

# Kilburn Park Medical Centre

## 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?	Requires improvement		
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 8.30am on 16 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed, however they were not in all instances well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said there was continuity of care, with routine and urgent appointments available the same day. However, patients reported that it was difficult to get through on the phone and therefore had to come in to the practice in order to get same day appointments. In addition appointments with a preferred GP could take up to three weeks.
- The practice facilities were clean and equipped to treat patients and meet their needs, however the premises was in need of repair/upgrade.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Implement the recommendations from the legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

# Summary of findings

- Complete the infection control audit started in December 2015.
- Take appropriate steps to assure the risk of fire evacuation is assessed.

In addition the provider should:

- Improve telephone access to appointments.
- Take action to improve Quality Outcomes and Framework (QOF) exception reporting rate.

**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**



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed, however they were not in all instances well managed. For example the practice's infection control audit was incomplete, recommendations from a legionella risk assessment had not been addressed and fire evacuation procedures were not adequately risk assessed.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average. However, QOF exception reporting was high at 21.2%.
- 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, however not all mandatory training had been completed.
- Staff worked with multidisciplinary teams 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**



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said there was continuity of care, with routine and urgent appointments available the same day. However, patients reported that it was difficult to get through on the phone and therefore had to come in to the practice in order to get same day appointments. In addition appointments with a preferred GP could take up to three weeks.
- The practice facilities were clean and equipped to treat patients and meet their needs, however the premises was in need of repair/upgrade.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered 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.
- Since 2014 the practice had consistently exceeded targets for care planning set by NHS England and the local network.

Good



### People with long term conditions

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

- QOF (Quality and Outcomes Framework) performance for diabetes related indicators was 97.7% which was above both local and national averages. However, QOF exception reporting for diabetes was high at 33% (CCG average 9% and national average 11%).
- QOF performance for hypertension related indicators was 100% which was above both local and national averages. However, QOF exception reporting for hypertension was high at 9% (CCG/ national averages 4%).
- QOF performance for cardiovascular disease – primary prevention was 100% which was above both local and national averages. However, QOF exception reporting was high at 67% (CCG average 28% and national average 30%).
- A GP with a special interest in diabetes, the practice nurse and a specialist diabetic nurse worked together to provide a weekly diabetic clinic.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

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

Good



# Summary of findings

- Immunisation rates were comparable to other practices for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 72.1% compared to the national average of 75.3%.
- Patients told us that children and young people were treated in an age-appropriate way.
- The practice's uptake for the cervical screening programme was 78%, which was similar to the national average of 82%. However, QOF exception reporting was high at 22% (CCG average 8%, national average 6%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The practice 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 offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had 36 patients on the learning disabilities register all of which had received annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice ran a methadone clinic in collaboration with local substance misuse services.
- The practice provided care for a local hostel which housed vulnerable patients.

Good





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 88.5% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- All 124 patients on the mental health register received annual health checks.

Good



# Summary of findings

## What people who use the service say

We reviewed the national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and sixty one survey forms were distributed and 95 were returned. This represented a 20.6% response rate or 1.2% of the practice's patient list.

- 63.3% found it easy to get through to this surgery by phone compared to a CCG average of 67.7% and a national average of 73.3%.
- 80.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77.7%, national average 85.2%).
- 87.7% described the overall experience of their GP surgery as fairly good or very good (CCG average 77.7%, national average 84.8%).

- 82.3% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79.1%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were mainly positive about the standard of care received. Patients said the practice team were excellent and their needs were comprehensively met.

We spoke with ten patients during the inspection. All ten patients said they were happy with the care they received and thought staff were approachable, committed and caring. Results from the practice's friends and family test showed that out of 15 responses, 93% of patients recommended the practice.

# Kilburn Park Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Kilburn Park Medical Centre

Kilburn Park Medical Centre is situated at 12 Cambridge Gardens, London, NW6 5AY. The practice provides NHS primary care services through a General Medical Services (GMS) contract to approximately 7,514 people living in the London Borough of Brent. The practice is part of the NHS Brent Clinical Commissioning Group (CCG) and within the CCG one of a local network of 12 GP practices.

The practice population is ethnically diverse and has a higher than average number of patients between 25 and 45 years. The practice area is rated in the most deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services, surgical procedures and family planning.

