the practice was not effectively cooperating with a safeguarding investigation involving the practice.
- Data showed most patient outcomes tended to be in line with the national average. The practice had improved the use of clinical audit since our previous inspection.
- The practice had completed premises improvements since our previous inspection, for example, installing a ramp and accessible entrance to the waiting room.
- Patient feedback was mixed. Patients who participated in the inspection were overwhelmingly positive about the service. However, the practice scored relatively poorly in the national patient survey for the quality of consultations.

# Summary of findings

- The practice scored highly with patients on access to the service. Patients were usually able to book an appointment within three days and were able to see their preferred GP if they wished.
- The practice had policies and procedures to govern activity and visible leadership in the form of the principal GP. The practice had recently appointed a practice manager.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the practice must:

- The practice must safeguard vulnerable adult patients by acting in line with locally agreed policies and procedures. This includes the prompt internal investigation of any allegations of abuse or neglect. The practice must share requested information with the statutory lead safeguarding agency as required.
- The practice manager must have sufficient support and training to be able to carry out their responsibilities safely and effectively.

In addition the provider should:

- The practice should consider whether it requires an additional system to ensure that all safety alerts (both clinical and non clinical) are disseminated and acted on.

- The practice should continue to work to improve its performance on diabetes related indicators.
- The practice should reintroduce a structured induction programme to ensure new members of staff are familiar with key policies, operating protocols and safety procedures.
- The practice should ensure that recommendations from infection control audits are acted on or are risk assessed for appropriate action for example, in the form of an action plan.
- Senior practice staff should ensure that key documents (paper or electronic) are readily available for inspection or review as required.
- The practice should continue to embed clinical audit and completed audit cycles as tools for clinical improvement.
- The practice should ensure that patient participation group members are familiar with the group's terms of reference to reduce the risk of confusion or misunderstanding.
- The practice should investigate its consistently lower than average results on the national patient survey for the quality of consultations.
- The practice should document, discuss and learn from verbal complaints.

**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 requires improvement for providing safe services.

**Requires improvement**



- We noted that the practice had acted on specific safety concerns highlighted at the previous inspection.
- 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.
- The practice had policies and procedures to keep patients safe and safeguarded from abuse and all staff received appropriate training.
- However the practice had not shared key information about a safeguarding complaint with the lead agency investigating the case and the case against the practice had been upheld. The practice had not met its responsibility to safeguard vulnerable adult patients.
- Most risks to patients were assessed and well managed. The branch practice had recently been refurbished to current infection control standards.
- The practice was prepared for most emergencies although it did not have all recommended emergency medicines at the time of the inspection visit.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes tended to be in line with the national average although diabetes indicators were below average.
- The practice had actively identified more patients with chronic obstructive pulmonary disorder (COPD) bringing the practice prevalence of COPD into line with the CCG average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had carried out some clinical audit since our previous inspection which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment or were working towards being able to demonstrate this.

# Summary of findings

- There was evidence of appraisals and personal development plans for most staff although some appraisals were overdue. The practice had not yet provided the most recent staff recruits with a structured induction.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice markedly below the local and national averages for quality of consultations. There had been no improvement since our previous inspection.
- Patient feedback on the day of the inspection and through the 'Friends and family' survey was much more positive. Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients was easy to understand and accessible. Interpreting services were available.
- Staff protected patient confidentiality.
- The practice provided emotional support for patients for example following bereavement.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with other agencies and service commissioners 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 improved the premises and waiting room 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 to issues raised formally. Verbal complaints were not documented.

**Good**



## Are services well-led?

The practice is rated as requires improvement for being well-led.

**Requires improvement**



# Summary of findings

- The practice had a vision and strategy to deliver patient-centred care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- We noted that the practice was relying on a newly recruited practice manager who was new to the role. We were concerned that this manager was not being provided with enough support or training opportunities to undertake this role effectively.
- The practice was failing to protect vulnerable adult patients from abuse or neglect. It had not investigated an allegation of abuse appropriately nor shared requested information with the investigating agency. The practice had not acted in line with its own safeguarding policy and procedures. This was an example of poor governance and leadership.
- The practice sought feedback from staff and patients although it had not investigated its relatively poor results for some questions in the national patient survey. The patient participation group was active and met regularly.
- The practice had responded to our previous inspection. We saw evidence of improvement, for example in the use of clinical audit and improved disability access to the main surgery.

