

Dr Rozewicz & Partners

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rozewicz and Partners (also known as Simpson House Medical Centre) on 21 July 2016. Overall the practice is rated as good.

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

- The governance framework supported the delivery of the strategy and good quality care, although arrangements to monitor and improve quality of services needed to be strengthened in areas.
- Although there were translation services provided, there were no notices displayed in the practice informing patients this service was available. This was quickly addressed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. Prescription pads had not been stored securely but this was quickly addressed.
- Patients said they were treated with compassion, dignity and respect, but some said they were not always able to get appointments when they needed them.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There were effective systems in place to safeguard vulnerable adults and children. Two of the management staff had received level 4 child safeguarding training.
- The practice had a system in place to identify carers. There was effective joint working with the patient participation group (PPG) and an external organisation to undertake carers' events such as hosting a monthly coffee morning.
- 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.
- The practice's Simpson Spectator quarterly newsletter, developed by the PPG together with the practice, was available in easy read format.

Summary of findings

- There was a staff recognition programme in place which allowed practice staff and patients to nominate and recognise an individual staff member for their achievements.
- The provider was aware of and complied with the requirements of the duty of candour.

In addition, the provider should:

- Monitor the new prescriptions security policy to ensure all staff are aware of it, and that it is being adhered to.

- Monitor and improve patient satisfaction regarding access to appointments and contacting the practice by telephone.
- Monitor and improve performance, specifically patient outcomes in relation to the Quality and Outcomes Framework and cervical screening.

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



- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. Prescription paper had not been stored securely but the practice quickly addressed this.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Two of the senior management team members had been trained to safeguarding children level 4.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed when compared to local and national averages (QOF is a system intended to improve the quality of general practice and reward good practice).
- Exception reporting was higher than average in for some performance indicators, with an overall rate of 11%, compared to the local average of 8% and national average of 9% (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). Where outcomes were below average, the practice had put action plans in place.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. The practice manager was the clinical commissioning group's education lead and supported practice staff in their personal development plans.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- The practice had an effective system in place to identify carers and there were positive examples of joint working with the patient participation group (PPG) and an external carers organisation to undertake carers events including hosting a monthly coffee morning.
- Data from the national GP patient survey showed patients rated the practice mostly in line with others for several aspects of care. Patients rated the practice above average for treating them with compassion, dignity and respect and involving them in decisions about their care and treatment.
- The practice engaged with patients through social media and their Simpson Spectator seasonal newsletter which they had developed in conjunction with its PPG. The newsletter was available in easy read format.
- We saw staff treat patients with kindness and respect, and they 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. For example, they had implemented an enhanced nursing service saw an enhanced nurse recruited in the practice four months prior to our inspection. The practice's enhanced nurse was responsible for the management of housebound patients with complex or long term conditions.
- Patients highlighted issues with access to appointments and they said they found it difficult to make an appointment with a named GP. As a response to the inspectors' feedback regarding access issues on the day of inspection, the practice carried out an appointment audit which showed their appointment access was in line with national guidelines.
- Results from the national GP patient survey highlighted that the practice was rated below average for the ease of telephone access.
- Urgent appointments were available the same day.
- 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.

Summary of findings

- Although there were translation services provided, there were no notices displayed in the practice informing patients this service was available. The practice quickly addressed this after the inspection.

Are services well-led?

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

- There were arrangements in place to monitor and improve the quality of services.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice's 'Team Simpson' vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. There was a staff recognition programme in place which allowed practice staff and patients to nominate and recognise an individual staff member for their achievements.
- Different staff members were featured in their Simpson Spectator article in their 'let's talk to' section. This enabled readers to learn more about staff members and covered different areas of interest to them.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Annual health checks were available to all patients aged over 65 regardless of need.
- The practice held weekly clinics at a local care home.