The practice team consists of four GP partners (2 whole time equivalent), three salaried GPs (1.4 whole time equivalent), two practice nurses (1.6 whole time equivalent), a health care assistant / phlebotomist (0.65

whole time equivalent) and a practice manager who is supported by a team of reception / administration staff. Kilburn Park Medical Centre is also a GP training practice with two full time GP registrars.

The practice is open between 8.30am and 7.30pm Monday to Wednesday, 8.30am to 5.00pm Thursday and 8.30am to 6.30pm Friday. Appointments are from 8.30am to 1.00pm every morning and 2.00pm to 7.30pm Monday to Wednesday, 2.00pm to 5.00pm Thursday and 2.00pm to 6.30pm Friday. The practice is closed at weekends. To access out of hours (OOH) care patients are directed to LCW, the local OOH service. Patients can also access evening and weekend appointments through the locality Hub service (A GP practice offering appointments to all patients in the locality).

Services provided by the practice include chronic disease management, cervical screening, baby clinics, vaccinations / immunisations, phlebotomy, smoking cessation and weight management and counselling.

## Why we carried out this inspection

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

# Detailed findings

## 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 16 February 2016

During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, the practice manager, two reception staff and spoke with ten patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a prescription for HIV medication which should only be prescribed by the hospital was generated from the practice. The incident was discussed with the appropriate staff. The incident occurred because of a change in the computer system. The practice worked with the pharmacist to ensure this could not happen again and learning shared with staff.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level 3.
- Notices on consultation rooms doors 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 check (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. The practice had a contract with a professional cleaning company which included regular deep cleans of the premises. The practice nurse 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 most staff had received up to date training. Annual infection control audits were undertaken however the most recent audit started in December 2015 had not been completed and it was overdue as the previous one was completed in July 2014.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

### Monitoring risks to patients

Risks to patients were assessed however they were not in all instances well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However, it did not identify that there were no fire alarms in the building which was a concern as the practice was based on a number of floors and therefore would be difficult to alert people in the event of a fire.
- 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 carried out general health and safety risk assessments for different areas of the practice.
- The practice had also completed a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we found areas identified as high risk had not been actioned.
- We found the practice was generally in need of an upgrade. Walls were cracked in places and required decorating, flooring was also in need of repair. Staff told us that funding was an issue, however they were in the process of finding a new building to relocate to and were one of three practices in the local network being considered for the move.

- 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 that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate 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 and there were emergency medicines available in the treatment room.
- 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 fit for use.
- The practice had a 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 peoples' needs.
- The GPs received NICE alerts through the computer system on latest guidance to ensure they were up to date.

### 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 were 98.6% of the total number of points available, with 21.2% exception reporting. (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). The lead GP told us that high exception reporting was because patients often did not respond after three letter reminders, the practice had a high transient patient population and shared decision making with patients which involved patients opting for less tight control of risk factors and less polypharmacy (the use of four or more medications by a patient). The GP acknowledged exception reporting was an area for improvement and had already taken steps to lower it. This included the introduction of personal QOF lists for GPs to focus on improving outcomes for patients.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 97.7% which was 12.6% above the CCG average and 8.4% above the national average.

- Performance for hypertension related indicators was 100% which was 3% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 100% which was 9% above the CCG average and 7.2% above the national average.

Clinical audits demonstrated quality improvement.

- The practice carried out a variety of clinical audits including those mandated by the CCG medicines management team and those set at locality level. The practice partners also carried out clinical audit as well as GP trainees. We were shown examples of two cycle audits. For example, a cervical cytology audit showed an improvement in cervical uptake from 65% to 78% on re-audit after nine months. A flu vaccination audit showed an improvement in flu vaccine uptake from 56% to 60% for at risk groups and from 61% to 67% for over 65s on re-audit after nine months. Other audits we reviewed included those for antibiotic prescribing, chronic obstructive pulmonary disorder (COPD), magnetic resonance imaging (MRI), children who present most frequently to accident and emergency and chronic kidney disease (CKD).
- The practice participated in benchmarking and data showed they were comparable to other practices in relation to prescribing and emergency admissions to secondary care.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.



# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months and the GPs had been revalidated.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We found some gaps in mandatory training, however the practice manager provided evidence of missing training records the day after our inspection.
- GPs had special interests, for example in diabetes care, methadone prescribing and contraception.

