Kingsbury Health and Wellbeing

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingsbury Health and Wellbeing on 17 March 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 and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice implemented the GP access telephone and hub service to improve patient access to appointments. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was proactive in identifying carers and had identified 5% of the patient practice list as carers and young carers.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- 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 (being open and honest policy).

The areas where the provider should make improvement are:

- Ensure all staff complete mandatory training within required time frames.

Summary of findings

- Monitor feedback to ensure improved patient experience.

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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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.

Summary of findings

- The practice had identified 5% of its practice list as carers and they were offered flu vaccines, health checks and referred to a carers' centre for support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the 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 actively participated in the Meningitis and MMR vaccine campaigns for the working age group.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Whole family registrations were offered by the practice and a volunteer was provided two hours each day to assist patients at the reception desk.
- Annual flu clinics were held for carers to bring the elderly for their vaccinations. Foot checks were also carried out at the same time to reduce patient inconvenience.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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 it.
- 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.

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. They had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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

Good

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.
- The practice kept a log of housebound patients and worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- They provided healthcare services to two local nursing homes and a residential home.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the register, whose recorded blood pressure was normal in the preceding 12 months was 92%, which was higher than the national average of 78%.
- 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.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances or at risk of domestic violence.

Summary of findings

- The practice offered whole family registrations were possible. 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's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 72% and the national average of 74%.
- 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, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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 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.
- They offered telephone consultations for all GP appointment requests, allowing the GP to offer telephone advice and to signpost patients to other healthcare professionals and services without the need for a face to face appointment.
- They offered extended hours on Saturday mornings with the GP and nurse hub appointments on Monday and Wednesday evenings between 6.00pm and 9.00pm.

People whose circumstances may make them vulnerable

Good

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 those with a learning disability.
- 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.

Summary of findings

- The practice had identified 263 patients as carers including young carers (5% of the practice list) and support was available to them including annual flu clinics for them to bring the elderly for their vaccinations. Foot checks were also carried out at the same time to reduce patient inconvenience.
- 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)

Good

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

- 100% of the 85 patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 92% of the 64 patients diagnosed with mental health problems had a comprehensive care plan documented in the last 12 months, and this was comparable to the national average of 88%.
- 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 proactive case finding for dementia by screening at risk patients. They also carried out advance 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 were not up to date as the data collected was prior to the practice merger in July 2015. These results showed the practice was previously performing below local and national averages. 346 survey forms were distributed and 92 were returned. This represented 2% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 59% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were mostly positive about the standard of care received. Patients said they felt listened to and found it easy to make appointments when they needed them and felt the practice offered an excellent service.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Kingsbury Health and Wellbeing

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 second CQC inspector.

Background to Kingsbury Health and Wellbeing

Kingsbury Health and Wellbeing is located in Brent, London and holds a General Medical Services (GMS) contract. The practice is registered with the Care Quality Commission to provide: diagnostic and screening procedures; family planning, maternity and midwifery services; surgical procedures; and treatment of disease, disorder or injury.

The practice, formerly known as Stag Lane Medical Centre, recently merged with another practice, Primary Care Medical Centre to become Kingsbury Health and Wellbeing on 1 July 2015. The practice is staffed by two GP partners, one male and one female who work a combination of 27 sessions a week. The practice also employs a full time practice manager, one practice nurse, one part time healthcare assistant, seven reception staff and one clinical coder.

The practice is open between 8.00am and 6.30pm Monday to Friday between 6.30pm and 8.00am Monday to Friday, the answerphone redirects patients to the out of hours provider. The practice offers extended hours surgery on Saturday between 9.00 and 12.00pm for nurse led clinics, and for patients referred by other practices and NHS 111.

Additionally, the practice also offers a GP access hub service where they provide 19 hours, to meet the demand for routine and urgent appointments on Monday and Wednesday evenings between 6.00pm and 9.00pm.

The practice has a list size of 5700 and an additional 120 patients were registered with the practice after the practice recently became a caretaker practice for a local GP practice that was temporarily out of service and whose patients had to be redistributed to this practice. They provide a wide range of services including child health surveillance, minor surgery for injections, long term condition clinics, and sexual health screening. They also provide public health services including travel vaccinations and annual reviews.

The practice is located in an area with a high elderly population as well as significant numbers of children under 18 years of age. They provide healthcare services to two local nursing homes and a residential home.

Why we carried out this inspection

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

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 17 March 2016. During our visit we:

- Spoke with a range of staff including two senior GPs, a practice manager, practice nurse and four receptionists.
- Spoke with seven members of the patient participation group (PPG) and with four 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, treatment records of patients, documentation including audits, staff training records, significant events and complaints.
- 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Good

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. For example, a potential information governance breach had occurred where the practice had sent out patient notes that had been requested by a care coordinator, however the incorrect patient's notes were sent out in error. Learning was shared between the staff to always double check the correct patient information was being sent out. This was discussed at the practice meeting and the staff involved were provided with information governance update training.