Good



People with long term conditions

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

- The data for diabetes performance showed the practice was mostly below local and national averages; however, they were proactive in improving care for this group. For example, they had implemented a diabetes plan for the coming year and recently hosted diabetes events which targeted patients identified as being at risk of diabetes.
- In some areas of diabetes performance was comparable to the local clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, whose cholesterol was within the normal range was 82%, compared to the CCG average of 80% and national average of 81%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's enhanced nurse was responsible for chronic disease management for patients at home.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

The provider 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 attendances to accident & emergency services.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice provided monthly paediatric clinics in partnership with paediatricians from the local hospital. This was effective in reducing the number of referrals to secondary care and allowed patients to see a consultant promptly within the community.
- The percentage of women aged 25-64 who had received cervical screening test in 2014/2015 was 73%, compared to the clinical commissioning group average of 77% and national average of 82%. This figure had declined to 67% in 2015/2016 (CCG average 77%, national average 81%). The practice acknowledged that this area required further monitoring and had implemented a new process to make improvements.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The provider is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, they interacted with the younger population and offered health promotion through social media.
- The practice implemented their own age-specific practice questionnaire for 18-30 year olds to establish their needs and to improve engagement with them.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those experiencing domestic violence, homeless people, and those with a learning disability.
- The practice worked closely with external organisations to provide food bank vouchers for those in need.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Although the practice provided translation services, there were no notices displayed in the practice informing patients this service was available. This was quickly addressed.
- 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 during and outside of normal working hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The exception reporting rate for mental health in 2014/2015 was 60%, higher than the local clinical commissioning group (CCG) average of 10% and the national average of 13%. An audit carried out by the practice shortly after our inspection revealed a more accurate rate of 15%
- Data for 2014/2015 showed that 98% of patients on the mental health register had a comprehensive, agreed care plan documented in their notes, and this was above the CCG average of 91% and national average of 88%. This figure had increased to 95% in 2015/2016 (CCG average 95%, national average 89%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice held monthly drug and alcohol support clinics in collaboration with an external organisation as part of a drug programme. An in-house counsellor also held twice weekly cognitive behaviour therapy sessions at the practice.
- The practice had a system in place to follow up patients who had attended accident and emergency services where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Annual health assessments were available for this group.

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 was rated below local and national averages for telephone access, but in line with or above average for other satisfaction indicators. Two hundred and sixty-one survey forms were distributed and 108 were returned. This represented 1% of the practice's patient list.

- 49% of patients found it easy to get through to this practice by phone compared to the local clinical commissioning group (CCG) average of 64% and national average of 73%. This had declined from 52% in the previous year.
- 71% 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 70% and national average of 76%. This had improved from 69% in the previous year.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and national average of 85%. This had improved from 80% in the previous year.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 80%. This had improved from 79% in the previous year.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were mostly positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also felt the practice staff were polite and took time to listen. However, sixteen of the comment cards highlighted issues with appointment access and long appointment waiting times.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, all six patients highlighted issues with telephone and appointment access as well as long appointment waiting times.

The practice's NHS friends and family test results for May 2016 showed 94% of patients were extremely likely to recommend the practice to friends or family.

Dr Rozewicz & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission lead inspector. The team included a GP specialist adviser, a second Care Quality Commission inspector and an Expert by Experience.

Background to Dr Rozewicz & Partners

Dr Rozewicz and Partners (also known as The Simpson House Medical Centre) is a GP partnership located in Harrow, London. They hold a general medical services contract and their services are commissioned by Harrow clinical commissioning group. Dr Rozewicz and Partners are registered with the Care Quality Commission to provide the regulated activities of family planning, treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures and maternity and midwifery services.

The practice is staffed by two female and three male GP partners who provide a combination of 39 sessions a week. There is a salaried female GP who provides six sessions a week. One of the GPs has a special interest in musculoskeletal medicine, and another is qualified to perform minor surgery. The practice also employs a full time practice manager, an enhanced nurse who works 35 hours a week, two practice nurses who work a combination of 22 hours a week, and a healthcare assistant who works 34 hours a week.