### 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.
- We saw examples of where consent had been sought and recorded for example for the removal of contraceptive devices.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to relevant services.

The practice's uptake for the cervical screening programme was 78%, which was slightly below the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG / national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 100% and five year olds from 65% to 95% (Data for Quarters 1,2 and 3 of 2015/16). Flu vaccination rates for the over 65s were 67%, and at risk groups 60%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 six 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.

We spoke with three members of the 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 showed patients felt they were treated with compassion, dignity and respect. The practice was generally above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91.1% said the GP was good at listening to them compared to the CCG average of 85.2% and national average of 88.6%.
- 92.9% said the GP gave them enough time (CCG average 81.2%, national average 86.6%).
- 97.7% said they had confidence and trust in the last GP they saw (CCG average 92.7%, national average 95.2%)
- 94.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 80.5%, national average 85.1%).

- 92.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83.6%, national average 90.4%).
- 84.7% said they found the receptionists at the practice helpful (CCG average 83.1%, national average 86.8%)

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 95.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.9% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81.4%).
- 85.3% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77.9% , national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language and information displayed in the waiting areas was written in different languages. For example, information on cervical screening.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of carers with 169

## Are services caring?

on the register (approximately 2.2% of the practice list), out of these 41.4% had received a flu vaccination. 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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 participated in the avoiding unplanned admissions enhanced service and had identified 2.8% of at risk patients through risk profiling which was above the target of 2%.

- The practice offered extended surgery hours Monday to Wednesday to 7.30pm and Friday to 6.30pm which was of benefit for working patients who could not attend during normal opening hours.
- The practice provided 15 minute appointments for all standard consultations.
- There were longer appointments available for patients with a learning disability and other vulnerable patients.
- Home visits were available for older patients and patients who would benefit from these and telephone consultations daily.
- Same day appointments were available for adults, children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available including services for those patients who were hard of hearing.
- Online services were available including appointments and repeat prescription requests.
- The practice made use of a counselling service provided by the CCG which involved a counsellor attending the practice weekly to help patients with their social needs.
- The practice ran a methadone clinic in collaboration with local substance misuse services.
- The practice provided care for a local hostel which housed vulnerable patients.

### Access to the service

The practice was open between 8.30am and 7.30pm Monday to Wednesday, 8.30am to 5.00pm Thursday and 8.30am to 6.30pm Friday. Appointments were from 8.30am to 1.00pm every morning and 2.00pm to 7.30pm Monday to Wednesday, 2.00pm to 5.00pm Thursday and 2.00pm to

6.30pm Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent and routine same day appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 87.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.1% and national average of 74.9%.
- 63.3% patients said they could get through easily to the surgery by phone (CCG average 67.7%, national average 73.3%).
- 52.5% patients said they always or almost always see or speak to the GP they prefer (CCG average 51.4%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them. However, patients reported that it was difficult to get through on the telephone and therefore had to come in to the practice in order to get same day appointments. In addition appointments with a preferred GP could take up to three weeks.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system which was displayed in the waiting area, patient leaflet and website.

The practice had received eight complaints in the last twelve months. We reviewed the complaints and found that they were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained about a diagnosis they had received.

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

The GP called the patient to discuss the issue which turned out to be a misunderstanding. The patient was apologised to and was happy to leave the complaint. The complaint was discussed in a clinical meeting to share learning.

# 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 however this was in draft format and it was not displayed in the practice.
- The practice had a strategy in place which reflected the vision and values and was regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues however mitigating actions had not always been implemented.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

- They kept records of written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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 the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, as a result of PPG feedback the practice had introduced a list showing the daily availability of doctors to help patients when making appointments and the appointment system had been improved to accommodate same day appointments.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, a GP partner had initiated a quality improvement project

# Are services well-led?

Good 

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

with a local NHS trust to improve the management of chronic obstructive pulmonary disease (COPD) within the locality. The practice in collaboration with Central and North West London Recovery & Well being College was providing a service primarily for people experiencing poor

mental health. The college provided a range of courses and workshops to enable these people to access the same opportunities in life as everyone else. The practice was the first practice in the UK to offer access to this service.

The practice was also a GP training practice with two GP trainees based at the practice.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to implement the recommendations of a legionella risk assessment, complete the most recent infection control audit and the provider had not taken appropriate steps to assure the risk of fire evacuation was assessed.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>