# 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 requires improvement for the care of older people. There were aspects of care and treatment that required improvement that related to all population groups.

- The practice offered personalised care to meet the needs of the older people in its population. Patients told us continuity of care was good and they could usually see their preferred GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had access to a local outreach nurse who carried out home visits to patients over 75 in the locality including those who were at risk of rapid deterioration and hospital admission. The associated care plans were well documented with evidence of good patient involvement.
- The practice offered eligible older patients the flu, shingles and pneumococcal vaccinations.
- The practice identified and provided support to carers.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. There were aspects of care and treatment that required improvement that related to all population groups.

- The practice had identified patients with long-term conditions and offered these patients a structured annual review to check that their health and medication needs were being met.
- The practice was performing well for most indicators of chronic disease management and the specialist community nurses attended the practice regularly.
- However practice performance on diabetes was below average. For example in 2014/15, 66% of diabetic patients had blood sugar levels that were adequately controlled compared to the CCG average of 77% and the English average of 78%.
- The practice had achieved a good uptake among patients with long-term conditions for flu vaccination.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were aspects of care and treatment that required improvement that related to all population groups.

Requires improvement



# Summary of findings

- The principal GP was the safeguarding lead for the practice. There were systems in place to identify and follow up children at risk of abuse.
- The practice prioritised young children and babies for urgent or same-day appointments. Parents we spoke with said they were able to obtain appointments for young children without difficulty.
- In 2014/15, 76% of practice patients with asthma had an asthma review in the preceding 12 months compared to the national average of 75%.
- The practice provided child immunisations. Immunisation rates were above or close to the 90% targets for all standard childhood immunisations. The practice liaised with the health visitors to follow up children who did not attend for immunisation.
- Appointments were available outside school hours.

## **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). There were aspects of care and treatment that required improvement that related to all population groups.

- The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible.
- Appointments at the practice were available in the evening one day a week. Telephone consultations were available during opening hours.
- The practice offered health promotion and screening services appropriate for this group, for example NHS health checks to adults aged 40-74.
- The practice cervical screening coverage rate was 77% compared to the CCG average of 77% and the national average of 82%.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

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

- The practice offered longer appointments for patients with a learning disability and other complex needs.
- The practice regularly worked with other health care professionals for example health visitors, in the management of vulnerable patients.

**Requires improvement**





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice screened for risks such as domestic violence and female genital mutilation for example as part of antenatal care.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- However the practice did not always meet its responsibilities to share information in relation to safeguarding concerns with the relevant agencies.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There were aspects of care and treatment that required improvement that related to all population groups.

- In 2014/15 five of six of patients diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months. This was in line with the national and CCG averages.
- The practice screened patients for dementia and had increased its prevalence rate. Patients identified as at risk were referred to the local memory clinic. Patients with dementia were offered regular reviews at the practice.
- 84% (31 of 37) patients diagnosed with psychosis had a comprehensive, agreed care plan documented in the record, within the last 12 months, which was comparable with the the national average of 88%.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The survey programme distributed 360 questionnaires by post and 98 were returned. This represented 3% of the practice's patient list (and a response rate of 27%). The results showed the practice received mixed results with lower than average scores for the quality of consultations and comparable or higher than average scores for access to the service.

- 89% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 64% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 62% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 87% of patients described the receptionists as helpful compared to the CCG average of 84% and the national average of 87%.

- 67% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

We spoke with five patients during the inspection including two members of the patient participation group and received 45 completed patient comment cards. Patients who participated in the inspection were overwhelmingly positive about the practice.

In contrast to the national patient survey, participating patients were positive about all aspects of the service, describing the clinical team and receptionists as helpful and the service as good or excellent. They gave us examples of carer support, being involved in decisions and good continuity of care for example for enduring mental health problems. One patient told us they had registered at the practice through word of mouth recommendation and were pleased with the service so far.

The practice participated in the 'Friends and family' questionnaire survey with positive results. It had an active patient participation group and members told us the practice was responsive to suggestions and had made improvements as a result of patient feedback.