Other staff include a reception manager, an information technology and Quality and Outcomes Framework manager, a secretary and seven reception and

administration staff. The practice is an established training practice for the local hospital and currently has two GP registrars and one Foundation Year 2 trainee on placement who work a combination of 19 sessions a week.

The practice is open between 8.30am and 6.30pm on Monday to Thursday and between 8.30am and 5pm on Friday. The practice is closed between 1pm and 2pm on Wednesday for administration and staff training. Extended hours surgeries are offered by a GP on Monday morning between 8am and 8.30am, on Monday evening between 6.30pm and 8pm, and on Saturday morning between 8.30am and 11.15am. Outside of these hours, patients are redirected to the NHS 111 service.

The practice has a list size of 11,500 patients which includes 32 patients that live in a local residential care home. They provide a wide range of services including a heart and stroke clinic, minor surgery, electrocardiogram monitoring, immunisations, vaccinations, screening, mental health management, chronic disease management, audiology and lifestyle management.

The practice is located in an area with high social deprivation and the majority of the population is under 18 years of age. There is a high rate of elderly patients with 16% of the practice population aged 65 years and above, and there is a diverse mix of ethnic groups.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 July 2016. During our visit we:

- Spoke with a range of staff including two GPs, one practice manager, the reception manager, the information technology and Quality and Outcomes Framework manager, the enhanced nurse and a receptionist.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Made observations around the premises and reviewed practice policies and procedures.

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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager 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, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

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 were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to

their role. The GPs and practice nurses were trained to child safeguarding to between level 1 and 3, and the lead GP and practice manager were both trained to child safeguarding level 4.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and disposal). Blank prescription paper had not been stored securely; they were stored in printers overnight in unlocked rooms. The practice quickly addressed this and implemented a new prescriptions security policy which was distributed to all staff members.. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. .
- Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. Recruitment checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.

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.

- There was a health and safety risk assessment available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use, and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, the practice recruited an information technology and Quality and

Outcomes Framework manager to undertake administrative tasks, and sessional GPs provided additional sessions in response to demand. The practice also booked regular locum nurses due to difficulty recruiting another permanent nurse. Reception staff provided cover for each other when needed.

Arrangements to deal with emergencies and major incidents

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

- There were closed circuit television security cameras in the waiting area and 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.
- 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 used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 2014/2015 were 93% of the total number of points available. This had increased to 98.4% in 2015/2016 and was in line with the local clinical commissioning group (CCG) average of 94.5% and the national average of 95.3%.

The practice had a high rate of exception reporting in several areas in 2014/2015, with an overall exception reporting rate of 11%, compared to the local CCG average of 8% and national average of 9% (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). Overall exception reporting had reduced to 8% in 2015/2016 (CCG average 6%, national average 6%).

- The exception reporting rate for patients with atrial fibrillation receiving anti blood-clotting therapy in 2014/2015 was 17%, which was higher than the CCG average of 14% and the national average of 11%. This had decreased to 8% in 2015/2016 and was in line with the CCG average of 8% and the national average of 7%.
- The exception reporting rate for the percentage of women aged 25-64 who had received a cervical

screening test in 2014/2015 was 11%, which was in line with the CCG average of 10% and higher than the national average of 6%. This had decreased to 5% in 2015/2016 and was below the CCG average of 11% and in line with the national average of 7%.