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 but not all non-clinical staff had received training on safeguarding. However, we saw evidence that they were awaiting training confirmation dates from the clinical commissioning group (CCG). GPs and nurses were trained to child protection or child safeguarding level 3.
- 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 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 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. For example, action was taken to remove a clinical hand wash basin that had an overflow system after having been identified in the audit as an area requiring remedial action.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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. (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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 manager ensured there were always two people in the building at any one time and three staff to cover the hub at weekends. The practice manager was a qualified healthcare assistant (HCA), and provided extended working hours and cover for the HCA when they were not available. Locums provided cover for the GPs and the GPs provided cover for the practice nurse when she was unavailable.

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 and panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff received annual basic life support training but we saw evidence that outstanding training had been arranged for April 2016. 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, although these were in open bags. The practice did however keep a supply of adult and children's masks in the treatment room. 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.

Good

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, audits and random sample checks of patient records.

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 applied to the practice after it merged and were 99% of the total number of points available. Exception reporting data was not available at the time of inspection.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes on the register, who had influenza immunisation in the preceding 12 months was 99%, compared to the national average of 94%.
  - The percentage of patients with diabetes on the register, in whom the last blood pressure reading was normal was 92%, compared to the national average of 78%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with dementia whose care had been reviewed face to face in the preceding 12 months was 100%, compared to the national average of 84%.
  - The percentage of patients with mental health conditions who had received a comprehensive agreed care plan documented in their notes was 92%, compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, they carried out a glucose tolerance test audit which was a part of their NHS health checks. They identified 59 patients over an 18 month period whose fasting blood glucose levels were outside the normal range. Nineteen of these patients were diagnosed with diabetes and the rest were diagnosed with impaired glucose tolerance but not the condition. Six of the 19 patients diagnosed with diabetes had their average blood sugar levels checked and they were found to be within the normal range and therefore, would have had a missed diagnosis had their fasting blood sugar levels not been checked. Results from the audit demonstrated that the practice could not solely rely on average blood sugar levels as a diagnostic tool without also conducting a glucose tolerance test to confirm a diagnosis of diabetes. They also found that locally agreed guidance on glucose tolerance tests was lacking and as a result, they would carry out these tests in-house for both patients registered with the practice and those registered elsewhere. In the following year, they conducted 40 glucose tolerance tests for patients within the locality that were not registered with them.

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, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Good

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. The practice nurse had recently attended the immunisations update training and the healthcare assistant was undergoing her care certificate training.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: fire safety awareness, equality and diversity and information governance. Staff had access to and made use of e-learning training modules and in-house training. Some staff were awaiting child safeguarding training from the CCG and training in basic life support.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, they undertook monthly joint clinics with the diabetes specialist nurse. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals, including a learning disability nurse, dementia nurse and district nurse, on a monthly basis where they routinely reviewed and updated care plans for patients with complex needs. They also met bimonthly with the health visitor.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and work related stress. Patients were signposted to the relevant service.
- Patients were referred to a dietician when they required support with their diet and the nurse provided a stop smoking clinic at the practice. Patients who required support with alcohol cessation were sign posted to the relevant support group or given advice and guidance.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 72% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. There were failsafe

Good

Are services effective?

(for example, treatment is effective)

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.

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

Good

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.

Thirty-nine of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they found it easy to make an appointment as well as on the phone. They felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect although one highlighted issues with reception staff attitude.

We spoke with seven members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and were treated. 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 January 2016 showed the practice was below average for its satisfaction scores on consultations with GPs and nurses. However, these results were published before the practice, formerly known as Stag Lane Medical Centre, merged with Primary Care Medical Centre to become Kingsbury Medical Centre in July 2015. The results therefore, did not accurately reflect the views of the patients since the practice merged. For example:

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 66% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice had not carried out a survey since the merger however, they had made improvements based on the above survey results. They were also able to demonstrate that changes had been made to improve satisfaction. For example, they had increased administration staff hours to reduce waiting times on the phones and at reception and provided a volunteer from the PPG to assist patients at the reception desk for two hours a day. The practice had carried out DBS checks for the volunteer. The practice also provided in house customer service training for staff and encouraged patients to make use of their GP access hub appointment service which offered evening appointments on Monday and Wednesday between 6.00pm and 9.00pm.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in January 2016, once again from before the merger of the practices, showed patients' responses to questions about their involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

Good

Are services caring?