## Areas for improvement

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

- The practice must safeguard vulnerable adult patients by acting in line with locally agreed policies and procedures. This includes the prompt internal investigation of any allegations of abuse or neglect. The practice must share requested information with the statutory lead safeguarding agency as required.
- The practice manager must have sufficient support and training to be able to carry out their responsibilities safely and effectively

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

- The practice should consider whether it requires an additional system to ensure that all safety alerts (both clinical and non clinical) are disseminated and acted on.
- The practice should continue to work to improve its performance on diabetes related indicators.
- The practice should reintroduce a structured induction programme to ensure new members of staff are familiar with key policies, operating protocols and safety procedures.
- The practice should ensure that recommendations from audits are acted on or are risk assessed for appropriate action for example, in the form of an action plan.

# Summary of findings

- Senior practice staff should ensure that key documents (paper or electronic) are readily available for inspection or review as required.
- The practice could do more to embed clinical audit and completed audit cycles as tools for clinical improvement.
- The practice should ensure that patient participation group members are familiar with the group's terms of reference to reduce the risk of confusion or misunderstanding.
- The practice should do more to investigate its consistently lower than average results on the national patient survey for the quality of consultations.
- The practice should document, discuss and learn from verbal complaints.

# Dr Mukesh Pandya

## 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 and a practice manager specialist adviser.

## Background to Dr Mukesh Pandya

Dr Mukesh Pandya's practice is located in Harrow in North West London. The practice provides NHS primary medical services through a personal medical services contract to around 2850 patients. The practice has two surgeries with the main surgery located at 48 Harrow View and a smaller branch surgery around one mile away at 86 Spencer Road, Wealdstone. Patients registered with the practice are able to attend either surgery. This inspection covered both surgeries.

The practice has a larger than average proportion of younger adults on its patient list, particularly in the 25-34 age range. Income deprivation and employment levels for the practice population are similar to the English average while Harrow is one of the most ethnically diverse boroughs in the country and many patients speak English as a second language. The prevalence of diabetes in the practice population is particularly high at 11%.

The current practice staff team comprises the principal GP, a practice nurse, a health care assistant, a part-time practice manager and reception and administrative staff. The practice employs two sessional GPs on a regular locum

basis and has an informal arrangement with a nearby practice to see patients who wish to consult with a female doctor. The practice employs around 1.5 GPs on a whole time equivalent basis.

- The Harrow View surgery is open between 9am and 6.30pm during the week. Appointments with a doctor are available between 9.30am and 11.30am every weekday and between 5pm and 6.30pm Monday, Tuesday, Wednesday and Friday. Appointments are also available here every Thursday evening between 6.30pm and 8pm.
- The Spencer Road branch surgery is open between 8am and 4.30pm during the week. Appointments with a doctor are available between 8am and 9am every weekday and between 3pm and 4.30pm on Monday, Tuesday, Wednesday and Friday.
- The GPs undertake home visits for patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are signposted to the local out-of-hours primary care service. The practice provides information about local walk-in and emergency services on its website and on a recorded telephone message.

The practice is a teaching practice, providing short term placements for medical students although placements had been temporarily suspended at the time of the follow-up inspection.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery services; and, surgical procedures.

We previously inspected the practice on 5 February 2015. The practice was rated as requires improvement overall at that time.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive follow-up inspection of Dr Mukesh Pandya's practice on 9 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This was because the service had been identified as not meeting all legal regulations at our previous inspection on 5 February 2015 and because the practice had been rated as requires improvement for four key questions and overall.

Specifically, we identified breaches of regulation 12 'Safe care and treatment' and regulation 17 'Good governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that patients were at risk of harm because:

- Care and treatment was not being provided in a safe way. In particular the provider did not have effective systems in place to assess the risk of and prevent the spread of health care associated infections in the branch surgery.
- The provider did not have effective systems in place to effectively assess and monitor the quality and safety of the service. For example, the provider was not completing clinical audit cycles, investigating variation in comparative performance and practice activity or acting on patient feedback to improve the service.