- The exception reporting rate for mental health in 2014/2015 was 60%, which was significantly higher than the CCG average of 10% and the national average of 13%. The practice conducted an audit on exception reporting for mental health shortly after our inspection. Results from this audit showed that of the 132 patients on their mental health register, 42 had been exception reported. Of these 42 patients, 20 had been appropriately excluded whereas 19 of the patients had been reviewed but this had not been Read Coded as such (Read Codes are clinical terms that provide the standard vocabulary by which clinicians can record findings and procedures in patient records). Therefore, following this review the practice determined that the accurate exception reporting rate for mental health in 2015/2016 was 15%. The practice had an action plan in place that included making phone calls as well as sending out text messages and letters to patients to improve the attendance rate for this population group.
- The exception reporting rate for dementia in 2014/2015 was 11%, which was higher than the CCG and national average of 8%. This remained at 11% in 2015/2016 but was in line with the CCG average of 12% and below the national average of 13%. The practice immediately undertook a review of exception reporting for dementia. The results showed that of the six patients exception reported, four had been diagnosed within the last three months of the QOF year (and so were automatically exception reported) and one had registered with the practice within the last three months of the QOF year (also automatically exception reported).
- The exception reporting rate for osteoporosis in 2014/2015 was 33%, which was significantly higher than the CCG average of 8% and the national average of 13%. This decreased to 24% in 2015/2016 but was still higher than the CCG and national average of 15%. The practice carried out a review of exception reporting for osteoporosis which showed there was a very low incidence of this condition in the practice, making the impact on exception reporting figures high. For example, the three patients (33%) diagnosed with this condition

Are services effective?

(for example, treatment is effective)

had been exception reported due to the patients being under the care of the hospital which had not authorised any further treatment due to a contraindication (a contraindication is a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person).

The provider told us that a recent change to their clinical computer system had resulted in Read Codes not being recognised by the new system, and that this may have adversely affected exception reporting rates for some indicators. They told us after the inspection that they had improved their system for Read Coding.

Published QOF data for 2014/2015 showed:

- Performance for diabetes related indicators was mostly below the clinical commissioning group (CCG) and national average. For example, the percentage of patients with diabetes, on the register, whose last blood pressure reading was within the normal range, was 67%, compared to the CCG average of 76% and national average of 78%. This had increased to 79% in 2015/2016 and was in line with the CCG average of 75% and the national average of 78%. However, exception reporting was higher than average at 16% (CCG average 8%, national average 9%).
 - Diabetes performance indicators for patients who had received a foot examination and influenza immunisations were below CCG and national averages and were highlighted for further enquiry. For example, the percentage of patients with diabetes, on the register, who had received influenza immunisation in the last year was 71%, which was below the CCG average of 89% and the national average of 94%. The practice was aware of their diabetes performance and explained that they had a high diabetes rate. They recalled patients for reviews during their birthday month and one of the senior GPs was the diabetes lead. They recently hosted practice-led health fairs which included a diabetes patient education session with the GP diabetes lead. The practice also hosted a diabetes event as part of their new diabetes strategy for the coming year. A new diabetes invite letter was implemented by the practice, which detailed their new recall method and had an opt-out reply slip at the bottom. The rate of influenza immunisation for patients with diabetes had increased to 90% in 2015/2016 and was in line with the CCG average of 93% and below the national average of 95%. Exception reporting for this indicator was 22%, which was in line with the CCG average of 22% and the national average of 20%.
 - The percentage of patients with diabetes, on the register, whose average blood sugar levels were within the normal range was 79%, which was in line with the CCG average of 77% and national average of 78%. This had increased to 86% in 2015/2016 and was above the CCG average 78% and the national average 78%. Exception reporting was 15%, which was higher than the CCG average of 9% and in line with the national average of 13%.
 - The percentage of patients with dementia on the register who had received a face to face review in the last 12 months was 81%, which was below the CCG average of 86% and in line with the national average of 84%. This had increased to 88% in 2015/2016 and was in line with the CCG average of 87% and the national average of 84%.
 - The percentage of patients with mental health conditions on the register whose alcohol consumption had been recorded in the last 12 months was 93%, which was in line with the CCG average of 90% and the national average of 90%. This had decreased to 90% in 2015/2016 but was in line with the CCG average of 90% and the national average of 89%).
- There was evidence of quality improvement including clinical audit.
- There had been seven clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
 - The practice participated in local audits, national benchmarking, accreditation for training trainee GPs and junior doctors, and peer review.
 - Findings were used by the practice to improve services. For example, the practice undertook an audit on constipation in children and young people to increase awareness of guidelines on the assessment and management of constipation. The practice identified all patients aged between 0 months and 18 years diagnosed with constipation over a six month period. Forty-four children were identified in the first cycle as

Are services effective?