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The results therefore, did not accurately reflect the views of the patients since the practice merged. The practice had not carried out a survey since the merger however, they had made improvements based on the above survey results. They implemented the GP access telephone service to improve access and this corroborated with patient feedback on the day of inspection.

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 have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- They provided a GP access service which offered telephone consultations for all GP appointment requests, allowing the GP to offer telephone advice and to signpost patients to other healthcare professionals and services without the need for a face to face appointment.

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's computer system alerted GPs if a patient was also a carer. The practice had identified 263 patients as carers including young carers (5% of the practice list). Carers were offered flu vaccines, health checks and were referred to a carers' centre for support. Written information was available to direct carers to the various avenues of support available to them.

There was a bereavement protocol in place and staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a letter to ensure support was in place. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice actively participated in the meningitis campaign and offered the Meningitis C vaccine to university students. They also proactively offered the MMR vaccine to adults as a response to the outbreaks of measles in the local area.

- The practice offered online access to medical records, electronic prescriptions and online booking for nurse and HCA appointments. Prescription requests by post or fax were also available.
- The practice offered patients with long- term conditions health checks and proactively recalled them for reviews.
- There were longer appointments available for patients with a learning disability and the practice offered them health checks. All 24 patients on the learning disability register had received a physical health check in the last year.
- The practice offered patients with mental health problems health reviews and signposted them to external services. Patients with minor mental health issues were signposted to self-referral counselling to avoid progression to more serious mental health issues.
- Home visits and telephone prescription requests were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. In addition to reactive care, these patients were offered proactive health checks, and pneumonia and shingles vaccines if eligible.
- Flu clinics were available every year on Saturday mornings to facilitate carers to bring in the elderly for their vaccinations. The practice nurse would undertake any outstanding foot checks to avoid the inconvenience of the patient coming back for a further appointment.
- Families were able to register with the practice together and the practice provided antenatal and baby clinics. The premises were suitable for babies and included nappy changing facilities and facilitation of breastfeeding on site.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice proactively invited children for immunisations and any patients who did not attend were actively followed up.
- Contraception services and sexual health screening were available for patients aged 16-24 years. Appropriate information was available in the practice, on the website and during health checks or other routine appointments.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a volunteer for two hours a day to assist patients at the reception desk.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended hours appointments were offered on Saturday between 9.00 and 12.00pm and GP access hub appointments on Monday and Wednesday evenings between 6.00pm and 9.00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below national average.

- 57% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The results were published before the practice, formerly known as Stag Lane Medical Centre merged with Primary Care Medical Centre to become Kingsbury Medical Centre. The results therefore, did not accurately reflect the views of the patients since the practice merged. The practice had made improvements to access by implementing the GP access hub service which offered extended hours on Monday, Wednesday and Saturday. They also implemented the GP access telephone service which offered patients telephone consultations with the GP or nurse first at a time

Good

Are services responsive to people's needs?

(for example, to feedback?)

convenient to them, before booking an appointment. They also introduced the use of mobile phones to make outgoing calls hence maintaining an accessible line for incoming calls to the practice. On the day of inspection, patient feedback with regards to access to appointments was positive.

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

The practice had a system in place to assess:

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

The practice implemented the GP access telephone system whereby the GP would contact the patient within an hour or two of them making an appointment request. The GP would triage and prioritise them according to clinical need. Patients would then be offered an appointment or given advice over the phone. 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. All clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints systems, for example, posters were displayed and summary leaflets were available.

We looked at nine complaints received in the last 12 months and found these were dealt with in a timely way and satisfactorily handled. The practice demonstrated lessons were learnt from individual concerns, complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient had scheduled a telephone consultation with a locum GP that they missed because the GP had called them earlier than expected. This was discussed at the practice meeting and staff were advised to broaden their advice to patients to ensure they were available, as the GP would ring at any time, and to inform the practice if there were any issues with this. The practice sent a letter of apology to the patient and facilitated an appointment for the patient. They fed back to the GP concerned and practice procedures were updated. We also found the practice had paid regard to patient concerns and complaints during their merger through inviting patients to meetings where they had concerns, use of the practice suggestion box and an in-house merger patient survey.

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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were 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 and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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.

- 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 and supported in doing so.
- 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested the implementation of a self check-in system at the reception desk to reduce the number of patients queuing at the reception desk and the practice had implemented this.
- The practice had gathered feedback from staff generally through staff meetings, appraisal and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, when the practice proposed

Are services well-led?

Good

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

the merger, management ensured that staff were consulted as part of the process through meetings and surveys. Once merged, staff had discussed issues regarding the new computer system and difficulty uploading test results onto it. This was reported to management who ensured this was rectified in a timely way. 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, their GP hub service also provided care to six other practices in the area.