The full comprehensive report on the February 2015 inspection can be found by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice including the action plan the practice had submitted after the previous inspection and asked other organisations to share what they knew. We carried out an announced visit on 9 September 2016. During our visit we:

- Spoke with the principal GP, the practice manager, the practice nurse, the health care assistant and members of the reception and administrative team.
- Spoke with five patients who were attending the practice on the day of the inspection including two members of the patient participation group.
- Reviewed 45 comment cards completed by patients in the days leading up to the inspection.
- Observed how patients were greeted on arrival at reception.
- Reviewed the electronic appointments system.
- Reviewed a range of practice policies and related documentary evidence, such as infection control protocols, monitoring checks and audits.
- Inspected the practice premises, facilities and equipment at both the main and branch surgeries.

This follow up inspection was carried out to check that required improvements had been made. We inspected the practice against the five questions we ask about services:

- 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.

Please note that when referring to information throughout this report, for example the national GP patient survey results, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the principal GP or practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice logged significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that significant events were discussed at clinical meetings and records kept for future reference. For example, the case of a patient who requested an urgent referral for a problem that was, in the view of the doctor concerned, not clinically indicated. The patient had become verbally abusive the clinicians had been discussed how the case might have been handled to avoid this outcome.
- Safety alerts were received electronically by the GPs but since the departure of the previous practice manager, the practice did not have any additional reminder systems in place. The practice was able to provide evidence that it had acted on recent alerts, for example, the practice had conducted a search to check that sodium valproate had not been prescribed to women of child bearing age in response to a national medicines safety alert.

### Overview of safety systems and processes

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

- The practice had a policy and operating procedures in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.
- Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the practice lead for adult and child safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. The GPs and practice nurse were trained to child safeguarding level 3.
- However, the practice had recently itself been subject to safeguarding allegations about the care of a vulnerable adult and had not responded appropriately or promptly to the social services safeguarding team's requests for more detailed information. In the absence of evidence from the practice, the safeguarding concern against the practice was upheld shortly after our inspection visit. During the visit, the principal GP told us the link nurse had represented the practice at safeguarding meetings but the GP seemed unaware of the need to provide additional information. The practice response did not meet the practice's own safeguarding policy nor current guidelines on sharing information with agencies with statutory responsibility for safeguarding.
- 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 we were told 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 submitted documentary evidence that DBS checks had been carried out shortly after the inspection visit.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy at both the main and the branch practice. The principal GP was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. The branch practice had been refurbished since our previous inspection visit and modernised in line with current infection control standards.
- The local NHS infection control team had carried out an infection control audit at the main practice in 2015 and the practice had acted on the recommendations. The

# Are services safe?

practice carried out its own infection control audits to monitor whether infection control standards were being fully maintained. The most recent audit had been carried out in March 2016. This had not yet been fully actioned.

- There were effective arrangements for managing medicines in the practice, including emergency medicines and vaccines (covering obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions and there were clear protocols to monitor patients prescribed high risk medicines which were followed. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice carried out medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines and was aware of areas where practice prescribing was higher or lower than the average. The practice had procedures in place to monitor the temperature of vaccines requiring refrigeration. The practice checks were available and showed that temperatures were monitored in line with guidelines.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines. (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 personnel files and found appropriate recruitment checks were only partially included in the files. The practice located this information and submitted it to us shortly after the inspection visit. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been carried out.

## Monitoring risks to patients

Most 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 policies governing procedures to manage various aspects of health and safety policy. The practice had up to date fire risk assessments and carried out regular fire

safety checks. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises at both the main and branch surgeries such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- However, we found the clinical waste bin located outside the entrance of the branch surgery was unlocked on the day of the inspection. The practice confirmed shortly after the inspection visit that it had reviewed its safety protocol and staff had been reminded the bins must be kept locked.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a staff rota to ensure enough staff were on duty. The practice used regular locum GPs to cover the planned absence of the principal GP.