(for example, treatment is effective)

being diagnosed with constipation. Thirty percent of these patients were on the correct treatment dose of macrogol (treatment for chronic constipation). The practice made improvements in the management of children experiencing constipation by increasing their awareness of guidelines on the assessment and management of constipation with a specific focus on prescribing advice to ensure future patients were treated according to guidelines. In the second cycle, 77% of these children diagnosed with constipation were on macrogol treatment as per guidelines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, health and safety and information governance.
- 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, they attended update training on long term conditions as well as other update training which included cervical screening and travel immunisations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice manager was the appointed education lead for Brent clinical commissioning group, and they ensured that 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support for clinical staff and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Bi-weekly meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. The practice nurse also attended the gold standard framework meetings for palliative care patients every three months.

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:

Are services effective?

(for example, treatment is effective)

- 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.
- Staff participated in other practice activities which included dressing in pink in aid of breast cancer care, as well as fundraising activities which included baking and selling raffle tickets to raise money and awareness for this condition.
- They held monthly drug and alcohol support clinics at the practice in collaboration with an external organisation as part of a drug programme.
- They held weekly dietician clinics and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme in 2014/2015 was 73%, which was below the clinical commissioning group (CCG) average of 77% and the national average of 82%. Patient outcomes for this indicator had declined in 2015/2016, with 67% of women having received a cervical screening test; this was below the CCG average of 77% and the national average of 81%. The practice had implemented a new cervical screening recall method to increase uptake. This included sending out monthly invites to patients due their smear test using their newly implemented practice specific smear invite letter with an opt out disclaimer at the bottom. There was also a policy to offer telephone reminders for 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.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to children aged below two year were above the national average. There are four areas where immunisations for children of this age group are measured; each has a target of 90%. The practice exceeded the target in four out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.5 (compared to the national average of 9.1).

Childhood immunisation rates for children aged below five years were mostly above CCG and national averages:

- 97% of children aged five years had received the MMR dose 1 vaccine (CCG average 91%, national average 94%).
- 83% of children aged five years had received the MMR dose 2 vaccine (CCG average 83%, national average 88%).

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. In addition to these health checks, annual checks were available to all patients aged 65 and over regardless of need. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

We observed that 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.

Most of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also felt the practice staff were polite and took time to listen. Sixteen of the comment cards highlighted issues with appointment access and long appointment waiting times.

We spoke with seven members of the practice's patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (published in July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice's performance was mostly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example, of 108 patients surveyed:

- 91% of patients said the last GP they saw or spoke to was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 90% of patients said the last GP they saw or spoke to gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw or spoke to compared to the CCG and national average of 92%.
- 90% 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%.
- 86% of patients said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 90% 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 felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was mostly positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey (published in July 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly above local and national averages. For example, of 108 patients surveyed:

- 90% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 89% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 79% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not speak or understand English as a first language. This was advertised in the practice brochure; however, there were no notices in the reception areas informing patients this service was available. The practice quickly addressed this after the inspection.
- Information leaflets were available in easy read format.
- The practice's Simpson Spectator' seasonal newsletter, which they developed in conjunction with their patient participation group, was available in easy read format.
- The practice used social media to engage with the younger practice population.
- The practice implemented their own practice specific 18-30 age group questionnaire to improve engagement with this population group.