## 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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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, the practice did not stock all recommended emergency medicines. In particular it did not have rectal or intravenous diazepam on the premises in case of epileptic fit. The practice confirmed it had obtained this emergency medicine shortly after the inspection visit.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and a 'buddy' arrangement with a nearby practice to share facilities if required. The plan



## Are services safe?

included emergency contact numbers for staff and was accessible offsite. The practice had recently had to put

parts of the plan into action when it experienced a telephone failure. As a result the practice had been able to maintain the service until the telephone system was repaired.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example the practice was using templates within the electronic record system to manage diabetes and chronic obstructive pulmonary disease (COPD) which were designed and updated to reflect NICE guidance.
- The practice monitored that these guidelines were followed through audits, searches and checks of patient records. The principal GP participated in locality meetings where new and updated guidelines were discussed and held a regular clinical meeting within the practice.

### 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 2014/15 were 93.4% of the total number of points available compared to the English national average of 94.8%. The practice had below-average rates of exception reporting. For example its exception reporting for the clinical domain was 4% compared to the clinical commissioning group average of 8%. (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 2014/15 showed:

- The prevalence of diabetes was higher than average at 11%. Performance for diabetes related indicators was below the CCG and national averages. For example, 66% 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 English average of 78%. However, the practice had very low exception reporting for this indicator of only 1% compared to the CCG average of 9%.

- Performance for mental health related indicators tended to be close to the national average. For example 31 of 37 (84%) patients diagnosed with a psychosis had a documented care plan in their records compared to the CCG average of 91% and the English average of 88%. The practice had zero exception reporting for this indicator compared to the CCG average of 10%.
- The practice had fewer than ten patients diagnosed with dementia. All but one of these patients had attended a face to face review in the previous year.

There was increased evidence of quality improvement since our previous inspection including greater use of clinical audit although the use of clinical audit remained quite limited.

- We saw two examples of practice driven clinical audits completed since our previous inspection. This included an audit of COPD prevalence which had been significantly lower than the CCG average in 2015. The practice had purchased a spirometer to help diagnose COPD and worked on increasing staff awareness of signs and symptoms. The audit showed the number of patients diagnosed with COPD and receiving treatment had increased since the practice had introduced spirometry from nine to 19 patients. The practice prevalence was no longer significantly different from the CCG average.
- The practice had also carried out audits with multiple cycles including an audit of eye drop prescribing and an ongoing audit of patient non attendance at booked consultations (DNAs). The practice had started writing to patients who did not attend consultations and the rate of non-attendance had fallen in 2016.
- The practice participated in local audits, national benchmarking, and shared information with other practices at locality meetings and the CCG pharmacy team.
- The practice tracked its antibiotic prescribing, emergency admissions, A&E attendances and referral rates.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

Clinical staff had the proven skills, knowledge and experience to deliver effective care and treatment or were in the process of updating and demonstrating their competencies.

- The principal GP had received a warning from the General Medical Council in August 2015. We saw evidence that the GP was attending relevant training and working in collaboration to ensure they were appropriately skilled to deliver effective care and to meet the standards required of a doctor.
- 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.
- 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 practice did not have a current induction programme for newly recruited staff. The practice manager was new to the post and told us this was something they would re-introduce as a priority.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We found that some staff appraisals were overdue. The practice manager told us these would be scheduled in the coming weeks. 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 and formal appraisals.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training opportunities as appropriate.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and a shared computer drive.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice relied on the enhanced nurse practitioner (who worked across a number of practices in Harrow) to update care plans and visit patients in their own homes. We reviewed a number of care plans and found they were up to date, comprehensive, very well completed and included the views of patients (and their carers when appropriate). There was evidence of good coordination of care and discussion of issues such as advance decisions with patients.

### 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

# Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 77% in 2014/15, which was in line with the CCG average of 77%. There was a policy to follow up patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

In 2014/15, the practice was achieving childhood immunisation targets. For example, over 90% of children had received the standard vaccinations by the age of one year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, health checks for patients with learning disability 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. The practice had a strong track record in encouraging eligible patients to have the flu vaccination and had met local targets.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients and members of the patient participation group described the clinical team and receptionists as helpful and the service as good or excellent. They gave us examples of carer support, being involved in decisions and good continuity of care for example for enduring mental health problems. One patient told us they had registered at the practice through word of mouth recommendation and were pleased with the service so far.

However, the practice tended to score markedly below average on the national patient survey for patient experience of consultations with GPs and nurses. The practice results had not improved since our previous inspection. For example:

- 65% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 62% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 66% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.