Patient and carer support to cope emotionally with care and treatment

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

The practice had worked with an external carers organisation to provide staff training on how to identify and support carers, having previously only identified 60 patients as carers which they did not feel was a true representation of the number of patients with caring responsibilities. Following the training, a carers initiative was commenced and this resulted in the practice identifying a total of 103 patients as carers (1% of the practice list), an increase of 43 carers following the initiative. The practice, together with their patient participation group (PPG), hosted monthly carers coffee mornings staffed by members of their patient participation group, with occasional guest speakers attending. This was widely advertised in their practice newsletter and notice board. These coffee mornings were usually attended by approximately five carers; however, feedback from the carers showed they found the meetings invaluable and viewed them as respite and an opportunity to seek and find support with fellow carers. The practice offered flu vaccination, health checks and facilitated access to appointments for carers, and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer their condolences and to give them advice on how to find a support service. They were also offered an appointment with their in-house counsellor if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided monthly paediatric clinics in partnership with paediatricians from the local hospital. This was effective in reducing the number of referrals to secondary care and allowed patients to see a consultant promptly within the community. They also participated in the CCG's Whole Systems Integrated Care Program and a variety of out-of-hospital services including the initiation of anticoagulant therapy (anticoagulants are medicines that prevent blood clotting), with an aim to improve outcomes for patients and avoid the need to refer them to secondary care services for treatment and monitoring. Furthermore, the practice had recently held two diabetes events (in November 2015 and June 2016) in an effort to improve engagement with, and outcomes for, patients identified as being at risk of developing the condition and those who were diabetic. These events were attended by diabetic nurse specialists, GPs and dieticians who gave these patients advice on managing their condition.

- The practice had a GP with a special interest in musculoskeletal medicine, and another that was qualified to perform minor surgery. This enabled the practice to manage related patient conditions locally.
- The practice carried out 'virtual wards' for the multidisciplinary management of patients with long-term conditions in their own homes, which reduced the need for hospital admission. Healthcare professionals attending these wards had facilitated access to patient records.
- The permanent practice-based enhanced nurse was responsible for the management of housebound patients with complex or long-term conditions, and elderly patients with enhanced needs who had been discharged from hospital.
- The practice offered a 'Commuter's Clinic' on a Monday evening until 8pm and on Saturday mornings for working patients who could not attend during normal opening hours.

- Longer appointments were available for patients who required them including those with a learning disability or those requiring interpreters.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Annual health checks were available to all patients aged over 65 regardless of need.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could leave telephone messages for their usual GP to contact them.
- The practice utilised social media and technology such as mobile phone application systems and email for ease of access and convenience.
- Homeless patients and travellers were able to register at the practice using the practice address. The practice worked closely with external organisations to provide food bank vouchers for those in need.
- Monthly drug and alcohol support clinics were held at the practice in collaboration with an external organisation as part of a drug programme. An in-house counsellor also held twice weekly cognitive behaviour therapy sessions at the practice.
- Online services such as appointment booking, repeat prescription requests, access to medical records and electronic prescriptions were available.
- Patients were able to receive travel vaccines available on the NHS as well as some only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice had an electronic translation facility on their website. A self-check-in facility was also available.

Access to the service

The practice was open between 8.30am and 6.30pm on Monday to Thursday and between 8.30am and 5pm on Friday. The practice was closed between 1pm and 2pm on Wednesday for administration and staff training. Extended hours surgeries were offered by a GP on Monday morning between 8am and 8.30am. Extended hours surgeries were also offered on Monday evening between 6.30pm and 8pm,

Are services responsive to people's needs?

(for example, to feedback?)

and on Saturday morning between 8.30am and 11.15am. Outside of these hours, patients were redirected to call the NHS 111 service. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

In efforts to reduce reliance on urgent secondary care services the practice also offered daily GP-led telephone appointments, which allowed an unlimited number of patients to access a practice GP on the same day they called.

Results from the national GP patient survey (published in July 2016) showed that patients' satisfaction with how they could access care and treatment varied in comparison to local clinical commissioning group (CCG) and national averages. For example, of 108 patients surveyed:

- 76% of patients were satisfied with the practice's opening hours, which was in line with the CCG average of 73% and the national average of 76%.
- 49% of patients said they could get through easily to the practice by phone, which was significantly below the CCG average of 64% and the national average of 73%.