The practice participated in the standardised 'Friends and family' survey. The most recent results for April to July 2016 showed that 87% of 145 respondents would recommend the practice to others.

### 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. Patients told us they were able to make an appointment with their preferred GP.

Results from the national GP patient survey showed that a majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment but again results tended to be well below local and national averages. For example:

- 58% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 55% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 58% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

The practice provided information for patients to facilitate involvement in decision-making about their care:

- Information for patients was easy to understand and accessible. The practice had developed its own website with useful information.
- Care plans were completed with patients (and their carers or family members if appropriate) and included patients' objectives and goals for example, covering social and personal objectives and advance decisions about care or treatment.
- Translation or signing services were available for patients who did not have English as a first language or who had hearing difficulties.
- The receptionists added a note to the electronic record system to alert them if a patient usually required an

## Are services caring?

interpreter so this could be booked when patients rang to make an appointment. We met a patient with an interpreter during the inspection who said that they were able to understand their consultation.

### **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.

Patients participating in the inspection told us the principal GP had been a source of comfort and good advice at difficult times. Patients who had been registered at the practice for a number of years said they had developed a good relationship with the staff.

We were told that the practice supported patients who were carers and the principal GP was proud of the practice's track record in this respect - having received an award some years earlier from a carers' group. The practice had 28 recorded carers on the system, that is 1% of the registered patient list. The electronic record system was coded to alert staff if a patient was also a carer. The practice was able to direct carers to the various avenues of support available to them, offer free flu vaccinations and flexibility over appointments.

The principal GP visited patients and families following a bereavement. This was followed this up with further contact and advice on support services as appropriate.

# 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 clinical commissioning group (CCG) and other practices in the locality to secure improvements to services where these were identified. For example, the practice had participated in a scheme to employ an enhanced nurse practitioner to provide support to patients with complex conditions and who were housebound. This scheme had been fully implemented since our previous inspection and we noted clear improvements, for example in the quality of care planning for this group of patients. The principal GP had been instrumental in establishing this scheme.

- The practice offered evening opening hours on Tuesday for patients who found it difficult to attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or other complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with more urgent medical problems.
- Patients were able to receive travel vaccinations. The practice informed patients in advance which vaccinations were available free on the NHS and about any which were available only on a private prescription basis and the associated fees.
- The service was accessible to patients with disabilities. The practice had installed an accessible entrance to the waiting area in the main surgery. This was a notable improvement since our last inspection. The branch surgery was also fully accessible.
- A translation service was available and was regularly used.
- The practice aimed to be as flexible as possible with its registration procedure and was accessible to patients for example who had arrived in the UK as refugees.

### Access to the service

- The Harrow View surgery was open between 9am and 6.30pm during the week. Appointments with a doctor were available between 9.30am and 11.30am every

weekday and between 5pm and 6.30pm Monday, Tuesday, Wednesday and Friday. Appointments were also available every Thursday evening between 6.30pm and 8pm.

- The Spencer Road branch surgery was open between 8am and 4.30pm during the week. Appointments with a doctor were available between 8am and 9am every weekday and between 3pm and 4.30pm on Monday, Tuesday, Wednesday and Friday.

Results from the national GP patient survey showed that, aside from opening hours, patient satisfaction with access to the service was above the local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 87% of patients said they were able to book an appointment to see or speak to a GP or nurse compared to the CCG average of 81% and the national average of 85%.
- 67% of patients said they were usually able to see or speak to their preferred GP compared to the CCG average of 49% and the national average of 59%.

People confirmed on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system.
- Verbal complaints were not documented and the practice was potentially missing opportunities for learning from these.

The practice had received one complaint in the last 12 months. This was ongoing at the time of the inspection but had been acknowledged in writing in line with the practice complaints policy. The practice discussed patient feedback at practice meetings.



# Are services well-led?

Requires improvement 

(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 provide patient-centred, accessible service enabling patients to achieve good outcomes. The practice was open to change and working with other practices. Staff members also told us the practice aims and ethos of providing an effective service that put patients first. One staff member described it as a family focused practice.

The practice had a strategy for development which included longer term planning and succession arrangements.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were accessible to staff within the practice. The principal GP was the lead for safeguarding, child protection and infection control at the practice. Staff were clear about who the lead GP was for these areas.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance and locally agreed targets. QOF data was regularly discussed and progress monitored throughout the year.

We noted that the practice was making increased use of clinical audit and sharing the results within the practice since our previous inspection.

The practice monitored its prescribing and referral rates and admissions to A&E. It's was generally scoring well on these indicators. Practice referral rates had increased since our previous inspection and were somewhat closer to the CCG practice average.

The practice had targeted the previously low prevalence of chronic obstructive pulmonary disease (COPD) as an area for action with demonstrable success.

The practice was able to show us most policies, procedures and records we requested on the day of the inspection. However, the practice manager (who had been in post for eight weeks) was unable to locate recruitment records, safety alerts and some training and appraisal records on the day. There was no structured induction programme in place and some appraisals were overdue.

The practice manager was new to the role of practice management and was understandably unclear about certain standards and regulations (for example, around infection control and safety alerts). We were concerned that the manager did not have sufficient support to enable them to properly develop in the role and fully carry out their responsibilities. For example they had not been enrolled on any formal practice management training programme and relied on the principal GP for day to day operational advice and support. (This finding is not intended to be personally critical of the individual manager concerned.)

### Leadership and culture

Leadership was provided by the principal GP and practice manager. Staff told us that the principal GP was visible and approachable.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

However after our inspection a safeguarding concern raised against the practice was upheld due to a lack of cooperation and response to requests for information.

During the inspection, there was a lack of recognition within the practice of the seriousness of the concern which was being treated internally as a complaint. The practice had not prioritised or shared information with social services (the statutory lead agency for safeguarding) either in line with its own policy or with locally agreed guidelines. The practice therefore was not ensuring that patients were protected from the risk of abuse or neglect.

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

- The practice held regular team meetings every two to three months and kept minutes of the discussion and any action points.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time. Staff were involved in discussions about how to develop the practice.



# Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported by their colleagues the practice manager and the principal GP. The practice manager was new to the practice and said that they had been made to feel welcome and valued in the role.

The principal GP was open to change and collaborated with other practices and with health professionals for the benefit of patients, for example liaising with the palliative care nurse when necessary and holding clinics with the local specialist nurses at the practice, for example for diabetes.

We reviewed a number of policies and procedures which were in place to support staff. Staff we spoke with knew where to find these policies if required. The practice also had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

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

The practice had mechanisms to gather feedback from patients, through the national patient survey, the Friends and Family Test (a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care) suggestions, and complaints received.

The practice also had an active patient participation group (PPG). We spoke with two members who were strong advocates for the practice and told us that they frequently visited and spoke with patients and generally received positive feedback about the service. One of the PPG members told us they had a lot of 'power' in the practice by which they meant they were able to advise the practice on potential contractors or undertake 'handyman' type work

due to their particular experience and skills. The practice should ensure that PPG members are clear about their terms of reference to ensure they do not inadvertently mislead patients about their role.

The patient feedback we received on the day of the inspection was overwhelmingly positive. However we remain concerned by the low scores that practice received on the national GP patient survey for the quality of its consultations. The practice had not investigated this further beyond the Friends and family survey and more informal sources of feedback such as cards and compliments. The practice had not kept a record of verbal complaints which were a potential source of learning.

The practice had gathered feedback from staff through monthly practice meetings and annual appraisals. Staff told us their managers were approachable and they felt comfortable to give feedback and discuss any concerns or issues. Staff told us they felt involved and engaged and the practice manager was responsive to suggestions.

## **Continuous improvement**

The practice was keen to develop and improve. For example, since our previous inspection refurbishment work had been completed on the branch practice and there had been improvements to the physical accessibility of the main practice. Both sites now had television screens in the waiting area displaying health information videos and messaging.

The principal GP had actively supported the scheme to employ an enhanced nurse practitioner to provide treatment and support to patients across several practices in the community. We saw evidence that the scheme was having a positive impact for example, on the quality of care planning.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment  The practice was failing to safeguard vulnerable adults from the risk of abuse or neglect. The practice did not operate systems and processes to effectively investigate, immediately upon becoming aware of any allegation or evidence of such abuse.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  The practice was not ensuring that all staff members received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.