People told us during the inspection that they were not always able to get appointments when they needed them. This issue was raised with the practice on the day of inspection and as a result, they carried out an appointment audit for the month of June 2016 to demonstrate that they were providing sufficient access. The audit results showed that they were offering an average of 788 face to face appointments each week for the month of June 2016, which was in line with national guidelines. They explained that recent variations in their workforce would have likely adversely affected the availability of appointments and patient satisfaction scores for appointment access. We saw evidence that the practice had taken action together with their patient participation group to improve access for patients following an internal practice survey in 2014-2015 and their targeted 18-30 years survey that highlighted access as an action point. Action taken included:

- Implementation of a telephone triage system in 2014/2015 which allowed an unlimited number of patients to access a GP on the same day.
- Recruitment of a salaried GP who provided three sessions a week.

- Introduction of an 8am clinic led by a GP once a week.
- Implementation of a new non-attendance policy to reduce the number of missed appointments.

The practice was to implement a new advanced telephone system with a call queuing facility. They told us that earlier implementation of this system had been restricted by their current contract with their telephone provider.

Recent national GP survey results for 2015/2016 showed there had been an improvement to several aspects of the appointment system, for example:

- 92% of patients said their last appointment was convenient. This was above the local average of 87% and in line with the national average of 92%, and was an improvement from 85% in the previous year.
- 59% of patients said they got to see or speak to their preferred GP. This was above the local average of 49% and in line with the national average of 60%, and was an improvement from 56% in the previous year.

The practice had a system in place to assess:

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

This was actioned by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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. Patients who had

Are services responsive to people's needs?

(for example, to feedback?)

raised complaints with the practice were also encouraged to speak with the practice's patient participation group if they continued to have any concerns.

- We saw that information was available to help patients understand the complaints system for example, posters displayed and practice brochure.

We looked at eight complaints received in the last 12 months and found there was openness and transparency

with dealing with the complaints, and they were dealt with in a timely manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, training was provided for trainee staff after a complaint was received from a patient regarding poor communication and attitude. This had been discussed with the team and consideration was given to what could have been done differently, and the patient received an apology.

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Their 'Team Simpson' ethos was a vision which staff were involved in developing.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had governance systems in place which supported the delivery of their strategy and good quality care.

- The practice had high exception reporting rates for some performance indicators. They took immediate action to review areas where performance was below average and action plans were put in place to monitor this.
- 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.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had arrangements in place for identifying, recording and managing risks, issues and implementing mitigating action. We found where risks had been identified, the practice took immediate action. For example, when the inspection team highlighted concerns about the security of prescription pads during the inspection, the practice immediately implemented a new prescriptions security policy which was distributed to all staff members.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was low staff turnover and evidence of the practice's investment in staff training and development. The practice initiated a staff recognition programme which allowed them to recognise the achievements of individual staff members every quarter. The partners, managers, colleagues and patients were able to nominate a person for this recognition, who in turn would receive rewards which included vouchers.
- Different staff members were featured in the practice's quarterly Simpson Spectator article in their 'let's talk to' section. This enabled readers to learn more of the particular staff member and covered areas such as their interests, hobbies, favourite holiday destination and film as well as their philosophies.
- Staff told us the practice held regular team meetings and we saw evidence of this.
- Staff told us there was an open and honest culture within the practice and they had the opportunity to raise

Are services well-led?

Good 

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

any issues at team meetings and felt confident and supported in doing so. We noted the practice met together for social gatherings such as family barbecues hosted by one of the GPs.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through its patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they identified that the practice was not making best use of its social media accounts and the website was not being maintained efficiently as information was not always up to date. In response to this, the practice launched a new interactive and informative website and an information technology

manager was recently appointed to oversee management of this. Additionally, they hosted a patient information event which brought together local organisations, practice staff and the PPG to provide information to patients.

- The practice had gathered feedback from staff generally through staff meetings and discussion. Staff told us that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following staff feedback, the practice realised that they needed to improve communication and the flow of information amongst all staff. The practice then launched the practice intranet which contained all training opportunities, latest news and policies and procedures. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This included making better use of their texting facility by using them more efficiently in targeted campaigns. There was also a focus to work with the patient participation group (PPG) to build a practice survey and organise more patient information awareness events as well as to increase the membership of the PPG to include a more diverse range of patients.